

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **FEB 1, 2018** and ending **JAN 31, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.		D Employer identification number 13-3271855
	Doing business as THE ALS ASSOCIATION		E Telephone number 202-407-8580
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1275 K. STREET NW 250		G Gross receipts \$ 42,732,588.
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	F Name and address of principal officer: CALANEET BALAS SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)

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

J Website: **WWW.ALSA.ORG** **H(c)** Group exemption number **▶ 4119**

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)	3	23
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	23
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	106
	6 Total number of volunteers (estimate if necessary)	6	23
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	30,914.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 23,216,448.	Current Year 29,429,700.
	9 Program service revenue (Part VIII, line 2g)	72,600.	146,365.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,546,338.	-2,361,210.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-165,651.	-149,153.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,669,735.	27,065,702.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,156,243.	17,868,141.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,936,521.	8,434,709.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	290,500.	421,000.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,353,885.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,434,947.	8,166,363.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,818,211.	34,890,213.
19 Revenue less expenses. Subtract line 18 from line 12	-13,148,476.	-7,824,511.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 99,633,005.	End of Year 96,316,713.
	21 Total liabilities (Part X, line 26)	3,185,115.	5,877,998.
	22 Net assets or fund balances. Subtract line 21 from line 20	96,447,890.	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 <i>Gregory Mitchell</i>	Date 6-11-19			
	Type or print name and title GREGORY MITCHELL, EXEC VP, FINANCE & ADMIN				
Paid Preparer Use Only	Print/Type preparer's name HEMALI PATEL	Preparer's signature <i>Hemali Patel</i>	Date 6/10/19	Check if self-employed <input type="checkbox"/>	PTIN P01337292
	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 [X] No

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

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

4a (Code:) (Expenses \$ 15,436,780. including grants of \$ 14,568,338.) (Revenue \$) RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS). DURING THE YEAR ENDING JANUARY 31, 2019, RESEARCH GRANTS WERE \$14,568,338. THIS LEVEL OF SPENDING IS MADE POSSIBLE WITH FUNDING FROM THE ICE BUCKET CHALLENGE (IBC), AN ORGANIC FUNDRAISING EVENT THAT TOOK PLACE IN THE SUMMER OF 2014, THAT EMPOWERED INDIVIDUALS TO RAISE AWARENESS AND FUNDS FOR ALS BY POURING ICE WATER OVER THEIR HEADS, AND CHALLENGING THEIR FRIENDS TO DO THE SAME. THE ASSOCIATION WAS THE MAIN BENEFACTOR OF THIS EVENT AND RECEIVED APPROXIMATELY \$115 MILLION IN CONTRIBUTIONS AS A RESULT. THE ASSOCIATION'S GOAL IS TO FURTHER INCREASE RESEARCH FUNDING IN ENSUING YEARS WITH THE GOAL OF SPENDING OVER \$20 MILLION ANNUALLY ON RESEARCH.

4b (Code:) (Expenses \$ 9,144,294. including grants of \$ 3,294,823.) (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 \$ 3,290,965. including grants of \$ 4,981.) (Revenue \$ 146,365.) 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, 2019, THE ASSOCIATION WORKED WITH CONGRESS TO CONTINUE 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 in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 27,872,039.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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		106
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response 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 23 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 in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent 1b 23		
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, or 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 in 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.		
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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ▶
GREGORY MITCHELL - 202-407-8580
1275 K. STREET NW, SUITE 250, WASHINGTON, DC 20005

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (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) SUE GORMAN CHAIRMAN	5.00	X		X				0.	0.	0.
(2) STEPHEN WINTHROP CHAIRMAN - UNTIL 12/18	5.00	X		X				0.	0.	0.
(3) MARK STANCIL TREASURER	4.00	X		X				0.	0.	0.
(4) CAMERON WARD SECRETARY	4.00	X		X				0.	0.	0.
(5) MARK CALMES VICE-CHAIR	5.00	X		X				0.	0.	0.
(6) TOM CARROLL TRUSTEE	2.00	X						0.	0.	0.
(7) DON CASEY TRUSTEE	2.00	X						0.	0.	0.
(8) FRED M. DEGRANDIS TRUSTEE	2.00	X						0.	0.	0.
(9) MILLIE ARNOLD TRUSTEE	2.00	X						0.	0.	0.
(10) CONNIE HOUSTON TRUSTEE	2.00	X						0.	0.	0.
(11) SCOTT KAUFFMAN TRUSTEE	2.00	X						0.	0.	0.
(12) CHRISTI L. KOLARCIK, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(13) JOHN P. KRAVE, JD TRUSTEE	2.00	X						0.	0.	0.
(14) LOU LIBBY, MD TRUSTEE	2.00	X						0.	0.	0.
(15) WARREN NELSON TRUSTEE	2.00	X						0.	0.	0.
(16) STUART OBERMANN TRUSTEE	2.00	X						0.	0.	0.
(17) ELLYN C. PHILLIPS TRUSTEE	2.00	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) JUDY PRATT, D.M.D. TRUSTEE	2.00	X						0.	0.	0.
(19) CHARLIE ROBINSON, D, SC., P.E. TRUSTEE	2.00	X						0.	0.	0.
(20) WENDY J. SCHRIBER TRUSTEE	2.00	X						0.	0.	0.
(21) WILLIAM D. SOFFEL TRUSTEE	2.00	X						0.	0.	0.
(22) EUGENE BRANDON, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(23) WILLIAM THOET TRUSTEE	2.00	X						0.	0.	0.
(24) DOUG BUTCHER TRUSTEE	2.00	X						0.	0.	0.
(25) NANCY FRATES TRUSTEE - UNTIL 02/18	2.00	X						0.	0.	0.
(26) CALANEET BALAS PRESIDENT & CEO	37.50			X				300,317.	0.	12,394.
1b Sub-total								300,317.	0.	12,394.
c Total from continuation sheets to Part VII, Section A								1,856,807.	0.	130,247.
d Total (add lines 1b and 1c)								2,157,124.	0.	142,641.

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 **12**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NNE MARKETING, 1666 MASSACHUSETTS AVENUE, SUITE 14, LEXINGTON, MA 02420	DIRECT MARKETING SERVICES	366,000.
LUCIE BRUIJN PO BOX 670236, CHUGIAK, AK 99567	SCIENTIFIC OFFICER RESEARCH OVERSITE	290,000.
DRUM - U MARKETING, LLC, 20 WEST 37TH STREET, 3RD FLOOR, NEW YORK, NY 10018	MARKETING CONSULTING SERVICES	118,750.
THREESPOT MEDIA, LLC, 806 7TH STREET NW, SUITE 201, WASHINGTON, DC 20001	MARKETING CONSULTING SERVICES	113,600.

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

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 (check all that apply)						(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			
(27) GREG MITCHELL EVP, FINANCE & ADMINISTRATION	37.50			X				231,748.	0.	11,143.
(28) BRIAN FREDERICK EVP, COMMUNICATION	37.50				X			195,041.	0.	10,162.
(29) LANCE SLAUGHTER EVP, CHAPTER RELATIONS & GOVERNANCE	37.50				X			210,684.	0.	13,828.
(30) KIMBERLY HARDING-MAGINNIS SENIOR VP, CARE SERVICES	37.50				X			188,046.	0.	11,988.
(31) KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	37.50				X			163,398.	0.	14,662.
(32) TINA ZEFF EVP, DEVELOPMENT	37.50				X			167,968.	0.	19,661.
(33) LYLES EDDINS VP, DEVELOPMENT	37.50					X		143,772.	0.	5,397.
(34) MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEM	37.50					X		143,503.	0.	5,483.
(35) TERESSA HARRIS VP, FINANCE	37.50					X		147,838.	0.	16,928.
(36) MARY BRUNEY VP, CHAPTER RELATIONS - UNTIL 08/18	37.50					X		140,348.	0.	7,859.
(37) NEIL THAKUR EVP, MISSION STRATEGY	37.50					X		124,461.	0.	13,136.
Total to Part VII, Section A, line 1c								1,856,807.		130,247.

Part VIII Statement of Revenue

Check 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 153,834.					
	b Membership dues	1b					
	c Fundraising events	1c 1,628,674.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 379,992.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27,267,200.					
	g Noncash contributions included in lines 1a-1f: \$	166,286.					
	h Total. Add lines 1a-1f		29,429,700.				
Program Service Revenue	2 a CONFERENCE FEES	Business Code 900099	146,365.	146,365.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		146,365.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,641,824.			2,641,824.	
	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	10,458,063.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	15,461,097.				
		c Gain or (loss)	-5,003,034.				
	d Net gain or (loss)		-5,003,034.			-5,003,034.	
	8 a Gross income from fundraising events (not including \$ 1,628,674. of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses	205,789.				
c Net income or (loss) from fundraising events			-205,789.			-205,789.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue	900099	56,636.			56,636.	
	e Total. Add lines 11a-11d		56,636.				
12 Total revenue. See instructions			27,065,702.	146,365.	0.	-2,510,363.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	16,347,937.	16,347,937.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	33,981.	33,981.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	1,486,223.	1,486,223.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,564,616.	1,269,496.	938,321.	356,799.
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	4,514,722.	2,948,395.	545,428.	1,020,899.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	139,248.	88,776.	18,957.	31,515.
9 Other employee benefits	642,189.	480,885.	71,641.	89,663.
10 Payroll taxes	573,934.	359,807.	97,670.	116,457.
11 Fees for services (non-employees):				
a Management				
b Legal	179,371.	17,370.	162,001.	
c Accounting	41,838.		41,838.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	421,000.			421,000.
f Investment management fees	203,217.		203,217.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,798,384.	2,062,257.	94,721.	1,641,406.
12 Advertising and promotion	470,042.	417,132.	5,263.	47,647.
13 Office expenses	256,498.	140,967.	50,388.	65,143.
14 Information technology				
15 Royalties				
16 Occupancy	746,603.	487,045.	90,301.	169,257.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,920,433.	1,429,546.	235,858.	255,029.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,475.	77,983.	21,843.	23,649.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD & DATA FEES	211,046.	75,144.	60,003.	75,899.
b TELECOMMUNICATIONS	198,884.	149,095.	17,797.	31,992.
c CHAPTER SUPPORT	22,618.		15,088.	7,530.
d BAD DEBT EXPENSE	-6,046.		-6,046.	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,890,213.	27,872,039.	2,664,289.	4,353,885.
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 if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,250,358.	1	6,371,727.
	2 Savings and temporary cash investments	520,372.	2	5,692,587.
	3 Pledges and grants receivable, net	5,417,228.	3	5,984,641.
	4 Accounts receivable, net	98,291.	4	190,949.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,479.	9	127,444.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,031,429.		
	b Less: accumulated depreciation	10b 939,369.	126,189.	10c 92,060.
	11 Investments - publicly traded securities	84,273,526.	11	73,672,514.
	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	3,919,562.	15	4,184,791.
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,633,005.	16	96,316,713.	
Liabilities	17 Accounts payable and accrued expenses	2,077,642.	17	2,070,215.
	18 Grants payable	174,741.	18	2,818,427.
	19 Deferred revenue		19	
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	932,732.	25	989,356.
	26 Total liabilities. Add lines 17 through 25	3,185,115.	26	5,877,998.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,168,855.	27	79,882,951.
	28 Temporarily restricted net assets	12,271,237.	28	10,555,764.
	29 Permanently restricted net assets	1,007,798.	29	0.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	96,447,890.	33	90,438,715.	
34 Total liabilities and net assets/fund balances	99,633,005.	34	96,316,713.	

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	27,065,702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,890,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	-7,824,511.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,447,890.
5	Net unrealized gains (losses) on investments	5	1,809,211.
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 in Schedule O)	9	6,125.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,438,715.

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?		X
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			
b	Were the organization's financial statements audited by an independent accountant?	X	
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			
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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **AMYOTROPHIC LATERAL SCLEROSIS ASSN.** Employer identification number: **13-3271855**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	137,917,563.	23,487,328.	27,407,957.	23,216,448.	29,429,700.	241,458,996.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	137,917,563.	23,487,328.	27,407,957.	23,216,448.	29,429,700.	241,458,996.
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 1, column (f)						734,836.
6 Public support. Subtract line 5 from line 4.						240,724,160.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	137,917,563.	23,487,328.	27,407,957.	23,216,448.	29,429,700.	241,458,996.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	221,293.	1,466,148.	2,633,793.	2,156,702.	2,641,824.	9,119,760.
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.)	29,343.	2,042.	47,788.	43,647.	56,636.	179,456.
11 Total support. Add lines 7 through 10						250,758,212.
12 Gross receipts from related activities, etc. (see instructions)					12	596,893.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.00 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	96.82 %

16a **33 1/3% support test - 2018.** 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

b **33 1/3% support test - 2017.** 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

17a **10% -facts-and-circumstances test - 2018.** 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

b **10% -facts-and-circumstances test - 2017.** 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

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).		

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 2018 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-2018
			(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

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

2018

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

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 foundation

Check 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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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		\$ 1,000,000.	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.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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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 AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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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

(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

(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

(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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

LHA
832041 11-08-18

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 (grass roots lobbying)	13,778.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	439,704.													
c	Total lobbying expenditures (add lines 1a and 1b)	453,482.													
d	Other exempt purpose expenditures	34,442,628.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	34,896,110.													
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	546,049.	529,987.	466,481.	453,482.	1,995,999.
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	48,109.	33,626.	15,724.	13,778.	111,237.

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
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

2018

Open 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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year, and two questions about donor information with Yes/No checkboxes.

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

Form with multiple sections: Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure), completion of lines 2a-2d, number of easements modified, states where located, monitoring policy, staff hours, expenses, and reporting requirements.

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.

Form with questions 1a and 1b regarding reporting of art and historical treasures, and question 2 regarding amounts required to be reported under SFAS 116.

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

Schedule D (Form 990) 2018

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

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

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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	
d Additions during the year	
e Distributions during the year	
f Ending balance	

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	6,516,315.	6,516,315.	6,333,662.	6,516,315.	5,990,000.
b Contributions					526,315.
c Net investment earnings, gains, and losses	-61,584.	482,577.	386,180.	-182,653.	313,081.
d Grants or scholarships					
e Other expenditures for facilities and programs		482,577.	203,527.		313,081.
f Administrative expenses					
g End of year balance	6,454,731.	6,516,315.	6,516,315.	6,333,662.	6,516,315.

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 3.71 %
- c Temporarily restricted endowment 96.29 %

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		146,535.	125,862.	20,673.
d Equipment		488,592.	419,427.	69,165.
e Other		396,302.	394,080.	2,222.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				92,060.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	933,628.
(3) DEFERRED RENT	55,728.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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 FIN 48 (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	34,421,917.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	1,809,211.	
	b Donated services and use of facilities	2b	5,744,096.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d	6,125.	
	e Add lines 2a through 2d		2e	7,559,432.
3	Subtract line 2e from line 1		3	26,862,485.
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	203,217.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	203,217.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	27,065,702.

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	40,431,092.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	5,744,096.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d		2e	5,744,096.
3	Subtract line 2e from line 1		3	34,686,996.
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	203,217.	
	b Other (Describe in Part XIII.)	4b		
	c Add lines 4a and 4b		4c	203,217.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	34,890,213.

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 FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-26,731.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	32,856.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	6,125.

Multiple horizontal lines for supplemental information.

**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

2018

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	1,140,532.
NORTH AMERICA	0	0	GRANTS	RESEARCH	149,903.
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	15,788.
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	130,000.
SOUTH AMERICA	0	0	GRANTS	RESEARCH	50,000.
3 a Subtotal	0	0			1,486,223.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			1,486,223.

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

Schedule F (Form 990) 2018

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	100,000.	CHECK & WIRE TRANSFER	0.		
			EUROPE	CLINICAL PILOT TRIAL	435,847.	CHECK & WIRE TRANSFER	0.		
			EUROPE	DRUG DEVELOPMENT CONTRACT	33,333.	CHECK & WIRE TRANSFER	0.		
			EUROPE	INVESTIGATOR INITIATED PROGRAM	217,500.	CHECK & WIRE TRANSFER	0.		
			EUROPE	LOU GEHRIG CHALLENGE ALS	165,515.	CHECK & WIRE TRANSFER	0.		
			EUROPE	STRATEGIC INITIATIVE	188,337.	CHECK & WIRE TRANSFER	0.		
			EAST ASIA & THE PACIFIC	INVESTIGATOR INITIATED PROGRAM	100,000.	CHECK & WIRE TRANSFER	0.		
			EAST ASIA & THE PACIFIC	STRATEGIC INITIATIVE	30,000.	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

3 Enter total number of other organizations or entities

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 PROGRAM	100,000.	CHECK & WIRE TRANSFER	0.		
			NORTH AMERICA	LOU GEHRIG CHALLENGE ALS	49,903.	CHECK & WIRE TRANSFER	0.		
			SUB-SAHARAN AFRICA	INVESTIGATOR INITIATED PROGRAM	15,788.	CHECK & WIRE TRANSFER	0.		
			SOUTH AMERICA	INVESTIGATOR INITIATED PROGRAM	25,000.	CHECK & WIRE TRANSFER	0.		
			SOUTH AMERICA	POSTDOCTORAL FELLOWSHIP	25,000.	CHECK & WIRE TRANSFER	0.		

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

FOREIGN INVESTIGATORS, SIMILAR TO US INVESTIGATORS, 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.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
NNE MARKETING - 105 PAUL REVERE ROAD, CONCORD, MA	FUNDRAISING COUNSEL		X	2,114,921.	366,000.	1,748,921.
DRUM - U MARKETING LLC - 1 E 22ND STREET, SUITE 200,	FUNDRAISING COUNSEL		X	1,195,036.	55,000.	1,140,036.
Total				3,309,957.	421,000.	2,888,957.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		NANA'S RUN 5K	DETROIT WALK TO DEFEAT	26	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	275,458.	166,638.	1,186,578.	1,628,674.
	2	Less: Contributions	275,458.	166,638.	1,186,578.	1,628,674.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	170.	10,626.	93,809.	104,605.
	7	Food and beverages				
	8	Entertainment	204.	150.	1,201.	1,555.
	9	Other direct expenses	192.	8,357.	91,080.	99,629.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				205,789.
11	Net income summary. Subtract line 10 from line 3, column (d)				-205,789.	

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			
	2	Cash prizes			
Direct Expenses	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: NNE MARKETING

(I) ADDRESS OF FUNDRAISER: 105 PAUL REVERE ROAD, CONCORD, MA 07142

(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):

Part IV Supplemental Information (continued)

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 PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS.

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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 320 E. NORTH AVENUE PITTSBURGH, PA 15212	25-1320493	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE - 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-0726167	501(C)3	53,333.	0.			CLINICIAN SCIENTIST DEVELOPMENT AWARD
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE - 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-0726167	501(C)3	80,000.	0.			TREAT ALS CLINICAL SCIENTIST
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	75,000.	0.			CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	50,000.	0.			SHELIA ESSEY AWARD

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **221.**
- 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) (2018)

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
AMYLIX PHARMACEUTICALS, INC. 210 BROADWAY NO. 201 CAMBRIDGE, MA 02139	46-4600503	501(C)3	100,000.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
ANELIXIS THERAPEUTICS INC. 300 TECHNOLOGY SQUARE, 4TH FLOOR CAMBRIDGE, MA 02139	47-4022454	501(C)3	624,000.	0.			ALSA INITIATED
APOTHECOM 800 TOWNSHIP LINE ROAD SUITE 300 YARDLEY, PA 19067	26-4510763	501(C)3	23,668.	0.			ALS PATIENT SURVEY
BALL STATE UNIVERSITY 2000 W UNIVERSITY AVENUE, IN 47304 MUNCIE, IN 47304	35-6000221	501(C)3	25,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
BAYLOR 6550 FANNIN SUITE 1801 HOUSTON, TX 77030	74-1613878	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM - P.O. BOX 340 - MILWAUKEE, WI 53201	39-1805963	501(C)3	50,000.	0.			CLINICAL MANAGEMENT AWARD
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM - P.O. BOX 500 UNIVERSITY OF WISCONSIN - MILWAUKEE, WI 53201	39-1805963	501(C)3	47,156.	0.			YOUTH EDUCATIONAL MATERIALS
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
CEDARS SINAI MEDICAL CENTER C/O MANAGER GRANT & FUND ACCTG 8700 BEVERLY BLVD 6500 WIL #11504720-5940 -	95-1644600	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
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD, SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	70,400.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD, SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	500,000.	0.			STRATEGIC INITIATIVE
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	64,769.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
CLEVELAND CLINIC FOUNDATION NEUROMUSCULAR CENTER 9500 EUCLID AV CLEVELAND, OH 44195	34-0714585	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND VA RESEARCH FOUNDATION 10701 EAST BLVD CLEVELAND, OH 44106	34-1710663	501(C)3	19,440.	0.			CLINICAL MANAGEMENT
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 B LEBANON, NH 03756-0001	02-0222139	501(C)3	37,500.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	22-2519596	501(C)3	100,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
DIGNITY HEALTH - ST. JOSEPHS HOSPITAL AZ - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	86-0096787	501(C)3	40,000.	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
DIGNITY HEALTH - ST. JOSEPHS HOSPITAL AZ - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	86-0096787	501(C)3	85,874.	0.			TREAT ALS
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - DIGNITY HEALTH ST. JOSEPHS HOSPITAL AZ ATTN: MISC A/R CASH, FILE 57431 -	94-1196203	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DREXEL UNIVERSITY TD BANK, P O BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER
DUKE UNIVERSITY DEPT. OF NEUROLOGY ATTN: MEGAN PHILLIPS DUMC BOX 2900 - DURHAM, NC 27710	56-0532129	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
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
GEORGE WASHINGTON UNIVERSITY 2150 PENNSYLVANIA AVE NW 7-401 WASHINGTON, DC 20037	54-2126575	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - ALS FUND 21078 1120 15TH STREET, FL-1047 - AUGUSTA, GA 30912	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	281,250.	0.			STRATEGIC INITIATIVE
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

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
HENRY FORD HEALTH SYSTEM DEPARTMENT OF NEUROLOGY HOENSELAAR ALS CLINIC 2799 WEST GRAND BOULEVARD - DE	38-1357020	501(C)3	37,933.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HONOR HEALTH NEUROLOGY/ALS CLINIC 8125 N. HAYDEN SCOTTSDALE, AZ 85258	86-0181654	501(C)3	50,000.	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.			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
INDIANA UNIVERSITY ATTN: MARGARET GRABER 355 W. 16TH S INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
INNOCENTIVE, INC. 265 WINTER STREET, 2ND FLOOR WALTHAM, MA 02451	20-3437526	501(C)3	10,250.	0.			STRATEGIC CHALLENGE TARGET IDENTIFICATION
IZUMI BIOSCIENCES INC. 23 BLUEBERRY LANE, SUITE 100 LEXINGTON, MA 02420	47-2572265	501(C)3	50,000.	0.			DRUG DEVELOPMENT CONTRACT

Schedule I (Form 990)

AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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
JEFFERSON WEINBERG ALS CENTER 900 WALNUT STREET JHN SUITE 408- FARBER INSTITUTE FOR NEUROLOGY - PHILADELPH	23-2809585	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LAHEY CLINIC INC DBA CURT & SHONDA SCHELLING 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
LANKENAU INSTITUTE FOR MEDICAL RESEARCH - 100 LANCASTER AVENUE - WYNNWOOD, PA 19096	23-2175659	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER
LAUREN SCIENCES LLC 345 EAST 94TH STREET, SUITE 18A NEW YORK, NY 10128	27-3076076	501(C)3	75,000.	0.			DRUG DEVELOPMENT CONTRACT
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 AWARD MULTI-YEAR
LUDWIG INSTITUTE FOR CANCER RESEARCH - 8950 VILLA LA JOLLA DRIVE, SUITE C135 - LA JOLLA, CA 92037	23-7121131	501(C)3	50,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	205,000.	0.			ALSA INITIATED

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
MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - BOSTON, MA 02	04-2697983	501(C)3	49,407.	0.		CLINICAL MANAGEMENT	
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA NA BOSTON, MA 02241-4876	04-2697983	501(C)3	50,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA, NA BOSTON, MA 02241	04-2697983	501(C)3	559,697.	0.		LOU GEHRIG CHALLENGE ALSA INITIATED	
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	75,000.	0.		POSTDOCTORAL FELLOWSHIP	
MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL HOSPITAL RESEARCH, BANK OF AMERICA, N.A. PO BOX 414876 - BOSTO	04-2697983	501(C)3	208,992.	0.		TREAT ALS	
MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE, ROOM NE49-3000 - CAMBRIDGE, MA 02139	04-2103594	501(C)3	25,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
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 - ALS CLINIC NEUROLOGY MAYO CLINIC - ALS CLINIC NEUROLOGY 13400 E. SHEA BLVD - SCOTTSDALE, AZ 85259	86-0800150	501(C)3	50,000.	0.		CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT	
MAYO CLINIC FLORIDA 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224-1865	59-3337028	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
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	225,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	130,000.	0.		INVESTIGATOR INITIATED STARTER	
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000.	0.		POSTDOCTORAL FELLOWSHIP	
MAYO CLINIC JACKSONVILLE 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	125,000.	0.		TREAT ALS	
MEDICAL UNIVERSITY OF SOUTH CAROLINA - OFFICE OF GRANTS & CONTRACTS ACCOUNTING, 19 HAGOOD AVE, SUITE 606 - CHARLESTON, SC	57-6000722	501(C)3	25,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
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 - PO BOX 3006 - ROCKVILLE, MD 20847		501(C)3	25,000.	0.		POSTDOCTORAL FELLOWSHIP	
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS - ATTN: FINANCIAL MGMT BRANCH - BETHESDA, MD 20892-2540	52-0858115	501(C)3	600,000.	0.		LOU GEHRIG CHALLENGE ALSA INITIATED	

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
NC STATE UNIVERSITY 2701 SULLIVAN DRIVE, SUITE 240 RALEIGH, NC 27695	56-6000756	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
NEBRASKA MEDICINE ATTN: TOVA SAFFORD 98840 NEBRASKA OMAHA, NE 68198-8440	91-1858433	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEUROLOGY ASSOCIATES OF STONY BROOK - 181 NORTH BELLE MEAD ROAD - EAST SETAUKET, NY 11733	11-2587430	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(C)3	1,150,000.	0.			STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM (NEALS) 811 W. 7TH ST FLOOR 12 LOS ANGELES, CA 90017	56-2547779	501(C)3	30,000.	0.			STRATEGIC INITIATIVE
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 02115-5000	04-1679980	501(C)3	100,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	80,000.	0.			INVESTIGATOR INITIATED STARTER
OCHSNER CLINIC FOUNDATION ERIC B. STILLMAN OCHSNER, SUITE 607, 1514 JEFFERSON HWY - JEFFERSON, LA 7012	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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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
OREGON HEALTH AND SCIENCE UNIVERSITY - SPONSORED PROJECTS ADMINISTRATION 690 SW BANCROFT L106SPA - PORTLAND, OR 97239	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	47,433.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
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 BROOKLINE, MA 02446	81-3603539	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 97280	94-3090170	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1350 MASSACHUSETTS AVENUE, 6TH FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)3	56,250.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1350 MASSACHUSETTS AVENUE, 6TH FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)3	100,000.	0.			INVESTIGATOR INITIATED STARTER
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1350 MASSACHUSETTS AVENUE, 6TH FLOOR - CAMBRIDGE, MA 02138	04-2103580	501(C)3	34,940.	0.			STRATEGIC INITIATIVE
PRIZE4LIFE, INC. PO BOX 5755 BERKELEY, CA 94705	20-5055664	501(C)3	54,250.	0.			TREAT ALS

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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
OURALIS CORPORATION 700 MAIN STREET NORTH CAMBRIDGE, MA 02139	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 UCSD - 9500 GILMAN DRIVE MC 0009 - LA JOLLA, CA 92093	95-6006144	501(C)3	50,000.	0.			POSTDOCTORAL FELLOWSHIP
RWJ UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET SUITE 910 NEW BRUNSWICK, NJ 08901	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.			POSTDOCTORAL FELLOWSHIP
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET, NE MAIL CODE GRAND RAPIDS, MI 49503	38-2752328	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)3	100,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)3	167,187.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MAIL STOP 733 - MEMPHIS, TN 38105	62-0646012	501(C)3	21,093.	0.			POSTDOCTORAL FELLOWSHIP
ST. LOUIS UNIVERSITY DEPT. OF NEUROLOGY 1438 SOUTH GRAND ST. LOUIS, MO 63104	43-0654872	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
STANFORD UNIVERSITY P.O. BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	50,000.	0.			POSTDOCTORAL FELLOWSHIP
SWEDISH NEUROSCIENCE INSTITUTE PHYSICIAN DIVISON 550 17TH AVE SUITE SEATTLE, WA 98122	91-2073120	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
SYRACUSE UNIVERSITY 102 ARCHBOLD NORTH SYRACUSE, NY 13244	15-0532081	501(C)3	100,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
TACONIC BIOSCIENCES, INC 273 HOVER AVENUE GERMANTOWN, NY 12526-5320	14-1381104	501(C)3	64,188.	0.			STRATEGIC INITIATIVE
TEMPLE UNIVERSITY 1852 N 10TH STREET (083-11) PHILADELPHIA, PA 19122	23-1365971	501(C)3	80,000.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
THE ALS ASSOCIATION-ALABAMA CHAPTER - C/O NANCY COLIN PO BOX 2888 - HUNTSVILLE, AL 35804	20-2218566	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD

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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.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ARKANSAS CIO 1200 WEST WALNUT, SUITE 2309 ROGERS, AR 72756	20-4863643	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-CENTRAL & SOUTHERN OHIO CHAPTER - 1810 MACKENZIE DR, STE. 120 - COLUMBUS, OH 43220	31-1235704	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-CONNECTICUT CHAPTER - 4 OXFORD ROAD, UNIT E4 - MILFORD, CT 06460	04-3417472	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-DC/MD/VA CHAPTER - 30 W. GUDE DR. SUITE 150 - ROCKVILLE, MD 20850	501(C)3	501(C)3	15,000.	0.			GRANT FOR CHAPTER SUPPORT
THE ALS ASSOCIATION-DC/MD/VA CHAPTER - 30 W. GUDE DR. SUITE 150 - ROCKVILLE, MD 20850	501(C)3	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-EVERGREEN CHAPTER - 19110 66TH AVE S #G-101 - KENT, WA 98032	91-1950869	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-FLORIDA CHAPTER - 3242 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619-0907	94-3124732	501(C)3	9,754.	0.			DISASTER RELIEF GRANT
THE ALS ASSOCIATION-FLORIDA CHAPTER - 3242 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619-0907	94-3124732	501(C)3	15,000.	0.			GRANT FOR CHAPTER SUPPORT

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THE ALS ASSOCIATION-FLORIDA CHAPTER - 3242 PARKSIDE CENTER CIRCLE - TAMPA, FL 33619-0907	94-3124732	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GEORGIA CHAPTER - 5881 GLENRIDGE DRIVE SUITE 200 - ATLANTA, GA 30328	58-1943490	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GOLDEN WEST CHAPTER - P. O. BOX 565 - AGOURA HILLS, CA 91376-0565	95-4163338	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GREATER CHICAGO CHAPTER - 220 WEST HURON, SUITE 4003 - CHICAGO, IL 60610	54-2126575	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GREATER NEW YORK CHAPTER - C/O THE ALS ASSOCIATION GREATER NEW YORK CHAPTER 42 BROADWAY, STE 1724 -	13-3616680	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GREATER PHILADELPHIA CHAPTER - 321 NORRISTOWN RD., SUITE 260 - AMBLER, PA 19002	23-2387205	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GREATER SACRAMENTO CHAPTER - 2717 COFFAGE WAY, SUITE 8 - SACRAMENTO, CA 95825	68-0152992	501(C)3	6,974.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GREATER SAN DIEGO CHAPTER - 7920 SILVERTON AVE. SUITE 0 - SAN DIEGO, CA 92126-6350	04-3651272	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-INDIANA CHAPTER - 7202 E. 87TH STREET, SUITE 102 - INDIANAPOLIS, IN 46256	35-3029321	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-IOWA CHAPTER 3636 WESTOWN PKWY SUITE 204 WEST DES MOINES, IA 50266	30-0051272	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-LOUISIANA/MISSISSIPPI CHAPTER - 11725 INDUSTRIAL BLVD, SUITE 3 - BATON ROUGE, LA	20-1742120	501(C)3	30,000.	0.			GRANT FOR CHAPTER SUPPORT
THE ALS ASSOCIATION-LOUISIANA/MISSISSIPPI CHAPTER - 11725 INDUSTRIAL BLVD, SUITE 3 - BATON ROUGE, LA	20-1742120	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-MASSACHUSETTS CHAPTER - 685 CANTON STREET SUITE 103 - NORWOOD, MA 02026	04-3085718	501(C)3	100,000.	0.			ASSISTIVE TECHNOLOGY GRANT
THE ALS ASSOCIATION-MASSACHUSETTS CHAPTER - 685 CANTON STREET SUITE 103 - NORWOOD, MA 02026	04-3085718	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-MASSACHUSETTS CHAPTER - 685 CANTON STREET SUITE 103 - NORWOOD, MA 02026	04-3085718	501(C)3	274,581.	0.			PETE FRATES HOME HEALTH INITIATIVE
THE ALS ASSOCIATION-MID AMERICA CHAPTER - 6950 SQUIBB ROAD STE 210 - MISSION, KS 66202	48-1021611	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
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.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-NATIONAL OFFICE (OK,WV,KY,SC,NNE,MI) - 1275 K STREET NW SUITE 250 - WASHINGTON, DC 20005	13-3271855	501(C)3	42,000.	0.			MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-NEVADA CHAPTER 3191 E. WARM SPRINGS RD LAS VEGAS, NV 89120	20-1531344	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER - 4 N BLOUNT ST 2ND FLOOR - RALEIGH, NC 27601	56-1609591	501(C)3	7,500.	0.			CAMP OUTREACH GRANT
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER - 4 N BLOUNT ST 2ND FLOOR - RALEIGH, NC 27601	56-1609591	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-NORTHERN OHIO CHAPTER - 2500 E 22ND STREET SUITE 102 - CLEVELAND, OH 44115	34-1595148	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ORANGE COUNTY CHAPTER - 1232 VILLAGE WAY, SUITE A - SANTA ANA, CA 92705-4746	33-0282720	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-OREGON & SW WASHINGTON CHAPTER - 700 NE MULINOMAH ST, SUITE 210 - PORTLAND, OR 97232	68-0516066	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-RHODE ISLAND CHAPTER - 2374 POST ROAD, SUITE 103 - WARWICK, RI 02886-2270	05-0460482	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER - 10855 DOVER STREET, SUITE 500 - WESTMINSTER, CO 80021	84-1337868	501(C)3	50,000.	0.			GRANT FOR CHAPTER SUPPORT
THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER - 1201 EAST COLFAX AVENUE, SUITE 202 - DENVER, CO 80218	84-1337868	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-ST. LOUIS REGIONAL CHAPTER - 5615 PERSHING AVENUE, STE 20 - ST. LOUIS, MO 63112-1757	43-1458163	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-TENNESSEE CHAPTER - 4300 SIDCO DRIVE, SUITE 200 - NASHVILLE, TN 37204	94-3124723	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING, TX 75038	74-2678974	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-UPSTATE NEW YORK CHAPTER - 890 SEVENTH NORTH STREET SUITE 108 - LIVERPOOL, NY 13088	37-1667986	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-WESTERN PENNSYLVANIA CHAPTER - 416 LINCOLN AVENUE - PITTSBURGH, PA 15209	23-7123851	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-WISCONSIN CHAPTER - 2421 N. MAYFAIR ROAD, SUITE 212 - WAUWATOSA, WI 53226	39-1600965	501(C)3	7,000.	0.			MTPA CARE GRANT AWARD
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 AWARD MULTI-YEAR
THE CURATORS OF THE UNIVERSITY OF MISSOURI - UNIVERSITY OF MISSOURI AR, - KANSAS CITY, MO 64180	43-6003859	501(C)3	39,439.	0.			INVESTIGATOR INITIATED STARTER
THE EMORY CLINIC, INC 12 EXECUTIVE PARK DR. NE ROOM 433 ATLANTA, GA 30329	58-2030692	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE FORBES NORRIS ALS RESEARCH CENTER - 2324 SACRAMENTO STREET #111 - SAN FRANCISCO, CA 94115	94-1156581	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE HITCHCOCK FOUNDATION ALS/NEUROMUSCULAR DISEASE CLINIC ONE MEDICAL CENTER DRIVE - LEBANON, NH 0375	02-0222139	501(C)3	12,500.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE J DAVID GLADSTONE INSTITUTE VINCENT MOSELEY SAN FRANCISCO, CA 94158	23-7203666	501(C)3	500,000.	0.			STRATEGIC INITIATIVE
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	345,000.	0.			DRUG DEVELOPMENT CONTRACT
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	200,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	240,000.	0.			INVESTIGATOR INITIATED STARTER
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	453,471.	0.			LOU GEHRIG CHALLENGE ALSA INITIATED
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	25,000.	0.			POSTDOCTORAL FELLOWSHIP
THE MEDICAL COLLEGE OF WISCONSIN, INC - DEPT OF NEUROLOGY 9200 W WISCONSIN AVE - MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6670 BERTNER AVENUE, R12-107 - HOUSTON, TX 77030	87-0721923	501(C)3	230,000.	0.			ALSA INITIATED
THE METHODIST HOSPITAL RESEARCH INSTITUTE - 6670 BERTNER AVENUE, R12-107 - HOUSTON, TX 77030	87-0721923	501(C)3	20,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE PENNSYLVANIA STATE UNIV. 500 UNIVERSITY DRIVE, PO BOX 850 HERSHEY, PA. 17033	24-6000376	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER
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	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	94-6036493	501(C)3	50,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - 9500 GILMAN DRIVE, MC 0009 - LA JOLLA, CA 92093	94-6036493	501(C)3	100,000.	0.			INVESTIGATOR INITIATED STARTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - BOX 223131 - PITTSBURGH, PA 15251	38-6006309	501(C)3	100,000.	0.			CLINICAL MANAGEMENT AWARD
THE REGENTS OF THE UNIVERSITY OF MICHIGAN - BOX 223131 - PITTSBURGH, PA 15251	38-6006309	501(C)3	-72,142.	0.			INVESTIGATOR INITIATED STARTER
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET CAB 209 ACCT AND BUDGETING OFFICE - SYRACUSE, NY 13210	14-1368361	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - P O BOX 29789 - NEW YORK, NY 10087	13-5598093	501(C)3	100,000.	0.		INVESTIGATOR INITIATED STARTER	
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W 168TH STREET, SUITE 49 - NEW YORK, NY 10032-3725	13-5598093	501(C)3	589,342.	0.		LOU GEHRIG CHALLENGE ALSA INITIATED	
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3600 SPRUCE STREET, MALONEY BUILDING 3RD FLOOR - PHILADELPHIA, PA 19107	23-1352685	501(C)3	25,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3600 SPRUCE STREET, MALONEY BUILDING 3RD FLOOR - PHILADELPHIA, PA 19107	23-1352685	501(C)3	25,000.	0.		POSTDOCTORAL FELLOWSHIP	
THE UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVE, DEPT. OF CHICAGO, IL 60637	36-2177139	501(C)3	100,000.	0.		DRUG DEVELOPMENT CONTRACT	
THE UNIVERSITY OF CHICAGO MEDICINE THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE - CHICAGO, IL 60637-5418	36-2177139	501(C)3	25,000.	0.		CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT	
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON - 7000 FANNIN STREET - HOUSTON, TX 77030	74-1761309	501(C)3	25,000.	0.		STRATEGIC INITIATIVE	
THERA NEUROPHARMA 538 NEWTOWN ROAD BERWYN, PA 19312	81-2014147	501(C)3	75,000.	0.		INVESTIGATOR INITIATED AWARD MULTI-YEAR	
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE - 445 N FIFTH STREET - PHOENIX, AZ 85004	75-3065445	501(C)3	40,000.	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
UC DAVIS MULTIDISCIPLINARY ALS CLINIC - 4860 Y STREET SUITE 3850 - SACRAMENTO, CA 95817	94-6036494	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DRIVE, MSC 7883 - SAN ANTONIO, TX 78229-3900	74-1586031	501(C)3	397.	0.			CLINICAL MANAGEMENT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0934 SAN DIEGO, CA 92039	95-6006144	501(C)3	140,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF CHICAGO 6030 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL - GAINESVILLE, FL 32611	59-6002052	501(C)3	-1,133.	0.			CLINICAL MANAGEMENT
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL - GAINESVILLE, FL 32611	59-6002052	501(C)3	50,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL - GAINESVILLE, FL 32611	59-6002052	501(C)3	70,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - 207 GRINTER HALL - GAINESVILLE, FL 32611	59-6002052	501(C)3	50,000.	0.			STRATEGIC INITIATIVE
UNIVERSITY OF ILLINIOS AT CHICAGO 1801 W. TAYLOR ST SUITE 4E CHICAGO, IL 60612	37-6000511	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 KENTUCKY DEPT. OF NEUROLOGY-ALS FUND KY CLINIC-WING D-ROOM L445 - LEXINGTON, KY 40536	61-6001218	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MARYLAND, BALTIMORE 620 W LEXINGTON STREET, 4TH FLOOR BALTIMORE, MD 21208	52-6002033	501(C)3	50,000.	0.			INVESTIGATOR INITIATED STARTER
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	100,000.	0.			DRUG DEVELOPMENT CONTRACT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	150,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	98,491.	0.			POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF MIAMI P O BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)3	100,000.	0.			TREAT ALS
UNIVERSITY OF MIAMI ALS CENTER OF EXCELLENCE 1120 NW 14TH ST SUITE 1318 - MIAMI, FL 33136	59-2579826	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
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

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 MINNESOTA NW 5957, P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)3	33,598.	0.			CLINICAL MANAGEMENT AWARD
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 - BANK OF AMERICA LOCKBOX SERVICES PO BOX 40242 - ATLANTA, GA 30384	56-6001393	501(C)3	25,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	46-4727800	501(C)3	50,000.	0.			POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF PITTSBURGH 500 ROSS STREET 154-0455 PITTSBURGH, PA 15262	12-5096559	501(C)3	100,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE, B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	25,000.	0.			POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 673 ROCHESTER, NY 14627	16-0743209	501(C)3	40,000.	0.			INVESTIGATOR INITIATED STARTER
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE, BOX 673 ROCHESTER, NY 14642	16-0743209	501(C)3	112,621.	0.			STRATEGIC INITIATIVE
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVENUE, ALC 100 TAMPA, FL 33620	59-0879015	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 SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)3	25,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER @ SAN ANTONIO - 7703 FLOYD CURL DRIVE, MAIL CODE 7883 - SAN ANTONIO, TX 78229-3900	74-1586031	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF UTAH 175 N. MEDICAL DR. E. 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 STREET - BURLINGTON, VT 05401	03-0219309	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT, DEPARTMENT OF NEUROLOGICAL SCIENCES - 1 SOUTH PROSPECT ST. UNIVERSITY HEALTH CENTER - BURLINGTON, VT 05401	03-0179440	501(C)3	12,500.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF WISCONSIN-MILWAUKEE BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 - MILWAUKEE, W	39-6006492	501(C)3	23,578.	0.			YOUTH EDUCATIONAL MATERIALS
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 1660 SOUTH COLUMBIA SEATTLE, WA 98108	74-1612229	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS & CONTRACTS ACCOUNTING RICHMOND, VA 23284-3039	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 MASON MEDICAL CENTER ALS CLINIC - NEUROLOGY AND NEUROPHYSIOLOGY, 1100 9TH AVE, PO BOX 900, M/S X7 NEU - SEATTLE, WA	91-0565539	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WAKE FOREST MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157-1078	22-3849199	501(C)3	25,000.	0.			CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 63112-1408	43-0653611	501(C)3	125,000.	0.			ALSA INITIATED
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 63112-1408	43-0653611	501(C)3	25,000.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 ST. LOUIS, MO 63112	43-0653611	501(C)3	25,000.	0.			STRATEGIC INITIATIVE
WEILL CORNELL MEDICAL 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 63112-1408	13-3376695	501(C)3	-2,268.	0.			INVESTIGATOR INITIATED STARTER
YALE UNIVERSITY P. O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	49,969.	0.			INVESTIGATOR INITIATED AWARD MULTI-YEAR
YALE UNIVERSITY P. O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	50,000.	0.			STRATEGIC INITIATIVE

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
DURABLE MEDICAL EQUIPMENT	15	0.	28,481.	FMV	POWER LIFT SEATS
CARE SERVICES GRANTS	11	5,500.	0.		CARE SERVICE GRANTS

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

PART I, LINE 2:

ALL GRANT AWARDED INVESTIGATORS 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 TO OUR RESEARCH DEPARTMENT.

**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

2018

Open to Public Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <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?	X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed 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?		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		X
Only section 501(c)(3), 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?	X	
b Any related organization? If "Yes" on line 5a or 5b, describe in Part III.		X
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?	X	
b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.		X
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		X
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		X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2018

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.

PART I, LINE 5:

INCENTIVE BONUSES AWARDED TO CEO AND EVP'S, ACCRUED IN FY19 BUT PAID 5/1/19.

PART I, LINE 6:

INCENTIVE BONUSES AWARDED TO CEO AND EVP'S, ACCRUED IN FY19 BUT PAID 5/1/19.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **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	170	112,848.FMV	
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	32	166,286.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**

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

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

2018

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. WITH THE HELP OF IBC FUNDING, THE

ASSOCIATION CONTINUES TO FUND GRANTS TO ITS CERTIFIED TREATMENT CENTERS

OF EXCELLENCE.

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 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,

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER. 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:

EACH YEAR, EVERY BOARD MEMBER AND OFFICER OF THE ASSOCIATION MUST COMPLETE THE CONFLICT OF INTEREST POLICY FORM AND SUBMIT IT TO THE CHAIRMAN TO REVIEW AND MAKE ANY NECESSARY DECISIONS SHOULD A CONFLICT OF INTEREST ARISE. IF A CONFLICT IS DETERMINED TO EXIST, THE PERSON WHO HAS A POSSIBLE CONFLICT WILL EXPLAIN HIS OR HER POSITION TO THE GROUP, THEN LEAVE THE MEETING WHILE THE BOARD OR THE EXECUTIVE COMMITTEE DISCUSS THE SITUATION. THE BOARD/COMMITTEE WILL DETERMINE THE APPROPRIATENESS OF THE CONFLICT: IF IT IS AN ACCEPTABLE CONFLICT AS IS, OR IF IT IS ACCEPTABLE SUBJECT TO SPECIFIC CONDITIONS OF THE BOARD, OR IF IT IS NOT ACCEPTABLE AT ALL. THE BOARD WILL THEN COMMUNICATE THEIR FINDINGS TO THE INDIVIDUAL INVOLVED.

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, 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.

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

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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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 FORM 990'S, FINANCIAL
 STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE
 AVAILABLE FOR REVIEW AT THE AGENCY'S 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:
 TELECOMMUNICATIONS, PUBLIC POLICY, IT, OTHER CONSULTING:

PROGRAM SERVICE EXPENSES	2,062,257.
MANAGEMENT AND GENERAL EXPENSES	94,721.
FUNDRAISING EXPENSES	1,641,406.
TOTAL EXPENSES	3,798,384.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,798,384.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
 CHANGE IN SPLIT INTEREST AND PERPETUAL TRUSTS
 6,125. |