

** PUBLIC DISCLOSURE COPY **

Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527 or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2021</div> Open to Public Inspection
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A For the 2021 calendar year, or tax year beginning **FEB 1, 2021** and ending **JAN 31, 2022**

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. Doing business as THE ALS ASSOCIATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1300 WILSON BLVD 600 City or town, state or province, country, and ZIP or foreign postal code ARLINGTON, VA 22209 F Name and address of principal officer: CALANEET BALAS SAME AS C ABOVE	D Employer identification number 13-3271855 E Telephone number 202-407-8580 G Gross receipts \$ 46,908,315. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶ 4119
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.ALS.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
L Year of formation: 1985 M State of legal domicile: DE		

Part I Summary

	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.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	151
	6 Total number of volunteers (estimate if necessary)	6	26
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	33,002,036.	37,557,524.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	34,050.	0.
	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	2,132,313.	2,213,860.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-55,882.	21,419.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	35,112,517.	39,792,803.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	13,659,140.	15,323,942.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,424,475.	13,877,954.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,433,588.	349,450.	333,300.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,003,131.	15,317,102.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	38,436,196.	44,852,298.
19 Revenue less expenses. Subtract line 18 from line 12	-3,323,679.	-5,059,495.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	100,284,898.	98,343,083.
	22 Net assets or fund balances. Subtract line 21 from line 20	7,215,213.	7,253,250.
		93,069,685.	91,089,833.

Part II Signature Block

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

Sign Here	Signature of officer:	Date: 7-24-2022
	Type or print name and title: GREGORY MITCHELL, CHIEF FINANCIAL OFFICER	

Paid Preparer Use Only	Print/Type preparer's name J. ANDREW SMITH	Preparer's signature J. ANDREW SMITH	Date 07/29/22	Check <input type="checkbox"/> PTIN if self-employed P00635175	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ 901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203 Firm's EIN ▶ 41-0746749 Phone no. 571-227-9500
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May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

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

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

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

4a (Code:) (Expenses \$ 14,145,819. including grants of \$ 12,764,356.) (Revenue \$)

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

4b (Code:) (Expenses \$ 11,834,451. including grants of \$ 2,559,586.) (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 \$ 5,729,467. including grants of \$) (Revenue \$)

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, 2022, 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 on Schedule O.)

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

4e Total program service expenses 31,709,737.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1-21 with 'X' marks in Yes/No columns.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, W-2Gs, and backup withholding rules.

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

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 151
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X
3b If "Yes," has it filed a Form 990-T for this year? 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X
4b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X
5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X
5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X
6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b
7 Organizations that may receive deductible contributions under section 170(c).
7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a X
7b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b
7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c X
7d If "Yes," indicate the number of Forms 8282 filed during the year 7d
7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e X
7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f X
7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g
7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8
9 Sponsoring organizations maintaining donor advised funds.
9a Did the sponsoring organization make any taxable distributions under section 4966? 9a
9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b
10 Section 501(c)(7) organizations. Enter:
10a Initiation fees and capital contributions included on Part VIII, line 12 10a
10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b
11 Section 501(c)(12) organizations. Enter:
11a Gross income from members or shareholders 11a
11b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a
12b 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.
13a Is the organization licensed to issue qualified health plans in more than one state? 13a
Note: See the instructions for additional information the organization must report on Schedule O.
13b 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
13c Enter the amount of reserves on hand 13c
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X
14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X
If "Yes," see the instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X
If "Yes," complete Form 4720, Schedule O.
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17
If "Yes," complete Form 6069.

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

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

[X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b Enter the number of voting members included on line 1a, above, who are independent (26); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8a Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? (X); 8b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (X); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (X); 15b Other officers or key employees of the organization (X); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed 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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records GREGORY MITCHELL, CHIEF FINANCIAL OFFICER - 202-407-8580 1300 WILSON BLVD, 600, ARLINGTON, VA 22209

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALANEET BALAS PRESIDENT AND CEO	37.50			X				351,501.	0.	96,062.
(2) TINA ZEFF CHIEF OPERATIONS OFFICER	37.50				X			242,773.	0.	91,528.
(3) NEIL THAKUR CHIEF MISSION OFFICER	37.50				X			245,753.	0.	77,102.
(4) GREG MITCHELL CHIEF FINANCIAL OFFICER	37.50			X				261,808.	0.	51,993.
(5) LANCE SLAUGHTER SVP, STRATEGIC ALLIANCES & GOVERNANC	37.50					X		236,295.	0.	39,496.
(6) KULDIP DAVE VP, RESEARCH	37.50					X		215,346.	0.	50,926.
(7) BRIAN FREDERICK SVP, AND HEAD OF CREATIVE	37.50					X		226,668.	0.	17,020.
(8) KIMBERLY HARDING-MAGINNIS SVP, CARE SERVICES	37.50					X		213,473.	0.	27,989.
(9) TERESSA HARRIS SVP, FINANCE	37.50					X		194,974.	0.	38,471.
(10) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	37.50				X			214,647.	0.	18,561.
(11) DEAN FEENER CHIEF INFORMATION OFFICER	37.50				X			182,049.	0.	15,574.
(12) SUE GORMAN CHAIRMAN	5.00	X		X				0.	0.	0.
(13) SCOTT KAUFFMAN CHAIR-ELECT	5.00	X		X				0.	0.	0.
(14) FRED M. DEGRANDIS VICE-CHAIR	5.00	X		X				0.	0.	0.
(15) SANDRA PIERSOL SECRETARY	4.00	X		X				0.	0.	0.
(16) CONNIE HOUSTON TREASURER	4.00	X						0.	0.	0.
(17) CHARLIE ROBINSON, D, SC., P.E 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) CHRISTI L. KOLARCIC, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(19) CLIFTON GOOCH, M.D. TRUSTEE	2.00	X						0.	0.	0.
(20) DAVID VAN DE RIET TRUSTEE	2.00	X						0.	0.	0.
(21) EUGENE BRANDON, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(22) J. THOMAS MAY TRUSTEE	2.00	X						0.	0.	0.
(23) JINSY ANDREWS TRUSTEE	2.00	X						0.	0.	0.
(24) JOHN P. KRAVE, JD TRUSTEE	2.00	X						0.	0.	0.
(25) JOHN ROBINSON TRUSTEE	2.00	X						0.	0.	0.
(26) JUDY PRATT, D.M.D. TRUSTEE	2.00	X						0.	0.	0.
1b Subtotal								2,585,287.	0.	524,722.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,585,287.	0.	524,722.

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 **39**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	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	4	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	5	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
SALESFORCE, 415 MISSION ST. 3RD FLOOR, SAN FRANCISCO, CA 95105	CRM SOFTWARE VENDOR	887,657.
ATTAIN LLC 1600 TYSONS BLVD #1400, MCLEAN, VA 22102	CRM SOFTWARE IMPLEMENTATION	862,834.
TURNKEY PROMOTIONS 3310 ROSEDALE AVE, RICHMOND, VA 23230	MARKETING CONSULTING SERVICES	848,590.
MCDERMOTT, WILL & EMERY PO BOX 6043, CHICAGO, IL 60680	ATTORNEY	619,553.
BEYOND DEFINITION, 8505 FEMTON ST, SUITE 212, SILVER SPRING, MD 20910	COMMUNICATION CONSULTING	375,461.

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 **10**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 64,816.					
	b Membership dues	1b					
	c Fundraising events	1c 1,470,494.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 5,684,058.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 30,338,156.					
	g Noncash contributions included in lines 1a-1f	1g \$ 954,115.					
	h Total. Add lines 1a-1f		37,557,524.				
Program Service Revenue	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,158,934.			2158934.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	7a	7,086,385.					
b Less: cost or other basis and sales expenses	7b 7,031,459.						
c Gain or (loss)	7c 54,926.						
d Net gain or (loss)		54,926.			54,926.		
8 a Gross income from fundraising events (not including \$ 1,470,494. of contributions reported on line 1c). See Part IV, line 18							
	8a	84,053.					
	b Less: direct expenses	8b 84,053.					
c Net income or (loss) from fundraising events		0.					
9 a Gross income from gaming activities. See Part IV, line 19							
	9a						
	b Less: direct expenses	9b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances							
	10a						
	b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
	11 a						
	b						
	c						
	d All other revenue	900099	21,419.			21,419.	
e Total. Add lines 11a-11d		21,419.					
12 Total revenue. See instructions			39,792,803.	0.	0.	2235279.	

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	13,022,773.	13,022,773.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	150,399.	150,399.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,150,770.	2,150,770.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,849,349.	990,863.	778,698.	79,788.
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	9,897,540.	6,720,682.	1,087,376.	2,089,482.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	455,465.	330,107.	849.	124,509.
9 Other employee benefits	780,326.	518,131.	102,991.	159,204.
10 Payroll taxes	895,274.	590,275.	135,843.	169,156.
11 Fees for services (nonemployees):				
a Management				
b Legal	745,098.		745,098.	
c Accounting	96,574.		96,574.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	333,300.			333,300.
f Investment management fees	224,531.		224,531.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,697,134.	3,763,903.	723,375.	4,209,856.
12 Advertising and promotion	237,864.	207,306.	912.	29,646.
13 Office expenses	313,488.	134,902.	18,714.	159,872.
14 Information technology				
15 Royalties				
16 Occupancy	555,067.	336,412.	72,268.	146,387.
17 Travel	750,378.	437,685.	205,983.	106,710.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	151,946.	95,006.	37,509.	19,431.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,710,428.	943,808.	254,655.	511,965.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a CHAPTER SUPPORT	681,419.	659,910.	21,346.	163.
b CREDIT CARD & DATA FEES	532,647.	247,352.	117,401.	167,894.
c DUES AND SUBSCRIPTIONS	262,849.	184,950.	33,060.	44,839.
d TELECOMMUNICATIONS	240,381.	174,407.	20,604.	45,370.
e All other expenses	117,298.	50,096.	31,186.	36,016.
25 Total functional expenses. Add lines 1 through 24e	44,852,298.	31,709,737.	4,708,973.	8,433,588.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,917,000.	313,000.	0.	1,604,000.

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	5,348,757.	1	5,640,945.
	2 Savings and temporary cash investments	821,786.	2	924,888.
	3 Pledges and grants receivable, net	7,597,755.	3	4,188,908.
	4 Accounts receivable, net	203,455.	4	2,518,929.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,321,563.	9	1,639,445.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,654,518.		
	b Less: accumulated depreciation	10b 3,275,663.		
	11 Investments - publicly traded securities	5,019,544.	10c	3,378,855.
	12 Investments - other securities. See Part IV, line 11	78,834,650.	11	78,900,690.
	13 Investments - program-related. See Part V, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	1,137,388.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	100,284,898.	15	1,150,423.	
		16	98,343,083.	
Liabilities	17 Accounts payable and accrued expenses	2,762,825.	17	3,519,829.
	18 Grants payable	271,383.	18	1,150,000.
	19 Deferred revenue	10,000.	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	4,171,005.	25	2,583,421.
	26 Total liabilities. Add lines 17 through 25	7,215,213.	26	7,253,250.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	77,102,484.	27	79,396,160.
	28 Net assets with donor restrictions	15,967,201.	28	11,693,673.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	93,069,685.	32	91,089,833.	
33 Total liabilities and net assets/fund balances	100,284,898.	33	98,343,083.	

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	39,792,803.
2	Total expenses (must equal Part IX, column (A) line 25)	2	44,852,298.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,059,495.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	93,069,685.
5	Net unrealized gains (losses) on investments	5	3,103,656.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-24,013.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	91,089,833.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2021)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23216448.	29429700.	34202008.	33002094.	37557524.	157407774
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	23216448.	29429700.	34202008.	33002094.	37557524.	157407774
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1107644.
6 Public support. Subtract line 5 from line 4.						156300130

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	23216448.	29429700.	34202008.	33002094.	37557524.	157407774
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2156702.	2641824.	2782381.	1985828.	2158934.	11725669.
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.)	43,547.	56,636.	57,282.	18,824.	21,419.	197,808.
11 Total support. Add lines 7 through 10						169331251
12 Gross receipts from related activities, etc. (see instructions)					12	365,962.

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	92.30	%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	91.21	%

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
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).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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 4943 (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 on 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 on 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 line 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)

- 11 Has the organization accepted a gift or contribution from any of the following persons?
- a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?
 - b A family member of a person described on line 11a above?
 - c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

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

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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 The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 lines 3a and 3b below.

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" 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.

	Yes	No
2a		
2b		
3a		
3b		

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 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

Part VI

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

Lined area for supplemental information.

Schedule B
(Form 990)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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), 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).

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		\$ <u>783,705.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>1,083,782.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>2,139,424.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>3,226,240.</u>	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.)

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

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

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

Name of organization 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)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

Name of organization 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-.

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

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	177,409.													
c	Total lobbying expenditures (add lines 1a and b)	177,409.													
d	Other exempt purpose expenditures	44,674,889.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	44,852,298.													
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	453,482.	565,604.	220,698.	177,409.	1,417,193.
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	13,778.	64,007.	7,109.		84,894.

Schedule C (Form 990) 2021

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

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 3 columns: Question number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and their reporting.

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

Form for Part II Conservation Easements, including questions 1-9 regarding the purpose, monitoring, and reporting of conservation easements.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-2 regarding reporting of such collections.

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

Schedule D (Form 990) 2021

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,516,315.	6,516,315.	6,454,731.	6,516,315.	6,516,315.
b Contributions					
c Net investment earnings, gains, and losses	429,109.	669,572.	587,974.	-61,584.	482,577.
d Grants or scholarships					
e Other expenditures for facilities and programs	435,694.	669,572.	526,390.		482,577.
f Administrative expenses					
g End of year balance	6,509,730.	6,516,315.	6,516,315.	6,454,731.	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 3.6810 %
- c Term endowment 96.3180 %

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

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

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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		1,097,274.	182,118.	915,156.
d Equipment		748,154.	368,272.	379,882.
e Other		4,809,090.	2,725,273.	2,083,817.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,378,855.

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	1,008,902.
(3) DEFERRED RENT	1,574,519.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 2,583,421.	

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	56,757,264.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	3,103,656.	
b	Donated services and use of facilities	2b	14,109,349.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-24,013.	
e	Add lines 2a through 2d	2e	17,188,992.	
3	Subtract line 2e from line 1	3	39,568,272.	
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	224,531.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	224,531.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	39,792,803.	

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	58,737,116.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	14,109,349.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	14,109,349.	
3	Subtract line 2e from line 1	3	44,627,767.	
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	224,531.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	224,531.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	44,852,298.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

UPON EXPIRATION OF THE TERM ENDOWMENT, THE CORPUS MAY ALSO BE USED TO SUPPORT RESEARCH ACTIVITIES.

PART X, LINE 2:

THE ASSOCIATION DID NOT HAVE ANY UNRELATED TAXABLE INCOME FOR THE YEARS ENDED JANUARY 31, 2022 AND 2021. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS.

THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS

Part XIII Supplemental Information (continued)

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	29,889.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-53,902.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-24,013.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	774,365.
NORTH AMERICA	0	0	GRANTS	RESEARCH	675,000.
EUROPE	0	0	GRANTS	RESEARCH	576,856.
SOUTH AMERICA	0	0	GRANTS	RESEARCH	124,549.
3 a Subtotal	0	0			2,150,770.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			2,150,770.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA AND THE PACIFIC	DRUG DEVELOPMENT CONTRACT	249,365.	CHECK	0.	N/A	N/A
		EAST ASIA AND THE PACIFIC	STRATEGIC INITIATIVE	525,000.	CHECK	0.	N/A	N/A
		EUROPE	INVESTIGATOR INITIATED	353,315.	CHECK	0.	N/A	N/A
		EUROPE	POST DOCTORAL FELLOWSHIP	223,849.	CHECK	0.	N/A	N/A
		NORTH AMERICA	INVESTIGATOR INITIATED	150,000.	CHECK	0.	N/A	N/A
		NORTH AMERICA	POST DOCTORAL FELLOWSHIP	25,000.	CHECK	0.	N/A	N/A
		SOUTH AMERICA	DRUG DEVELOPMENT CONTRACT	124,549.	CHECK	0.	N/A	N/A
		NORTH AMERICA	CLINICAL TRIAL AWARDS	500,000.	CHECK	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 8

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 326, 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 RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESEARCH DEPARTMENT.

Multiple horizontal lines for supplemental information.

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	
		WALK - CONCORD, NH (event type)	WALK - PORTLAND, ME (event type)	28 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	137,707.	114,688.	1,298,313.	1,550,708.
	2	Less: Contributions	137,013.	114,105.	1,215,537.	1,466,655.
	3	Gross income (line 1 minus line 2)	694.	583.	82,776.	84,053.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	694.	583.	13,460.	14,737.
	6	Rent/facility costs		600.		600.
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses			68,716.	68,716.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					0.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

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

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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: LAUTMAN MASKA NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVE NW, SUITE 301, WASHINGTON, DC 20036

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

THE ASSOCIATION RECEIVES ALL OR 100% OF THE PROCEEDS FROM OUR DIRECT MAIL APPEALS PROGRAM INCLUDING TELEMARKETING. HOWEVER, THE ASSOCIATION IS

Part IV Supplemental Information *(continued)*

RESPONSIBLE TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND
PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS.

Lined area 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

2021

**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 (# applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE., 540-177 BOSTON, MA 02115	04-1679980	501(2)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 1033 MASSACHUSETTS AVE, 5TH FLOOR - CAMBRIDGE, MA 02138-5319	04-2103580	501(2)3	100,000.	0.	N/A	N/A	MANAGING ALS
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(2)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(2)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(2)3	50,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(2)3	1,000,000.	0.	N/A	N/A	STRATEGIC INITIATIVE

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **160.**

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) 2021

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.** 13-3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section # 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 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	300,539.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE MGH INSTITUTE OF HEALTH PROFESSIONS - 36 1ST AVE. - CHARLESTOWN, MA 02129	04-2868893	501(C)3	97,087.	0.	N/A	N/A	MANAGING ALS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - OFFICE OF THE BURSAR 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - OFFICE OF THE BURSAR 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	1,109,018.	0.	N/A	N/A	STRATEGIC INITIATIVE
BROWN UNIVERSITY BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)3	100,000.	0.	N/A	N/A	MANAGING ALS
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY - RESEARCH ACCT C/O MELISSA PARAY 575 LEXINGTON AVENUE, 9TH FLOOR - NEW YORK, NY	13-1623978	501(C)3	125,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
ROCKEFELLER UNIVERSITY ATTN: PETE MARTTINEN 1230 YORK AVENUE BOX 259A - NEW YORK, NY 10065	13-1624158	501(C)3	100,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W 168TH ST # 49 - NEW YORK, NY 10032-3725	13-5598093	501(C)3	100,000.	0.	N/A	N/A	MANAGING ALS

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.** 13-3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section F applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 W 168TH ST # 49 - NEW YORK, NY 10032-3725	13-5598093	501(c)(3)	100,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 630 WEST 168TH STREET BOX 49 - NEW YORK, NY 10032-3702	13-5598093	501(c)(3)	110,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC. 273 HOVER AVE GERMANTOWN, NY 12526-5320	14-1381104	501(c)(3)	133,658.	0.	N/A	N/A	STRATEGIC INITIATIVE
UNIVERSITY OF RHODE ISLAND ATTN: SPONSORED & COST ACCOUNTING 70 LOWER COLLEGE RD - KINGSTON, RI 02881	22-3011455	501(c)(3)	51,751.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST. 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST. 5TH FLOOR - PHILADELPHIA, PA 19104	23-1352685	501(c)(3)	100,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
LUDWIG INSTITUTE FOR CANCER RESEARCH - 8950 VILLA LA JOLLA DR., SUITE C135 - LA JOLLA, CA 92037	23-7121131	501(c)(3)	125,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
LUDWIG INSTITUTE FOR CANCER RESEARCH - 8950 VILLA LA JOLLA DR., SUITE C135 - LA JOLLA, CA 92037	23-7121131	501(c)(3)	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
THE PENNSYLVANIA STATE UNIVERSITY, COLLEGE OF MEDICINE - 500 UNIVERSITY DR. PO BOX 850, MC A470 - HERSHEY, PA 17033	24-6000376	501(c)(3)	97,302.	0.	N/A	N/A	MANAGING ALS

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 PITTSBURGH OFFICE OF RESEARCH, 123 UNIVERSITY PITTSBURGH, PA 15213	25-0965591	501(-)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
NEUROPORE THERAPIES, INC 10835 ROAD TO THE CURE SAN DIEGO, CA 92121	26-2922865	501(-)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
AQUILUS PHARMACEUTICALS INC 225 MYSTIC VALLEY PKWY WINCHESTER, MA 01890	26-4765079	501(-)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE OHIO STATE UNIVERSITY OFFICE OF SPONSORED PROGRAMS 1960 K COLUMBUS, OH 43210	31-6025986	501(-)3	74,188.	0.	N/A	N/A	STRATEGIC INITIATIVE
ORIGENT DATA SCIENCES, INC. 8245 BOONE BLVD, SUITE 600 VIENNA, VA 22182	38-3916182	501(-)3	100,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
REGENTS OF THE UNIVERSITY OF MICHIGAN - C/O BNY MELLON BOX 223131 - PITTSBURGH, PA 15251-2131	38-6006309	501(-)3	199,374.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM - PO BOX 500 - MILWAUKEE, WI 53201	39-1805963	501(-)3	50,000.	0.	N/A	N/A	CLINICAL MANAGEMENT
AMERICAN BRAIN FOUNDATION ATTN: ACCOUNTS RECEIVABLE 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-1717098	501(-)3	105,000.	0.	N/A	N/A	CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION ATTN: ACCOUNTS RECEIVABLE 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-1717098	501(-)3	168,000.	0.	N/A	N/A	CLINICAL SCIENTIST DEVELOPMENT AWARD

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.** 13-3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION ATTN: ACCOUNTS RECEIVABLE 201 CHICAGO AVENUE - MINNEAPOLIS, MN 55415	41-1717098	501(c)3	50,000.	0.	N/A	N/A	SHELIA ESSEY AWARD
MAYO CLINIC 200 FIRST STREET, SW ROCHESTER, MN 55905	41-6011702	501(c)3	102,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR CAMPUS BOX 1054 ST. LOUIS, MO 63130	43-0653611	501(c)3	100,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
IRON HORSE DIAGNOSTICS INC 21053 N 75TH ST. SCOTTSDALE, AZ 85255	45-4537278	501(c)3	54,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
ALS NEVERSURRENDER FOUNDATION 12669 W WARREN AVE LAKEWOOD, CO 80228	47-4746935	501(c)3	100,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
INMUNE BIO, INC 1200 PROSPECT ST. SUITE 525 LA JOLLA, CA 92037	47-5205835	501(c)3	200,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST 242 BALTIMORE, MD 21205-1503	52-0595110	501(c)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST 242 BALTIMORE, MD 21205-1503	52-0595110	501(c)3	100,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST 242 BALTIMORE, MD 21205-1503	52-0595110	501(c)3	50,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.** 13-3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section i ¹ 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
JOHNS HOPKINS UNIVERSITY 855 N WOLFE ST 242 BALTIMORE, MD 21205-1503	52-0595110	501(c)3	250,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - 6001 EXECUTIVE BLVD. ROOM 3287 - ROCKVILLE, MD 30852	52-0858115	501(c)3	87,140.	0.	N/A	N/A	STRATEGIC INITIATIVE
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH INC - 11400 ROCKVILLE PIKE SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(c)3	47,017.	0.	N/A	N/A	STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM (NEALS) 811 W. 7TH ST FLOOR 12 LOS ANGELES, CA 90017	56-2547779	501(c)3	162,538.	0.	N/A	N/A	STRATEGIC INITIATIVE
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(c)3	49,996.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
EMORY UNIVERSITY 1599 CLIFTON ROAD NE, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(c)3	150,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
MAYO CLINIC JACKSONVILLE RESEARCH FINANCE PO BOX 860334 MINNEAPOLIS, MN 55486-0334	59-3337028	501(c)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - CONTRACTS & GRANTS 33 TIGERT HALL PO BOX 113001 - GAINESVILLE, FL 32611	59-6002052	501(c)3	44,963.	0.	N/A	N/A	CLINICAL MANAGEMENT
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - CONTRACTS & GRANTS 33 TIGERT HALL PO BOX 113001 - GAINESVILLE, FL 32611	59-6002052	501(c)3	500,000.	0.	N/A	N/A	CLINICAL TRIAL AWARD

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UNIVERSITY OF FLORIDA BOARD OF TRUSTEES - CONTRACTS & GRANTS 33 TIGERT HALL PO BOX 113001 - GAINESVILLE, FL 32611	59-6002052	501(c)3	25,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE S, FINANCIAL SVC BLDG BOX 16 - BIRMINGHAM, AL 35233	63-6005396	501(c)3	110,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
NEW YORK GENOME CENTER ATTN: KATHLEEN KEARNS 101 SIXTH AVENUE 7TH FLOOR - NEW YORK, NY 10013	80-0631734	501(c)3	575,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
SOLA BIOSCIENCES, LLC 27 STRATHMORE RD, ABI LAB NATICK, MA 02467	81-1222727	501(c)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
IMMUNOBRAIN CHECKPOINT INC. 1120 AVE OF THE AMERICAS, FLOOR 20 NEW YORK, NY 10036	81-1652612	501(c)3	199,413.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
RAPA THERAPEUTICS, LLC 12712 ROCK CREEK MILL RD, SUITE 5B ROCKVILLE, MD 20852	81-2644177	501(c)3	500,000.	0.	N/A	N/A	CLINICAL TRIAL AWARD
QURALIS CORPORATION 700 MAIN ST, NORTH CAMBRIDGE, MA 02139	81-4722156	501(c)3	150,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
BLOOM SCIENCE, INC. 11575 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	82-4752586	501(c)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(c)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP

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DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(c)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST 3RD FLOOR LOS ANGELES, CA 90090	95-1642394	501(c)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
DARTMOUTH HITCHCOCK FOUNDATION LEBANON CLINIC ONE MEDICAL CENTER D LEBANON, NH 03756-0001	02-0222139	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VERMONT, DEPARTMENT OF NEUROLOGICAL SCIENCES - 1 SOUTH PROSPECT ST. - BURLINGTON, VT 05401	03-0179440	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
LAHEY CLINIC INC DBA CURT & SHONDA SCHILLING ALS CLINIC - DEPARTMENT OF NEUROLOGY 41 MALL ROAD - BURLINGTON, MA 01805	04-2704683	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
BROWN NEUROLOGY ATTN: FELICIA CATALLOZZI 593 EDDY STREET, APC-507 - PROVIDENCE, RI 01655	05-0448314	501(c)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
HOSPITAL FOR SPECIAL CARE ATTN: FISCAL DEPT. 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
NEUROLOGY ASSOCIATES OF STONY BROOK - MEDICAL DIRECTOR ALS CENTER @ STONY BROOK UNIV. 179 BELLE MEADE ROAD, SUITE - EAST	11-2587430	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
HOSPITAL FOR SPECIAL SURGERY DEPARTMENT OF NEUROLOGY 535 EAST 70TH ST BELLAIRE BUILDING, 5TH FLOOR - NEW Y	13-1624135	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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MOUNT SINAI HEALTH SYSTEM DEVELOPMENT OFFICE BOX 1049 ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-5564934	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY-CITY OF NEW YORK - MEDICAL CTR OFC OF DEVELOPMENT ATTN: MATT REALS 516 W. 168TH ST., THE RESEARCH FOUNDATION OF SUNY ATTN: RESEARCH ACCOUNTING 750 EAST ADAMS STREET, CAB 209 - SYRACUSE, NY 1321	13-5598093	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
HACKENSACK MERIDIAN HEALTH HMH HOSPITALS CORPORATION 343 THORN EDISON, NJ 08837	22-1487576	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
ATRIUM HEALTH WAKE FOREST BAPTIST MEDICAL CENTER - ALS CENTER, DEPT. OF NEUROLOGY 1 MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157	22-3849199	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
RUTGERS RWJ MEDICAL SCHOOL ATTN: CECILY BARRINGTON, PH. D 125 PATERSON ST., SUITE 6200 - NEW BRUNSWICK	22-6195823	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
LEHIGH VALLEY HEALTH NETWORK MELISSA KARAS, DEVELOPMENT 2100 MACK BOULEVARD PO BOX 1883 - ALLENTOWN, PA 1	23-1689692	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
GEISINGER HEALTH FOUNDATION MC 25-76 100 N. ACADEMY AVE., DANVILLE, PA 17822	23-1995911	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
JEPPERSON WEINBERG ALS CENTER FARBER INSTITUTE FOR NEUROSCIENCE 900 WALNUT STREET, JHN SUITE 408 - PHILADE	23-2829095	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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OHIOHEALTH FOUNDATION ATTN: MARK FLASH 180 EAST BROAD ST. 31ST FLOOR - COLUMBUS, OH 43215	23-7446919	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
PENN STATE HERSHEY MEDICAL CENTER DR. ZACHARY SIMMONS DEPT. OF NEUROLOGY EC 037 30 HOPE DRIVE - HERSHEY, PA 17	24-6000376	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE - PO BOX 332 - HUNTSVILLE, AL 35804	26-3750673	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
ESSENTIA HEALTH FOUNDATION 400 EAST THIRD STREET DULUTH, MN 55805	27-1984704	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
ADVANTAGE HEALTH SAINT MARY'S MEDICAL GROUP - DBA MERCY HEALTH PHYSICIAN PARTNERS 200 JEFFERSON AVENUE SE - GRAND RAPIDS, MI 49503	27-2491974	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF LOUISVILLE PHYSICIANS, INC. - ATTN: TESS OCEAN 500 S, PRESTON ST, SUITE 113A - LOUISVILLE, KY 40202	27-3645560	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
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(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
CLEVELAND CLINIC FOUNDATION CENTER FOR ALS & RELATED DISORDERS DEPT. OF NEUROLOGY - DESK S90 9500 EUCLID	34-0714585	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - AUGUSTA UNIVERSITY DEPT. OF NEUROLOGY, EMG LAB 1120 15TH STREET, BP 4390 -	35-2310573	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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INDIANA UNIVERSITY C/O ALS CLINIC 355 WEST 16TH STREET ROOM 3222 - INDIANAPOLIS, IN 46202	35-6001673	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE UNIVERSITY OF CHICAGO MEDICAL CENTER - THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE - CHICAGO, IL 60637-5418	36-2177139	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC - 1801 W TAYLOR ST, SUITE 4E - CHICAGO, IL 60612	37-6000511	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
HENRY FORD HEALTH SYSTEM DEPARTMENT OF NEUROLOGY HOENSELAAR ALS CLINIC 2799 WEST GRAND BOULEVARD - DE	38-1357020	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET, NE MAIL CODE 0 GRAND RAPIDS, MI 49503	38-2752328	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
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.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE MEDICAL COLLEGE OF WISCONSIN, INC - DEPT OF NEUROLOGY 9200 W WISCONSIN AVE - MILWAUKEE, WI 53226	39-0806261	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC 200 FIRST STREET, SW ROCHESTER, MN 55905	41-6011702	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486	41-6042488	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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HENNEPIN HEALTHCARE ALS CLINIC FOUNDATION LSB-3 701 PARK AVE. MINNEAPOLIS, MN 55415	42-1707837	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
ST. LOUIS UNIVERSITY ALS CENTER 3660 VISTA AVENUE NEUROLOGY CLINIC ROOM 303 - ST. LOUIS, MO 63110	43-0654872	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE CURATORS OF THE UNIVERSITY OF MISSOURI - UNIVERSITY OF MISSOURI AR, PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
ALLEGHENY HEALTH NETWORK 320 E. NORTH AVE. SUITE 206 PITTSBURGH, PA 15212	45-3674924	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
AVERA MCKENNA HOSPITAL 1301 S. CLIFF AVE. PLAZA 2, SUITE 5 SIOUX FALLS, SD 57105	46-0426730	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
TIDALHEALTH PENINSULA REGIONAL MEDICAL CENTER - 100 EAST CARROLL STREET - SALISBURY, MD 21801	52-0591628	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
GW- MFA ALS CLINIC DEPT. OF NEUROLOGY - 2150 PENNSYLVANIA AVE NW 7-105 - WASHINGTON, DC 20037	52-2220700	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MARYLAND 110 S. PACA ST 3RD FLOOR BALTIMORE, MD 21201	52-6002033	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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UNIVERSITY OF VIRGINIA DEPT OF NEUROLOGY - PO BOX 800394 - CHARLOTTESVILLE, VA 22908	54-1124769	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
DUKE UNIVERSITY ALS CLINIC DUMC BOX 3333 932 MORREE DURHAM, NC 27705	56-0532129	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
VIDANT MEDICAL CENTER JIM "CATFISH" HUNTER ALS CLINIC - JIM "CATFISH" HUNTER ALS CLINIC OUTPATIENT REHAB BUILDING 2100	56-0585243	501(2)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
ATRIUM HEALTH FOUNDATION 208 EAST BOULEVARD CHARLOTTE, NC 28203	56-6060481	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
PRISMAHEALTH PARTNERS IN HEALTH, INC. - 200 PATEWOOD DR. SUITE B350 - GREENVILLE, SC 29615	57-1004971	501(2)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
MEDICAL UNIVERSITY OF SOUTH CAROLINA - GRANTS AND CONTRACTS ACCOUNTING 1 SOUTH PARK CIRCLE BUILDING 1, SUITE 402 -	57-6000722	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE EMORY CLINIC, INC 12 EXECUTIVE PARK DR, NE ROOM 433 ATLANTA, GA 30329	58-2030692	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MIAMI ALS CENTER OF EXCELLENCE ATTN: MICHAEL BENATAR, MD 1120 NW 14TH ST., 13TH FL	59-0624458	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
HOLY CROSS HOSPITAL, PHIL SMITH ALS CLINIC PROGRAM - 4725 NORTH FEDERAL HIGHWAY - PORT LAUDERDALE, FL 33308	59-0791028	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC. - 4202 E. FOWLER AVE, ALC 100 FUND 25-0175 ALS OPERATIONS - TAMPA, FL 33620	59-0879015	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC. - 580 WEST 8TH ST., T-17 - JACKSONVILLE, FL 32209	59-1867557	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC FLORIDA 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224-1865	59-3337028	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF KENTUCKY DEPT. OF NEUROLOGY-ALS FUND KY CLINIC-WING D-ROOM L445 - LEXINGTON, KY 40536	61-6001218	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
WESLEY NEUROLOGY CLINIC, PC 8000 CENTERVIEW PKWY, SUITE 305 CORDOVA, TN 38018	62-1499155	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
ALABAMA NEUROLOGY ASSOCIATES, P.C. 3105 INDEPENDENCE DRIVE STE. 105 BIRMINGHAM, AL 35209	63-0976742	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
OCHSNER CLINIC FOUNDATION ERIC B. STILLMAN OCHSNER HEALTH SYS PHILANTHROPY DEPT. SUITE 607 1514 JEFFER	72-0502505	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
LSU HEALTH SCIENCES CENTER ATTN: ELLA LEE, ASST. DIRECTOR SPONSORED PROJECTS 433 BOLIVAR STREET - NEW O	72-6087770	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER @ SAN ANTONIO - SOUTH TEXAS ALS CENTER AT REEVES REHABILITATION CENTER 7703 FLOYD	74-1586031	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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BAYLOR COLLEGE OF MEDICINE PETER MARABELLA, JR. DIRECTOR, GRANTS & CONTRACTS ONE BAYLOR PLAZA - HOUSTON	74-1613878	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
BAYLOR SCOTT AND WHITE EB ALS CLINIC - ATTN: JEFFREY TRAMONTE, MD 300 A UNIVERSITY BLVD NEUROLOGY 4TH FLOOR - ROUND ROCK, TX 78665	74-2958277	501(2)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 RECOGNIZED TREATMENT CENTER
HOUSTON METHODIST DEPT. OF NEUROLOGY - HOUSTON METHODIST ALS CLINIC 6560 FANNIN STREET, SUITE 802 - HOUSTON, TX 77030	76-0094743	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF NEW MEXICO ALS CENTER - DEPT OF NEUROLOGY MSC 10 5620 1 UNIVERSITY OF NEW MEXICO - ALBU	85-6000642	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC - ALS CLINIC NEUROLOGY MAYO CLINIC - ALS CLINIC NEUROLOGY 13400 E. SHEA BLVD - SCOTTSDALE, AZ 85259	86-0800150	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF UTAH 175 N. MEDICAL DR. E. DEPT OF NEUROLOGY ROOM 5715 - SALT LAKE CITY, UT 84132	87-6000525	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
VIRGINIA MASON MEDICAL CENTER ALS CLINIC - NEUROLOGY AND NEUROPHYSIOLOGY 1100 NINTH AVENUE MAILSTOP X7-NEU - SEATTLE, WA	91-0565539	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
NEBRASKA MEDICINE ATTN: TOVA SAFFORD 988435 NEBRASKA MEDICAL CENTER - OMAHA, NE 68198-8435	91-1858433	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
SWEDISH NEUROSCIENCE INSTITUTE MICHAEL A. ELLIOTT, MD 550 17TH AVE. SUITE 400 - SEATTLE, WA 98122	91-2073120	501(2)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section 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
PROVIDENCE HEALTH & SERVICES-OREGON - 5050 NE HOYT, STE 315 - PORTLAND, OR 97213	93-0386929	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
OREGON HEALTH AND SCIENCE UNIVERSITY - ATTN: LYNETTE ARIAS, DIRECTOR SPONSORED PROJECTS ADMIN 2525 SW FIRST, STE 22 - PORTLAND,	93-1176109	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
THE PERMANENTE MEDICAL GROUP, INC KSF - LEANNE SCHWITZER, CONTROLLER 350 ST. JOSEPH'S AVE ROOM #148 - SAN FRANCISCO, CA 94115	94-2728480	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT FY22 RECOGNIZED TREATMENT CENTER
THE PERMANENTE MEDICAL GROUP, INC KSR - KAISER SAN RAFAEL ALS CLINIC DEPT OF NEUROLOGY 99 MONTICELLO ROAD - SAN RAFAEL, CA 94903	94-2728480	501(-)3	10,000.	0.	N/A	N/A	ANNUAL GRANT FY22 RECOGNIZED TREATMENT CENTER
HONOR HEALTH NEUROLOGY/ALS CLINIC ATTN: KELLY FLEMING 8125 N. HAYDEN ROAD - SCOTTSDALE, A	94-2735850	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
SUTTER WEST BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CEN - SUTTER WEST BAY MEDICAL FND, 1100 VAN NESS AVE., 6TH FLOOR - SAN	94-2948131	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, SAN FRANCISCO - UCSF - OFFICE OF SPSRD RES, 3333 CALIFORNIA STREET ATTN: JOAN	94-6036493	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA, DAVIS - 4860 Y ST SUITE 3850 - SACRAMENTO, CA 95817	94-6036494	501(-)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KECK MEDICINE OF ALS CLINIC 3500 S. FIGUEROA STREET, SUITE 102 LOS ANGELES, CA 90089	95-1642394	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
CEDARS-SINAI MEDICAL CENTER DEPT OF NEUROLOGY, ALS PROGRAM 8700 BEVERLY BLVD 6TH FLOOR PAVILION - LOS AN	95-1644600	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP LA - DEPT. OF NEUROLOGY 1505 N. EDMONT ST. 5TH FLOOR - LOS ANGELES, CA 90027	95-1750445	501(c)3	10,000.	0.	N/A	N/A	ANNUAL GRANT FY22 RECOGNIZED TREATMENT CENTER
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP SB - ATTN: HECTOR GARCIA ALS CLINIC, NEUROLOGY DEPT. 1050 PACIFIC COAST HIGHWAY -	95-1750445	501(c)3	10,000.	0.	N/A	N/A	ANNUAL GRANT FY22 RECOGNIZED TREATMENT CENTER
REGENTS OF THE UNIVERSITY OF CALIFORNIA, IRVINE - 200 S. MANCHESTER SUITE 110 - ORANGE, CA 92868	95-2226406	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - UCSD DEPT. OF NEUROSCIENCE 9500 GILMAN DRIVE, MC 0662 - LA JOLLA, CA 92093-5004	95-6006144	501(c)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY22 CENTER OF EXCELLENCE/RESEARCH

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
QUALITY OF LIFE GRANT	286	150,399.	0	N/A	N/A

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:

GRANT APPLICATIONS ARE REVIEWED BY COMMITTEES AND STAFF FOR APPROVAL. ALL GRANT AWARDED RESEARCHERS ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING TO OUR RESEARCH DEPARTMENT. THE ASSOCIATION ALSO REQUIRE PROGRESS REPORTS THROUGH OUT THE AWARD TO CONTINUE TO RECEIVE FUNDS.

**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

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) CALANEET BALAS PRESIDENT AND CEO	(i)	351,501.	0.	0.	72,589.	23,473.	447,563.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(2) TINA ZEPF CHIEF OPERATIONS OFFICER	(i)	242,773.	0.	0.	55,373.	36,155.	334,301.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(3) NEIL THAKUR CHIEF MISSION OFFICER	(i)	245,753.	0.	0.	50,768.	26,334.	322,855.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(4) GREG MITCHELL CHIEF FINANCIAL OFFICER	(i)	261,808.	0.	0.	50,413.	1,580.	313,801.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(5) LANCE SLAUGHTER SVP, STRATEGIC ALLIANCES & GOVERNANC	(i)	236,295.	0.	0.	17,363.	22,133.	275,791.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(6) KULDIP DAVE VP, RESEARCH	(i)	215,346.	0.	0.	15,873.	35,053.	266,272.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(7) BRIAN FREDERICK SVP, AND HEAD OF CREATIVE	(i)	226,668.	0.	0.	15,535.	1,485.	243,688.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(8) KIMBERLY HARDING-MAGINNIS SVP, CARE SERVICES	(i)	213,473.	0.	0.	15,361.	12,628.	241,462.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(9) TERESSA HARRIS SVP, FINANCE	(i)	194,974.	0.	0.	14,266.	24,205.	233,445.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(10) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	(i)	214,647.	0.	0.	15,483.	3,078.	233,208.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
(11) DEAN FEENER CHIEF INFORMATION OFFICER	(i)	182,049.	0.	0.	13,803.	1,771.	197,623.	0.
	(ii)	C.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT/CEO, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF TRUSTEES AND APPROVED.

PART I, LINE 5:

ACCRUED INCENTIVE BONUSES AND SPOT BONUSES, NO PAYMENT.

PART I, LINE 6:

ACCRUED INCENTIVE BONUSES AND SPOT BONUSES, NO PAYMENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **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	104	151,478.	NET PROCEEDS
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	72	562,079.	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	X	1	229,674.	NET PROCEEDS
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 ▶ (CRYPTO CURREN)	X	3	10,884.	NET PROCEEDS
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

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

	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) 2021

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, PART I, COLUMN (B):

REPRESENTS NUMBER OF ITEMS CONTRIBUTED

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

PROFESSIONAL EDUCATION PROGRAMS BASED ON ONGOING NEEDS ASSESSMENTS AND

BEST PRACTICE; 2) IMPLEMENTING CERTIFIED CARE CENTER CERTIFICATION AND

RECERTIFICATION PROGRAMS BASED ON NATIONALLY-RECOGNIZED STANDARDS OF

PRACTICE, INCLUDING GRANTS TO SUPPORT CENTERS OF EXCELLENCE; 3)

DEVELOPING STRATEGIES AND ACTUALIZING PLANS TO DELIVER CARE THROUGH

OTHER THAN CERTIFIED CENTERS; 4) PROVIDING CURRENT INFORMATION,

RESOURCES AND REFERRALS TO THE COMMUNITIES WE SERVE; AND 5) DEVELOPING

AND IMPLEMENTING COMPREHENSIVE, CONSISTENT PROGRAMS AND SERVICES THAT

ADDRESS INDIVIDUAL, FAMILY, AND CAREGIVER NEEDS BASED ON 'BEST

PRACTICE' AND AVAILABLE RESOURCES.

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

THE EXECUTIVE COMMITTEE CAN BE MADE UP OF UP TO TEN BOARD MEMBERS, WHICH

ARE USUALLY BOARD OFFICERS AND COMMITTEE CHAIRS. THIS COMMITTEE CAN MEET IN

BETWEEN REGULARLY SCHEDULED BOARD OF TRUSTEE MEETINGS AND HAS THE POWERS OF

THE BOARD OF TRUSTEES. ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE

REPORTED TO THE FULL BOARD OF TRUSTEES AT THE NEXT REGULARLY SCHEDULED

BOARD OF TRUSTEES MEETING.

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

MEMBERS. THE MEMBERS OF THE ASSOCIATION (THE "MEMBERS" AND EACH, A

"MEMBER") SHALL BE CHARTERED CHAPTERS OF THE ASSOCIATION (THE "CHAPTERS"

AND EACH, A "CHAPTER"). CHAPTERS WITHOUT A CHARTER OR OTHER ENTITIES OR

ORGANIZATIONS MAY BE AFFILIATED WITH AND/OR MANAGED BY THE ASSOCIATION, BUT

ARE NOT ENTITLED TO ALL OF THE RIGHTS OF CHAPTERS AS PROVIDED BY THESE

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

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

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

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

THE 990 IS REVIEWED IN ITS ENTIRETY BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND ONCE ACCEPTED AND APPROVED, FULL RETURN IS PRESENTED TO ENTIRE BOARD OF TRUSTEES PRIOR TO SUBMISSION TO THE INTERNAL REVENUE SERVICE

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

ANNUALLY BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST STATEMENT AS WELL AS ALL STAFF. MANAGEMENT TRACKS THE CONFLICT OF INTEREST STATEMENTS FOR ALL BOARD AND COMMITTEE MEMBERS AS WELL AS STAFF. WHERE IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE RESPONSIBLE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE ON THAT CONTRACT OR TRANSACTION. SUCH RESPONSIBLE PERSON MAY MAKE A STATEMENT OR PRESENTATION REGARDING THE MATTER OR RESPOND TO QUESTIONS, BUT SUCH RESPONSIBLE PERSON (I) SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR ASSOCIATION COMMITTEE'S DISCUSSION OF THE MATTER; (II) SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING; (III) SHALL NOT VOTE ON THE CONTRACT OR TRANSACTION; AND (IV) SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN.

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

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

THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS THE ANNUAL REVIEW OF THE PRESIDENT AND CEO AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE AND IN THE SAME INDUSTRY. THIS PROCESS RECENTLY TOOK PLACE IN 2022.

THE PRESIDENT AND CEO REVIEWS ALL SENIOR LEVEL MANAGEMENT AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE AND IN THE SAME INDUSTRY. THIS PROCESS RECENTLY TOOK PLACE IN 2022.

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

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

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

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

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

TELECOMMUNICATIONS, PUBLIC POLICY, OTHER CONSULTING:

PROGRAM SERVICE EXPENSES 3,763,903.

MANAGEMENT AND GENERAL EXPENSES 723,375.

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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FUNDRAISING EXPENSES 2,297,134.

TOTAL EXPENSES 6,784,412.

DIRECT MAIL:

PROGRAM SERVICE EXPENSES 0.

MANAGEMENT AND GENERAL EXPENSES 0.

FUNDRAISING EXPENSES 1,912,722.

TOTAL EXPENSES 1,912,722.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 8,697,134.

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

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 29,889.

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -53,902.

TOTAL TO FORM 990, PART XI, LINE 9 -24,013.