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	AMENDED RE			512(A)(7) RE			20/0034					
Form 990-T	Exempt Orga						OMB No 1545-0687					
J_{n}	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning FEB 1, 2018, and ending JAN 31, 2019 2018											
" ka	For calendar year 2018 or other tax year beginning FEB 1, 2016, and ending OAN 31, 2019 Go to www.irs.gov/Form990T for instructions and the latest information.											
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Open to Public Inspection for 501(c)(3) Organizations Only											
A Check box if address changed	Name of organization (
B Exempt under section	Print AMYOTROPHIC	3-3271855										
X 501(c)(3)	I Tuno I	Tune (See instructions)										
408(e) 220(e)	12/5 K. STREET NW, NO. 250											
529(a)												
C Book value of all assets at end of year 96,316,	713. G Check organization type			4119	401/2	\ truct	Other trust					
	organization's unrelated trades or		1		the only (or first) u) trust orelated						
trade or business here	. •				complete Parts I-V.							
	blank space at the end of the previo	us sentence, complete Pa	rts I an									
business, then complete												
	the corporation a subsidiary in an	- '	nt-subs	idiary controlled group?	>	Ye	es 🗶 No					
	and identifying number of the pare	•		Tolorb	ana numbar 📐 🔾	002	407-8580					
	d Trade or Business Inc			(A) Income	one number (B) Expenses		(C) Net					
1a Gross receipts or sa	•	I		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		525.2						
b Less returns and allo		c Balance	1c		4.7.78 A.		A STATE OF THE STA					
2 Cost of goods sold (Schedule A, line 7)	0	2		2.8. 经发票 1		WALLEY AND THE					
3 Gross profit. Subtra		\ 3	3									
· · ·	me (attach Schedule D)	4707)	4a									
 b Net gain (loss) (Forr c Capital loss deduction 	n 4797, Part II, line 17) (attach Forr n for trusts	n 4797)	4b 4c									
•	n for trusts i partnership or an S corporation (a	ttach statement)	5				•					
6 Rent income (Sched		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6		10 2 10 170 270 270 100 200 200	a a sept with						
7 Unrelated debt-finan	ced income (Schedule E)		7									
	yalties, and rents from a controlled	- ·										
	of a section 501(c)(7), (9), or (17) of	rganization (Schedule G)										
	ivity income (Schedule I)		10	*			1					
-	western groups on a first to a fi											
	ons Not Taken Elsewhei											
	contributions, deductions mus			,	·							
14 Compensation of o	ficers, directors, and trustees (Sch	^{edule K)} POSTMARK		К	ECFIVED	14						
15 Salaries and wages16 Repairs and mainte						15						
17 Bad debts	nance	JUN 1720	าวก	NUL	2 2 2020	16						
	edule) (see instructions)	JOH 1 1 LC				18						
19 Taxes and licenses	,		(CINCINNATI RVICE CENTER		19						
	tions (See instructions for limitation	rules)	SEF	IVICE CENTER		20						
21 Depreciation (attac				21		100						
•	laimed on Schedule A and elsewhei	re on return		22a		22b						
23 Depletion24 Contributions to de	ferred compensation plans					23						
25 Employee benefit p	·		-			25						
26 Excess exempt exp	•					26						
27 Excess readership	costs (Schedule J)					27						
28 Other deductions (a	•					28						
	Add lines 14 through 28					29	0.					
	taxable income before net operating					30	0.					
	perating loss arising in tax years be taxable income. Subtract line 31 fre		ry 1, 2(o io (see instructions)		31	0.					
	or Paperwork Reduction Act Notic					1 32	Form 990-T (2018)					

Form 990-1	r (2018)	AMYOTROPHIC LATERAL S	CLEROSIS ASSN.		13-32	71855	Page 2
Part		otal Unrelated Business Taxable Ir	ncome				
33,	Total	of unrelated business taxable income computed from	n all unrelated trades or businesses	(see instructions)	·	33	0.
34	Amoi	ints paid for disallowed fringes		` ,		34	1
35		ction for net operating loss arising in tax years begin	ning before January 1, 2018 (see in	structions)		35	
36		of unrelated business taxable income before specific		•			
		33 and 34				36	
37		fic deduction (Generally \$1,000, but see line 37 instr	uctions for exceptions)		39	> 37	1,000.
38		ated business taxable income. Subtract line 37 fro	•	ine 36	,	HŤ	
-		the smaller of zero or line 36				38	0.
Part I		Tax Computation					
39		izations Taxable as Corporations. Multiply line 38	hv 21% (0.21)			3,9	0.
40		s Taxable at Trust Rates. See instructions for tax co		int on line 38 from:			
		Tax rate schedule or Schedule D (Form 104	•			40	
41	Prox	tax. See instructions	,			4	
42	-	native minimum tax (trusts only)				42	
43		n Noncompliant Facility Income. See instructions				43	
44		Add lines 41, 42, and 43 to line 39 or 40, whichever	applies			44	0.
Part N		ax and Payments				ן קד ן	
		in tax credit (corporations attach Form 1118; trusts	attach Form 1116)	45'a			
b		credits (see instructions)	2.00	45b			
c		al business credit. Attach Form 3800		45c			
d		for prior year minimum tax (attach Form 8801 or 8	927)	450			
_		credits. Add lines 45a through 45d	52.,	1001	•	45e	
46		act line 45e from line 44				46	0.
47		taxes. Check if from: Form 4255 Form	8611 Form 8697 Form	8866 Other	attach schedule)		
48		tax. Add lines 46 and 47 (see instructions)			,	48	0.
49		net 965 tax liability paid from Form 965-A or Form 9	65-B, Part II, column (k), line 2			49	0.
50 a		ents: A 2017 overpayment credited to 2018	, , , , , , , , , , , , , , , , , , , ,	5ða		72.75	
ь	2018	estimated tax payments	Slk		5,998		
c	Tax d	eposited with Form 8868	30.	50c			
d	Foreig	n organizations. Tax paid or withheld at source (see	instructions)	50d			
е	Backı	p withholding (see instructions)		50e		100%	
f	Credi	for small employer health insurance premiums (atta	ach Form 8941)	501			
g	Other	credits, adjustments, and payments' Form 24		4 1			
		Form 4136 X Other _	494. Total	≥ 50g	494		
51	Total	payments. Add lines 50a through 50g	SEE S	TATEMENT	2	§ 1	6,492.
52		ated tax penalty (see instructions). Check if Form 22				52	
53		ue. If line 51 is less than the total of lines 48, 49, and			Cr. >	53	
54		ayment. If line 51 is larger than the total of lines 48			>>> >	54	6,492.
55 Parts		the amount of line 54 you want. Credited to 2019 er			lunde&56►	55	6,492.
		Statements Regarding Certain Activ		<u> </u>			
56		time during the 2018 calendar year, did the organiz				J	Yes No
		t financial account (bank, securities, or other) in a fo					
	here	N Form 114, Report of Foreign Bank and Financial A	ccounts. If Yes, enter the name of	the foreign country			
57		g the tax year, did the organization receive a distribu	tion from ay use it the aventor of a				$-\mid \frac{x}{x}\mid$
3,		s," see instructions for other forms the organization r		ir transferor to, a for	eign trust?		
58		the amount of tax-exempt interest received or accru					
	Lin	der penalties of persizy. I declare that I have examined this sat-	en inglisting against and achodistance	statements, and to the	best of my knowl	edge and belief,	t is true,
Sign	co	rect, and complete Declaration of preparer (other than taxpaye	er) is based on all information of which prep EXEC	oarer has any knowledge VP. FTNAN	CR & -		
Here		Burshlupehue	6-17-2020 ADMIN	,	I,	May the IRS discu	uss this return with
			Date Title	_ ·		instructions)?	
	•	Print/Type preparer's name Preparer	arer's signature	Date	Check	ıf PTIN	
Paid		· · · · · · · · · · · · · · · · · · ·	HAELA J.		self- employed		
Prepa	rer			06/04/20			395728
Use C		Firm's name CLIFTONLARSONAL	LEN LLP		Firm's EIN		746749
			ROAD, SUITE 200				
		Firm's address ► ARLINGTON, VA	22203		Phone no.	<u> 571-227</u>	
823711 01	-09-19		_	~		Fo	rm 990-T (2018)

Form 990-T (2018) AMYOTROPH	IC LATER	RAL SCLER	osis	S ASSN.		13-3271	855 Page 3	
Schedule A - Cost of Good	s Sold. Enter	method of inven	torv va	luation > N/A				
1 Inventory at beginning of year	11			Inventory at end of year	r		6	
2 Purchases	2		7	Cost of goods sold. Su	ibtract i	ine 6		
3 Cost of labor	3		7	from line 5. Enter here				
4a Additional section 263A costs			7	line 2		· [7	
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	Yes No	
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to		
5 Total. Add lines 1 through 4b	•	,,						
Schedule C - Rent Income	(From Real	Property and		the organization? onal Property L	ease	d With Real Prope	rty)	
(see instructions)	•							
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	e than	of rent for p	personal p	nal property (if the percentag roperty exceeds 50% or if d on profit or income)	je	3(a) Deductions directly co columns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
(2)		1	-	· · · · · · · · · · · · · · · · · · ·				
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.	
Schedule E - Unrelated Det		Income (see	ınstruc	tions)	<u> </u>	Parti, tine o, column (B)	<u> </u>	
		(000		Gross income from		3. Deductions directly connect to debt-financed		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)			1					
(2)					-	•		
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or debt-fina	adjusted basis allocable to inced property h schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)			1	%				
(2)				%				
(3)				%				
(4)				%			<u> </u>	
				1.		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totale				_		n	١	

Form 990-T (2018)

Total dividends-received deductions included in column 8

Exempt Controlled Organizations 1. Name of santivalual organizations 2. Employer 3. Interviewed scales 3. Interviewed scales 4. Total or appearant 6. Part of column 4 this color organizations 7. Testals Indicated 8. Nati viewed scales 6. Nati viewed scales 7. Testals Indicated 8. Nati viewed scales 8. Nati viewed scales 9. Total of appearant 10. Part of column 9 this is included 11. Discontinuous 11. Discontinuous 12. Amount of income 12. Amount of income 13. Discontinuous 14. Discontinuous 15. Total of appearant 16. Part of column 9 this is included 17. Testals Income 18. Nati viewed scales 19. Total of appearant 19. Part of column 9 this is included 11. Discontinuous 11. Discontinuous 11. Discontinuous 12. Amount of income 13. Discontinuous 14. Discontinuous 15. Testal of appearant 16. Discontinuous 16. Discontinuous 17. Testals 18. Discontinuous 19. Part of column 9 this is included 19. Part of column 9 this is included 11. Discontinuous 11. Discontinuous 12. Amount of income 13. Amount of income 14. Amount of income 15. Discontinuous 16. Discontinuous 17. Testals 18. Discontinuous 19. Part of column 9 this is included 19. Part of column 9 this is included 11. Discontinuous 11. Discontinuous 11. Discontinuous 12. Amount of income 13. Part of column 9 this is included 14. Discontinuous 15. Testal of appearant 16. Testal of appearant 17. Testals 18. Discontinuous 19. Part of column 9 this is included 19. Part of column 9 this is included 11. Discontinuous 11. Discontinuous 12. Amount of income 13. Part of column 9 this is included 14. Discontinuous 15. Testals 16. Testals 17. Encota viewed 18. Discontinuous 18. Discontinuous 19. Testals 19. Tes	Schedule F - Interest,	Annuitie	s, Royaltie	s, and F	lents l	From Co	ntrolle	d Organiza	tions	(see ins	truction	s)	
1. Remon of controlled or generation 2. Enterly expendent months 2. Enterly expendent months 3. Period codemina 18 period (S) (A) (A) (B) (B) (B) (B) (B) (B				Ex	cempt C	ontrolled O	rganızat	ions					
Applications Appl	Name of controlled organization Ident			ion (ital of specified ments made	ınclud	included in the controlling		connected with income	
Applications Appl	(1)								· · · - ·				
An Nonexempt Controlled Organizations S. Net irrelated coron (Nac) S. Total of specified perpression 10. Part of clients of them is stated with recession or collision (Specimen (Nac) S. Net irrelated coron													
(d) Nonexempt Controlled Organizations 7. Tassable biscense 8. Net certained consequence (passa) (see individual payments in the controlled organization (see individual payments organization									İ			· <u>-</u>	
Nonexempt Controlled Organizations 8. Not created income (fixed) 9. Total of significant payments (fixed) 10. Part of calculation 8 that is a microbial with requirement of the commoning arganization of great microbial in the commoning arganization of great microbial with requirement of the commoning arganization of great microbial with requirement of the commoning arganization of the commoning arganization of great and on page 1, Part I, limit 8, column (8) 0. 0. 0. 0. 0. 0. 0. 0			-								Ì		
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(d) Totals Totals Add columns 5 and 10 Enter har and on page 1, Part I, Irine 8, column (8) Totals 7. Taxable Income			loss)	9. Total o		nents	in the controlli	ing organ	ization's				
(d) Totals Totals Add columns 5 and 10 Enter har and on page 1, Part I, Irine 8, column (8) Totals (1)													
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Totals 2. Amount of income (see instructions) 2. Amount of income (see instructions) 3. Deductions (see instructions) 4. Seh-eadle (state) schedule (state)													
Add columns & not 10 Enter here and on page 1, Pert 1, Inne 8, column (8) O . O .													
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(1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (8) Description of exploited factivity Description of exploited activity Description of exploited ac	-	•	me			2. Amount of	ıncome	directly conne	cted			and set-asides	
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Totals Enter here and on page 1, Part 1, line 9, column (A) Enter here and on page 1, Part 1, line 9, column (B)							_		-				
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(3) (4) Enter here and on page 1, Part I, line 10, col (A) Totals O. O. Schedule J - Advertising Income (see instructions) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs income 1. Name of periodical 2. Gross advertising costs advertising costs of Strough 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) O. O. O. O.	(2)			ı									
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Totals (carry to Part II, line (5)) ▶ 0. 0.	(3)								•			e de la companya de La companya de la co	
		$-\overline{1}$					過數數	**				ter and a series with the series of the seri	
	Totals (carry to Part II, line (5))	•	0.	.	0.								

Form 990-1 (2018) AMIOTROPH								32/103	J	aye ;
Part II Insome From Perio			a Separ	ate Basis (For ea	ch perio	dical listed	l ın Pa	rt II, fill in		
columns 2 through 7 on a	i line-by-line basis)									
1. Name of periodical	2. Gross advertising income		Direct sing costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		rculation come	6. Readership costs		7. Excess readers costs (column 6 mill column 5, but not m than column 4)	nus
(1)				Ī						
(2)			-							
(3)										
(4)										
Totals from Part I	0.		0.		TO THE SECTION OF THE		\$2,045 <u>1</u>			0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and or page 1, Part I, line 11, col (B)					andreasy and the second of the		Enter here and on page 1, Part II, line 27	•
Totals, Part II (lines 1-5)	0.		0.	本本业本基本				2000年		0.
Schedule K - Compensation	n of Officers, D	Directo	ors, and	Trustees (see in	structio	ns)				
1. Name				2. Title		3. Percentime devote busines	ed to		ensation attributable elated business	
(1)							%			
(2)							%	}		
(3)							%			
(4)							%	•		
Total Enter here and an age 1 Dort II I	.no 14									_

Form 990-T (2018)

FOOTNOTES

STATEMENT 1

THE 2017 TAX CUTS AND JOBS ACT CREATED IRC SEC. 512(A)(7) WITH AN ENACTMENT DATE OF JANUARY 1, 2018. IRC SEC. 512(A)(7) DEFINED THE CONCEPT OF 'DISALLOWED FRINGE BENEFITS' AND REQUIRED THAT THESE EXPENSES BE INCLUDED IN UNRELATED BUSINESS TAXABLE INCOME. THE TAXPAYER CERTAINTY AND DISASTER RELIEF ACT OF 2019 SIGNED ON DECEMBER 20, 2019 REPEALED IRC SEC. 512(A)(7) RETROACTIVELY BACK TO ITS ORIGINAL ENACTMENT; AS SUCH THIS AMENDMENT IS BEING FILED TO REMOVE THE DISALLOWED FRINGE BENEFITS WHICH ARE NO LONGER INCLUDED IN UNRELATED BUSINESS INCOME AND NO LONGER SUBJECT TO INCOME TAX.

LINES 34, 36, 39, 44, 46 & 48 ALL CHANGED TO ZERO AS A RESULT OF THE REPEAL OF IRC SEC. 512(A)(7).

FORM 990-T OTHER CREDITS AND PAYMENTS	STATEMENT 2
DESCRIPTION	AMOUNT
AMOUNT PAID WITH ORIGINAL RETURN	494.
TOTAL INCLUDED ON FORM 990-T, PAGE 2, PART V, LINE 50G	494.