

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 02-01-2018, and ending 01-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: AMYTROPHIC LATERAL SCLEROSIS ASSN
 Doing business as: THE ALS ASSOCIATION
 Number and street (or P O box if mail is not delivered to street address): 1275 K STREET NW NO 250
 Room/suite:
 City or town, state or province, country, and ZIP or foreign postal code: WASHINGTON, DC 20005

D Employer identification number: 13-3271855
E Telephone number: (202) 407-8580
G Gross receipts \$ 42,732,588

F Name and address of principal officer: CALANEET BALAS, 1275 K STREET NW NO 250, WASHINGTON, DC 20005

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number: 4119

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

J Website: WWW ALSA ORG

K Form of organization: Corporation Trust Association Other

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

Part I Summary

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 if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	106
6 Total number of volunteers (estimate if necessary)	23
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	30,914

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	23,216,448	29,429,700
9 Program service revenue (Part VIII, line 2g)	72,600	146,365
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,546,338	-2,361,210
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-165,651	-149,153
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	24,669,735	27,065,702
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,156,243	17,868,141
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,936,521	8,434,709
16a Professional fundraising fees (Part IX, column (A), line 11e)	290,500	421,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,353,885		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,434,947	8,166,363
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	37,818,211	34,890,213
19 Revenue less expenses Subtract line 18 from line 12	-13,148,476	-7,824,511

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	99,633,005	96,316,713
21 Total liabilities (Part X, line 26)	3,185,115	5,877,998
22 Net assets or fund balances Subtract line 21 from line 20	96,447,890	90,438,715

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-06-10

GREGORY MITCHELL EXEC VP, FINANCE & ADMIN
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Preparer's signature: Date: Check if self-employed PTIN: P01337292

Firm's name: CLIFTONLARSONALLEN LLP Firm's EIN: 41-0746749

Firm's address: 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203 Phone no: (571) 227-9500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses \$ 15,436,780 including grants of \$ 14,568,338) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 9,144,294 including grants of \$ 3,294,823) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 3,290,965 including grants of \$ 4,981) (Revenue \$ 146,365)
See Additional Data

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

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

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, lobbying, political activities, and financial reporting.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	65
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

<p>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</p>	2a	106			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a		No
<p>b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O</p>			3b		
<p>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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h	Yes	
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		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>					
			13a		
<p>b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O</p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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



Section A. Governing Body and Management

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 (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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? (Yes); 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? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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 (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 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, 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
- 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: GREGORY MITCHELL 1275 K STREET NW SUITE 250 WASHINGTON, DC 20005 (202) 407-8580

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional Trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization (W-2/1099-MISC), (E) Reportable compensation from related organizations (W-2/1099-MISC), (F) Estimated amount of other compensation from the organization and related organizations. Includes a row for 'See Additional Data Table'.

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position (do not check more than one box), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

1b Sub-Total
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c) 2,157,124 0 142,641

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 12

Table with 3 columns: Question number, Question text, Yes/No response. Includes questions 3, 4, and 5 regarding compensation reporting.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Lists contractors like NNE MARKETING, LUCIE BRUIJN, DRUM - U MARKETING LLC, and THREESpot MEDIA LLC.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 4

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 153,834			
	b Membership dues	1b			
	c Fundraising events	1c 1,628,674			
	d Related organizations	1d			
	e Government grants (contributions)	1e 379,992			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 27,267,200			
	g Noncash contributions included in lines 1a - 1f \$ <u>166,286</u>				
	h Total. Add lines 1a-1f		29,429,700		

Program Service Revenue			Business Code			
	2a CONFERENCE FEES		900099	146,365	146,365	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			146,365			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,641,824			2,641,824
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)				-5,003,034		-5,003,034
	8a Gross income from fundraising events (not including \$ <u>1,628,674</u> of contributions reported on line 1c) See Part IV, line 18	a			0		
	b Less direct expenses	b			205,789		
	c Net income or (loss) from fundraising events				-205,789		-205,789
	9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a						
b Less cost of goods sold	b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue				56,636		56,636	
e Total. Add lines 11a-11d				56,636			
12 Total revenue. See Instructions				27,065,702	146,365	0	-2,510,363

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	16,347,937	16,347,937		
2 Grants and other assistance to domestic individuals See Part IV, line 22	33,981	33,981		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	1,486,223	1,486,223		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,564,616	1,269,496	938,321	356,799
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,514,722	2,948,395	545,428	1,020,899
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	139,248	88,776	18,957	31,515
9 Other employee benefits	642,189	480,885	71,641	89,663
10 Payroll taxes	573,934	359,807	97,670	116,457
11 Fees for services (non-employees)				
a Management				
b Legal	179,371	17,370	162,001	
c Accounting	41,838		41,838	
d Lobbying				
e Professional fundraising services See Part IV, line 17	421,000			421,000
f Investment management fees	203,217		203,217	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,798,384	2,062,257	94,721	1,641,406
12 Advertising and promotion	470,042	417,132	5,263	47,647
13 Office expenses	256,498	140,967	50,388	65,143
14 Information technology				
15 Royalties				
16 Occupancy	746,603	487,045	90,301	169,257
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,920,433	1,429,546	235,858	255,029
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,475	77,983	21,843	23,649
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CREDIT CARD & DATA FEES	211,046	75,144	60,003	75,899
b TELECOMMUNICATIONS	198,884	149,095	17,797	31,992
c CHAPTER SUPPORT	22,618		15,088	7,530
d BAD DEBT EXPENSE	-6,046		-6,046	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	34,890,213	27,872,039	2,664,289	4,353,885
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	5,250,358	1	6,371,727
	2 Savings and temporary cash investments	520,372	2	5,692,587
	3 Pledges and grants receivable, net	5,417,228	3	5,984,641
	4 Accounts receivable, net	98,291	4	190,949
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	27,479	9	127,444
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,031,429		
	b Less accumulated depreciation	10b 939,369	126,189	10c 92,060
	11 Investments—publicly traded securities	84,273,526	11	73,672,514
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	3,919,562	15	4,184,791
16 Total assets. Add lines 1 through 15 (must equal line 34)	99,633,005	16	96,316,713	
Liabilities	17 Accounts payable and accrued expenses	2,077,642	17	2,070,215
	18 Grants payable	174,741	18	2,818,427
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	932,732	25	989,356
	26 Total liabilities. Add lines 17 through 25	3,185,115	26	5,877,998
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	83,168,855	27	79,882,951
	28 Temporarily restricted net assets	12,271,237	28	10,555,764
	29 Permanently restricted net assets	1,007,798	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	96,447,890	33	90,438,715	
34 Total liabilities and net assets/fund balances	99,633,005	34	96,316,713	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	27,065,702
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,890,213
3	Revenue less expenses Subtract line 2 from line 1	3	-7,824,511
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	96,447,890
5	Net unrealized gains (losses) on investments	5	1,809,211
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	6,125
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	90,438,715

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990 (2018)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

PUBLIC AND PROFESSIONAL EDUCATION - THE ASSOCIATION'S PUBLIC POLICY DEPARTMENT DEVELOPS AWARENESS AND UNDERSTANDING OF ALS AND THE WORK OF THE ASSOCIATION AMONG THE GENERAL PUBLIC, HEALTHCARE PROFESSIONALS, THE SCIENTIFIC COMMUNITY, AND ELECTED AND OTHER GOVERNMENT OFFICIALS FOR THE YEAR ENDING JANUARY 31, 2019, THE ASSOCIATION WORKED WITH CONGRESS TO CONTINUE FUNDING FOR THE NATIONAL ALS REGISTRY AND THE ALS RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE AS WELL AS FUNDING FOR ALS RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SUE GORMAN CHAIRMAN	5 00	X		X				0	0	0
STEPHEN WINTHROP CHAIRMAN - UNTIL 12/18	5 00	X		X				0	0	0
MARK STANCIL TREASURER	4 00	X		X				0	0	0
CAMERON WARD SECRETARY	4 00	X		X				0	0	0
MARK CALMES VICE-CHAIR	5 00	X		X				0	0	0
TOM CARROLL TRUSTEE	2 00	X						0	0	0
DON CASEY TRUSTEE	2 00	X						0	0	0
FRED M DEGRANDIS TRUSTEE	2 00	X						0	0	0
MILLIE ARNOLD TRUSTEE	2 00	X						0	0	0
CONNIE HOUSTON TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
SCOTT KAUFFMAN TRUSTEE	2 00	X						0	0	0
CHRISTI L KOLARCIK PHD TRUSTEE	2 00	X						0	0	0
JOHN P KRAVE JD TRUSTEE	2 00	X						0	0	0
LOU LIBBY MD TRUSTEE	2 00	X						0	0	0
WARREN NELSON TRUSTEE	2 00	X						0	0	0
STUART OBERMANN TRUSTEE	2 00	X						0	0	0
ELLYN C PHILLIPS TRUSTEE	2 00	X						0	0	0
JUDY PRATT DMD TRUSTEE	2 00	X						0	0	0
CHARLIE ROBINSON D SC PE TRUSTEE	2 00	X						0	0	0
WENDY J SCHRIBER TRUSTEE	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM D SOFFEL TRUSTEE	2 00	X						0	0	0
EUGENE BRANDON PHD TRUSTEE	2 00	X						0	0	0
WILLIAM THOET TRUSTEE	2 00	X						0	0	0
DOUG BUTCHER TRUSTEE	2 00	X						0	0	0
NANCY FRATES TRUSTEE - UNTIL 02/18	2 00	X						0	0	0
CALANEET BALAS PRESIDENT & CEO	37 50			X				300,317	0	12,394
GREG MITCHELL EVP, FINANCE & ADMINISTRATION	37 50			X				231,748	0	11,143
BRIAN FREDERICK EVP, COMMUNICATION	37 50				X			195,041	0	10,162
LANCE SLAUGHTER EVP, CHAPTER RELATIONS & GOVERNANCE	37 50				X			210,684	0	13,828
KIMBERLY HARDING-MAGINNIS SENIOR VP, CARE SERVICES	37 50				X			188,046	0	11,988

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	37 50				X			163,398	0	14,662
TINA ZEFF EVP, DEVELOPMENT	37 50				X			167,968	0	19,661
LYLES EDDINS VP, DEVELOPMENT	37 50					X		143,772	0	5,397
MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEMENT	37 50					X		143,503	0	5,483
TERESSA HARRIS VP, FINANCE	37 50					X		147,838	0	16,928
MARY BRUNEY VP, CHAPTER RELATIONS - UNTIL 08/18	37 50					X		140,348	0	7,859
NEIL THAKUR EVP, MISSION STRATEGY	37 50					X		124,461	0	13,136

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number

13-3271855

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	137,917,563	23,487,328	27,407,957	23,216,448	29,429,700	241,458,996
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	137,917,563	23,487,328	27,407,957	23,216,448	29,429,700	241,458,996
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						734,836
6 Public support. Subtract line 5 from line 4						240,724,160

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	137,917,563	23,487,328	27,407,957	23,216,448	29,429,700	241,458,996
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	221,293	1,466,148	2,633,793	2,156,702	2,641,824	9,119,760
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	29,343	2,042	47,788	43,647	56,636	179,456
11 Total support. Add lines 7 through 10						250,758,212

12 Gross receipts from related activities, etc (see instructions) **12** 596,893

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	96.000 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	96.820 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 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)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- 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)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

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

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

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)

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the 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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	13,778	
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	439,704	
c	Total lobbying expenditures (add lines 1a and 1b)	453,482	
d	Other exempt purpose expenditures	34,442,628	
e	Total exempt purpose expenditures (add lines 1c and 1d)	34,896,110	
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
If the amount on line 1e, column (a) or (b) is:		The lobbying nontaxable amount is:	
Not over \$500,000		20% of the amount on line 1e	
Over \$500,000 but not over \$1,000,000		\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000		\$175,000 plus 10% of the excess over \$1,000,000	
Over \$1,500,000 but not over \$17,000,000		\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000		\$1,000,000	
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	
i	Subtract line 1f from line 1c If zero or less, enter -0-	0	
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	546,049	529,987	466,481	453,482	1,995,999
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	48,109	33,626	15,724	13,778	111,237

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

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

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

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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

Return Reference	Explanation
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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 the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,516,315	6,516,315	6,333,662	6,516,315	5,990,000
b Contributions					526,315
c Net investment earnings, gains, and losses	-61,584	482,577	386,180	-182,653	313,081
d Grants or scholarships					
e Other expenditures for facilities and programs		482,577	203,527		313,081
f Administrative expenses					
g End of year balance	6,454,731	6,516,315	6,516,315	6,333,662	6,516,315

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 3 710 %
 - c** Temporarily restricted endowment ▶ 96 290 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | No | No |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 3b**

	Yes	No
3a(i)	No	No
3a(ii)	No	No
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		146,535	125,862	20,673
d Equipment		488,592	419,427	69,165
e Other		396,302	394,080	2,222
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				92,060

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (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. (Column (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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY PAYMENT LIABILITY	933,628
DEFERRED RENT	55,728
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	▶ 989,356

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1	Total expenses and losses per audited financial statements	1	40,431,092
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,744,096
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	5,744,096
3	Subtract line 2e from line 1	3	34,686,996
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	203,217
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	203,217
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	34,890,213

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Supplemental Information

Return Reference	Explanation
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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -26,731 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 32,856

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to 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 region	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,486,223
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,486,223

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)								Schedule F (Form 990) 2018	
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2	FOREIGN INVESTIGATORS, SIMILAR TO US INVESTIGATORS, ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESEARCH DEPARTMENT

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS	RESEARCH	1,140,532
NORTH AMERICA	0	0	GRANTS	RESEARCH	149,903

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	15,788
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	130,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	GRANTS	RESEARCH	50,000

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CLINICAL MANAGEMENT	100,000	CHECK & WIRE TRANSFER			
		EUROPE	CLINICAL PILOT TRIAL	435,847	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	DRUG DEVELOPMENT CONTRACT	33,333	CHECK & WIRE TRANSFER			
		EUROPE	INVESTIGATOR INITIATED PROGRAM	217,500	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	LOU GEHRIG CHALLENGE ALS	165,515	CHECK & WIRE TRANSFER			
		EUROPE	STRATEGIC INITIATIVE	188,337	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EAST ASIA & THE PACIFIC	INVESTIGATOR INITIATED PROGRAM	100,000	CHECK & WIRE TRANSFER			
		EAST ASIA & THE PACIFIC	STRATEGIC INITIATIVE	30,000	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	INVESTIGATOR INITIATED PROGRAM	100,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	LOU GEHRIG CHALLENGE ALS	49,903	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	INVESTIGATOR INITIATED PROGRAM	15,788	CHECK & WIRE TRANSFER			
		SOUTH AMERICA	INVESTIGATOR INITIATED PROGRAM	25,000	CHECK & WIRE TRANSFER			

Form 990 Schedule F Part II - Grants or Entities Outside The United States								
(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	POSTDOCTORAL FELLOWSHIP	25,000	CHECK & WIRE TRANSFER			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NNE MARKETING 105 PAUL REVERE ROAD CONCORD, MA 07142	FUNDRAISING COUNSEL		No	2,114,921	366,000	1,748,921
2 DRUM - U MARKETING LLC 1 E 22ND STREET SUITE 200 LOMBARD, IL 60148	FUNDRAISING COUNSEL		No	1,195,036	55,000	1,140,036
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,309,957	421,000	2,888,957

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

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

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

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		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 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.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE ASSOCIATION RECEIVES ALL OR 100% OF THE PROCEEDS FROM OUR DIRECT MAIL APPEALS PROGRAM INCLUDING TELEMARKETING HOWEVER, THE ASSOCIATION IS RESPONSIBLE TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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.

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.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DURABLE MEDICAL EQUIPMENT	15		28,481	FMV	POWER LIFT SEATS
(2) CARE SERVICES GRANTS	11	5,500			CARE SERVICE GRANTS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	ALL GRANT AWARDED INVESTIGATORS ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING TO OUR RESEARCH DEPARTMENT

Additional Data

Software ID:
Software Version:
EIN: 13-3271855
Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANTAGE HEALTH SAINT MARY'S MEDICAL GROUP 200 JEFFERSON AVENUE SE GRAND RAPIDS, MI 49503	27-2491974	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALLEGHANY HEALTH NETWORK 320 E NORTH AVENUE PITTSBURGH, PA 15212	25-1320493	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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 ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	53,333				CLINICIAN SCIENTIST DEVELOPMENT AWARD
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	80,000				TREAT ALS CLINICAL SCIENTIST

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	75,000				CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	50,000				SHELIA ESSEY AWARD

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

(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
AMYLYX PHARMACEUTICALS INC 210 BROADWAY NO 201 CAMBRIDGE, MA 02139	46-4600503	501(C)3	100,000				LOU GEHRIG CHALLENGE ALSA INITIATED
ANELIXIS THERAPEUTICS INC 300 TECHNOLOGY SQUARE 4TH FLOOR CAMBRIDGE, MA 02139	47-4022454	501(C)3	624,000				ALSA INITIATED

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

(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
APOTHECOM 800 TOWNSHIP LINE ROAD SUITE 300 YARDLEY, PA 19067	26-4510763	501(C)3	23,668				ALS PATIENT SURVEY
BALL STATE UNIVERSITY 2000 W UNIVERSITY AVENUE IN 47304 MUNCIE, IN 47304	35-6000221	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
BAYLOR 6550 FANNIN SUITE 1801 HOUSTON, TX 77030	74-1613878	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 340 MILWAUKEE, WI 53201	39-1805963	501(C)3	50,000				CLINICAL MANAGEMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 UNIVERSITY OF WISCONSIN MILWAUKEE, WI 53201	39-1805963	501(C)3	47,156				YOUTH EDUCATIONAL MATERIALS
BRIGHAM & WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)3	50,000				STRATEGIC INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARS SINAI MEDICAL CENTER C/O MANAGER GRANT FUND ACCTNG 8700 BEVERLY BLVD 6500 WIL 11504720-5940 LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	70,400				LOU GEHRIG CHALLENGE ALSA INITIATED

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

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CEDARS-SINAI MEDICAL CENTER 6500 WILSHIRE BLVD SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	500,000				STRATEGIC INITIATIVE
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	64,769				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
CLEVELAND CLINIC FOUNDATION NEUROMUSCULAR CENTER 9500 EUCLID AVE S90 CLEVELAND, OH 44195	34-0714585	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND VA RESEARCH FOUNDATION 10701 EAST BLVD CLEVELAND, OH 44106	34-1710663	501(C)3	19,440				CLINICAL MANAGEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE PO BOX 332 HUNTSVILLE, AL 35804	26-3750673	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DARTMOUTH HITCHCOCK FOUNDATION LEBANON CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)3	37,500				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
DARTMOUTH-HITCHCOCK CLINIC 1 MEDICAL CENTER DRIVE LEBANON, NH 037560001	22-2519596	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
DIGNITY HEALTH - ST JOSEPHS HOSPITAL AZ 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0096787	501(C)3	40,000				INVESTIGATOR INITIATED STARTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIGNITY HEALTH - ST JOSEPHS HOSPITAL AZ 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0096787	501(C)3	85,874				TREAT ALS
DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CTR DIGNITY HEALTH ST JOSEPHS HOSPITAL AZ ATTN MISC A/R CASH FILE 57431 LOS ANGELES, CA 900748781	94-1196203	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
DREXEL UNIVERSITY TD BANK P O BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)3	40,000				INVESTIGATOR INITIATED STARTER
DUKE UNIVERSITY DEPT OF NEUROLOGY ATTN MEGAN PHILLIPS DUMC BOX 2900 DURHAM, NC 27710	56-0532129	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
FACULTY PHYSICIANS AND SURGEONS OF LLUSM C/O JEFFREY ROSENFELD PHD MD 11370 ANDERSON STREET SUITE B-100 LOMA LINDA, CA 92354	33-0672915	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GEORGE WASHINGTON UNIVERSITY 2150 PENNSYLVANIA AVE NW 7-401 WASHINGTON, DC 20037	54-2126575	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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GEORGIA HEALTH SCIENCES FOUNDATION INC ALS FUND 21078 1120 15TH STREET FL-1047 AUGUSTA, GA 30912	35-2310573	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GNS HEALTHCARE INC 196 BROADWAY CAMBRIDGE, MA 021391902	27-1667187	501(C)3	281,250				STRATEGIC INITIATIVE

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

(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
HENNEPIN HEALTHCARE FOUNDATION LSB-3 701 PARK AVE MINNEAPOLIS, MN 55415	42-1707837	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HENRY FORD HEALTH SYSTEM DEPARTMENT OF NEUROLOGY HOENSELAAR ALS CLINIC 2799 WEST GRAND BOULEVAR DETROIT, MI 482022689	38-1357020	501(C)3	37,933				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
HONOR HEALTH NEUROLOGY/ALS CLINIC 8125 N HAYDEN ROAD SCOTTSDALE, AZ 85258	86-0181654	501(C)3	50,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOPE LOVES COMPANY INC C/O JODI ODONNELL-AMES P O BOX 931 PENNINGTON, NJ 08534	20-8418402	501(C)3	50,000				CAMP OUTREACH GRANT

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

(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
HOSPITAL FOR SPECIAL CARE ATTN FISCAL DEPT 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOSPITAL FOR SPECIAL SURGERY DEPARTMENT OF NEUROLOGY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
HOUSTON METHODIST DEPT OF NEUROLOGY ATTN MARY LOUISE SPEARS 6560 FANNIN STREET SUITE 802 HOUSTON, TX 77030	76-0094743	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
INDIANA UNIVERSITY ATTN MARGARET GRABER 355 W 16TH STREET INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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INNOCENTIVE INC 265 WINTER STREET 2ND FLOOR WALTHAM, MA 02451	20-3437526	501(C)3	10,250				STRATEGIC CHALLENGE TARGET IDENTIFICATION
IZUMI BIOSCIENCES INC 23 BLUEBERRY LANE SUITE 100 LEXINGTON, MA 02420	47-2572265	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON WEINBERG ALS CENTER 900 WALNUT STREET JHN SUITE 408- FARBER INSTITUTE FOR NEUROLOGY PHILADELPHIA, PA 19107	23-2809585	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
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				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501(C)3	40,000				INVESTIGATOR INITIATED STARTER

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

(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
LAUREN SCIENCES LLC 345 EAST 94TH STREET SUITE 18A NEW YORK, NY 10128	27-3076076	501(C)3	75,000				DRUG DEVELOPMENT CONTRACT
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NO 433 BOLIVAR STREET 8TH FLOOR NEW ORLEANS, LA 70112	72-0702002	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
LUDWIG INSTITUTE FOR CANCER RESEARCH 8950 VILLA LA JOLLA DRIVE SUITE C135 LA JOLLA, CA 92037	23-7121131	501(C)3	50,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
LUDWIG INSTITUTE FOR CANCER RESEARCH 8950 VILLA LA JOLLA DRIVE SUITE C135 LA JOLLA, CA 92037	23-7121131	501(C)3	530,000				STRATEGIC INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	205,000				ALSA INITIATED
MASSACHUSETTS GENERAL HOSPITAL THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL BOSTON, MA 02199	04-2697983	501(C)3	49,407				CLINICAL MANAGEMENT

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

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MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA NA BOSTON, MA 022414876	04-2697983	501(C)3	50,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
MASSACHUSETTS GENERAL HOSPITAL BANK OF AMERICA NA BOSTON, MA 02241	04-2697983	501(C)3	559,697				LOU GEHRIG CHALLENGE ALSA INITIATED

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)3	75,000				POSTDOCTORAL FELLOWSHIP
MASSACHUSETTS GENERAL HOSPITAL MASS GENERAL HOSPITAL RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	208,992				TREAT ALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE ROOM NE49-3000 NE49-3000 CAMBRIDGE, MA 02139	04-2103594	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC - ALS CLINIC NEUROLOGY MAYO CLINIC - ALS CLINIC NEUROLOGY 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	50,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC FLORIDA 4500 SAN PABLO ROAD S JACKSONVILLE, FL 322241865	59-3337028	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	225,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	130,000				INVESTIGATOR INITIATED STARTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	32,500				STRATEGIC INITIATIVE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	125,000				TREAT ALS
MEDICAL UNIVERSITY OF SOUTH CAROLINA OFFICE OF GRANTS CPNTRACTS ACCOUNTING 19 HAGOOD AVE SUITE 606 CHARLESTON, SC 29403	57-6000722	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
MOUNT SINAI HEALTH SYSTEM MOUNT SINAI HEALTH SYSTEM OFFICE DEVELOPMENT ONE GUSTAVE L LEVY PLAC NEW YORK, NY 10029	13-5564934	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NATIONAL INSTITUTE OF CHILD HEALTH AND HUMAN DEVELOPMENT PO BOX 3006 ROCKVILLE, MD 20847		501(C)3	25,000				POSTDOCTORAL FELLOWSHIP

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

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NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS ATTN FINANCIAL MGMT BRANCH BETHESDA, MD 208922540	52-0858115	501(C)3	600,000				LOU GEHRIG CHALLENGE ALSA INITIATED
NC STATE UNIVERSITY 2701 SULLIVAN DRIVE SUITE 240 RALEIGH, NC 27695	56-6000756	501(C)3	50,000				STRATEGIC INITIATIVE

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

(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
NEBRASKA MEDICINE ATTN TOVA SAFFORD 988440 NEBRASKA MEDICINE OMAHA, NE 681988440	91-1858433	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEUROLOGY ASSOCIATES OF STONY BROOK 181 NORTH BELLE MEAD ROAD EAST SETAUKET, NY 11733	11-2587430	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(C)3	1,150,000				STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM (NEALS) 811 W 7TH ST FLOOR 12 LOS ANGELES, CA 90017	56-2547779	501(C)3	30,000				STRATEGIC INITIATIVE

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

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NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVENUE BOSTON, MA 021155000	04-1679980	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	80,000				INVESTIGATOR INITIATED STARTER

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

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OCHSNER CLINIC FOUNDATION ERIC B STILLMAN OCHSNER SUITE 607 1514 JEFFERSON HWY JEFFERSON, LA 70121	72-0502505	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
OHIOHEALTH FOUNDATON ATTN MARK FLASH 180 EAST BROAD ST 31ST FLOOR COLUMBUS, OH 43215	23-7446919	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY SPONSORED PROJECTS ADMINISTRATION 690 SW BANCROFT L106SPA PORTLAND, OR 97239	93-1176109	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ORIGENT DATA SCIENCES INC 8245 BOONE BLVD SUITE 600 VIENNA, VA 22182	38-3916182	501(C)3	47,433				LOU GEHRIG CHALLENGE ALSA INITIATED

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

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PENN STATE HERSHEY MEDICAL CENTER DR ZACHARY SIMMONS DEPT OF NEUROLOGY EC 037 30 HOPE DRIVE HERSHEY, PA 17033	24-6000376	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PISON TECHNOLOGY INC 258 HARVARD STREET BROOKLINE, MA 02446	81-3603539	501(C)3	50,000				STRATEGIC INITIATIVE

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

(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
PORTLAND VA RESEARCH FOUNDATION PO BOX 19832 PORTLAND, OR 97280	94-3090170	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE 6TH FLOOR FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	56,250				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE 6TH FLOOR FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	100,000				INVESTIGATOR INITIATED STARTER
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE 6TH FLOOR FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	34,940				STRATEGIC INITIATIVE

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

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PRIZE4LIFE INC PO BOX 5755 BERKELEY, CA 94705	20-5055664	501(C)3	54,250				TREAT ALS
PROVIDENCE HEALTH & SERVICES-OREGON ST VINCENT MEDICAL CENTER/BRAIN INSTITUTE FOUNDATION PO BOX 5977 PORTLAND, OR 972285977	93-0386929	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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QURALIS CORPORATION 700 MAIN STREET NORTH CAMBRIDGE, MA 02139	81-4722156	501(C)3	125,000				DRUG DEVELOPMENT CONTRACT
REGENTS OF THE UNIVERSITY OF CALIFORINA IRVINE 200 S MANCHESTER SUITE 110 ORANGE, CA 92868	95-2226406	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSD 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP
RWJ UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET SUITE 910 NEW BRUNSWICK, NJ 08901	22-2378007	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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SCRIPPS FLORIDA 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501(C)3	75,000				POSTDOCTORAL FELLOWSHIP
SPECTRUM HEALTH FOUNDATION 100 MICHIGAN STREET NE MAIL CODE 004 GRAND RAPIDS, MI 49503	38-2752328	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	40,000				INVESTIGATOR INITIATED STARTER

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

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	167,187				LOU GEHRIG CHALLENGE ALSA INITIATED
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	21,093				POSTDOCTORAL FELLOWSHIP

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

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ST LOUIS UNIVERSITY DEPT OF NEUROLOGY 1438 SOUTH GRAND BLVD ST LOUIS, MO 63104	43-0654872	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP

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

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SWEDISH NEUROSCIENCE INSTITUTE PHYSICIAN DIVISON 550 17TH AVE SUITE 400 SEATTLE, WA 98122	91-2073120	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
SYRACUSE UNIVERSITY 102 ARCHBOLD NORTH SYRACUSE, NY 13244	15-0532081	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
TACONIC BIOSCIENCES INC 273 HOVER AVENUE GERMANTOWN, NY 125265320	14-1381104	501(C)3	64,188				STRATEGIC INITIATIVE
TEMPLE UNIVERSITY 1852 N 10TH STREET 083-11 PHILADELPHIA, PA 19122	23-1365971	501(C)3	80,000				LOU GEHRIG CHALLENGE ALSA INITIATED

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THE ALS ASSOCIATION-ALABAMA CHAPTER C/O NANCY COLIN PO BOX 2888 HUNTSVILLE, AL 35804	20-2218566	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ARIZONA CHAPTER C/O TARYN NORLEY 4643 E THOMAS ROAD SUITE 1 PHONEIX, AZ 85018	86-0727136	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION- ARKANSAS CIO 1200 WEST WALNUT SUITE 2309 ROGERS, AR 72756	20-4863643	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- CENTRAL & SOUTHERN OHIO CHAPTER 1810 MACKENZIE DR STE 120 COLUMBUS, OH 43220	31-1235704	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-CONNECTICUT CHAPTER 4 OXFORD ROAD UNIT E4 MILFORD, CT 06460	04-3417472	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-DCMDVA CHAPTER 30 W GUDE DR SUITE 150 ROCKVILLE, MD 20850		501(C)3	15,000				GRANT FOR CHAPTER SUPPORT

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THE ALS ASSOCIATION-DCMDVA CHAPTER 30 W GUDE DR SUITE 150 ROCKVILLE, MD 20850		501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-EVERGREEN CHAPTER 19110 66TH AVE S G-101 KENT, WA 98032	91-1950869	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-FLORIDA CHAPTER 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	94-3124732	501(C)3	9,754				DISASTER RELIEF GRANT
THE ALS ASSOCIATION-FLORIDA CHAPTER 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	94-3124732	501(C)3	15,000				GRANT FOR CHAPTER SUPPORT

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THE ALS ASSOCIATION-FLORIDA CHAPTER 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 336190907	94-3124732	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-GEORGIA CHAPTER 5881 GLENRIDGE DRIVE SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION- GOLDEN WEST CHAPTER P O BOX 565 AGOURA HILLS, CA 913760565	95-4163338	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- GREATER CHICAGO CHAPTER 220 WEST HURON SUITE 4003 CHICAGO, IL 60610	54-2126575	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION- GREATER NEW YORK CHAPTER C/O THE ALS ASSOCIATION GREATER NEW YORK CHAPTER 42 BROADWAY STE 1724 NEW YORK, NY 10004	13-3616680	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- GREATER PHILADELPHIA CHAPTER 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	23-2387205	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION- GREATER SACRAMENTO CHAPTER 2717 COTTAGE WAY SUITE 8 SACRAMENTO, CA 95825	68-0152992	501(C)3	6,974				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- GREATER SAN DIEGO CHAPTER 7920 SILVERTON AVE SUITE O SAN DIEGO, CA 921266350	04-3651272	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-INDIANA CHAPTER 7202 E 87TH STREET SUITE 102 INDIANAPOLIS, IN 46256	35-3029321	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-IOWA CHAPTER 3636 WESTOWN PKWY SUITE 204 WEST DES MOINES, IA 50266	30-0051272	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION-LOUISIANAMISSISSIPPI CHAPTER 11725 INDUSTRIPLEX BLVD SUITE 3 BATON ROUGE, LA 708095190	20-1742120	501(C)3	30,000				GRANT FOR CHAPTER SUPPORT
THE ALS ASSOCIATION-LOUISIANAMISSISSIPPI CHAPTER 11725 INDUSTRIPLEX BLVD SUITE 3 BATON ROUGE, LA 708095190	20-1742120	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02026	04-3085718	501(C)3	100,000				ASSISTIVE TECHNOLOGY GRANT
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02026	04-3085718	501(C)3	7,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02026	04-3085718	501(C)3	274,581				PETE FRATES HOME HEALTH INITIATIVE
THE ALS ASSOCIATION-MID AMERICA CHAPTER 6950 SQUIBB ROAD STE 210 MISSION, KS 66202	48-1021611	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION- MNNDSD CHAPTER 1919 UNIVERSITY AVE W SUITE 175 ST PAUL, MN 55104	41-1756085	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- NATIONAL OFFICE (OKWVKYSCNNEMI) 1275 K STREET NW SUITE 250 WASHINGTON, DC 20005	13-3271855	501(C)3	42,000				MTPA CARE GRANT AWARD

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THE ALS ASSOCIATION-NEVADA CHAPTER 3191 E WARM SPRINGS RD LAS VEGAS, NV 89120	20-1531344	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER 4 N BLOUNT ST 2ND FLOOR RALEIGH, NC 27601	56-1609591	501(C)3	7,500				CAMP OUTREACH GRANT

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

(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
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER 4 N BLOUNT ST 2ND FLOOR RALEIGH, NC 27601	56-1609591	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-NORTHERN OHIO CHAPTER 2500 E 22ND STREET SUITE 102 CLEVELAND, OH 44115	34-1595148	501(C)3	7,000				MTPA CARE GRANT AWARD

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

(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
THE ALS ASSOCIATION-ORANGE COUNTY CHAPTER 1232 VILLAGE WAY SUITE A SANTA ANA, CA 927054746	33-0282720	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-OREGON & SW WASHINGTON CHAPTER 700 NE MULTNOMAH ST SUITE 210 PORTLAND, OR 97232	68-0516066	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION- RHODE ISLAND CHAPTER 2374 POST ROAD SUITE 103 WARWICK, RI 028862270	05-0460482	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER 10855 DOVER STREET SUITE 500 WESTMINSTER, CO 80021	84-1337868	501(C)3	50,000				GRANT FOR CHAPTER SUPPORT

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

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THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER 1201 EAST COLFAX AVENUE SUITE 202 DENVER, CO 80218	84-1337868	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-ST LOUIS REGIONAL CHAPTER 5615 PERSHING AVENUE STE 20 ST LOUIS, MO 631121757	43-1458163	501(C)3	7,000				MTPA CARE GRANT AWARD

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

(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
THE ALS ASSOCIATION-TENNESSEE CHAPTER 4300 SIDCO DRIVE SUITE 200 NASHVILLE, TN 37204	94-3124723	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION-TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING, TX 75038	74-2678974	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION- UPSTATE NEW YORK CHAPTER 890 SEVENTH NORTH STREET SUITE 108 LIVERPOOL, NY 13088	37-1667986	501(C)3	7,000				MTPA CARE GRANT AWARD
THE ALS ASSOCIATION- WESTERN PENNSYLVANIA CHAPTER 416 LINCOLN AVENUE PITTSBURGH, PA 15209	23-7123851	501(C)3	7,000				MTPA CARE GRANT AWARD

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

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THE ALS ASSOCIATION- WISCONSIN CHAPTER 2421 N MAYFAIR ROAD SUITE 212 WAUWATOSA, WI 53226	39-1600965	501(C)3	7,000				MTPA CARE GRANT AWARD
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
THE CURATORS OF THE UNIVERSITY OF MISSOURI UNIVERSITY OF MISSOURI AR KANSAS CITY, MO 64180	43-6003859	501(C)3	39,439				INVESTIGATOR INITIATED STARTER
THE EMORY CLINIC INC 12 EXECUTIVE PARK DR NE ROOM 433 ATLANTA, GA 30329	58-2030692	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
THE FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO STREET 111 SAN FRANCISCO, CA 94115	94-1156581	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE HITCHCOCK FOUNDATION ALS/NEUROMUSCULAR DISEASE CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)3	12,500				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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THE J DAVID GLADSTONE INSTITUTE VINCENT MOSELEY SAN FRANCISCO, CA 94158	23-7203666	501(C)3	500,000				STRATEGIC INITIATIVE
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	345,000				DRUG DEVELOPMENT CONTRACT

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

(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
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	200,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	240,000				INVESTIGATOR INITIATED STARTER

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

(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
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	453,471				LOU GEHRIG CHALLENGE ALSA INITIATED
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP

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

(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
THE MEDICAL COLLEGE OF WISCONSIN INC DEPT OF NEUROLOGY 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE METHODIST HOSPITAL RESEARCH INSTITUTE 6670 BERTNER AVENUE R12-107 HOUSTON, TX 77030	87-0721923	501(C)3	230,000				ALSA INITIATED

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

(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
THE METHODIST HOSPITAL RESEARCH INSTITUTE 6670 BERTNER AVENUE R12-107 HOUSTON, TX 77030	87-0721923	501(C)3	20,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE PENNSYLVANIA STATE UNIV 500 UNIVERSITY DRIVE PO BOX 850 HERSHEY, PA 17033	24-6000376	501(C)3	40,000				INVESTIGATOR INITIATED STARTER

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

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UC SAN DIEGO DEPT OF NEUROSCIENCES 9500 GILMAN DRIVE MC 0662 LA JOLLA, CA 920935004	95-6006144	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	94-6036493	501(C)3	50,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	94-6036493	501(C)3	100,000				INVESTIGATOR INITIATED STARTER
THE REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501(C)3	100,000				CLINICAL MANAGEMENT AWARD

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

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN BOX 223131 PITTSBURGH, PA 15251	38-6006309	501(C)3	-72,142				INVESTIGATOR INITIATED STARTER
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET CAB 209 ACCT AND BUDGETING OFFICE SYRACUSE, NY 13210	14-1368361	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK P O BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)3	100,000				INVESTIGATOR INITIATED STARTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W 168TH STREET SUITE 49 NEW YORK, NY 100323725	13-5598093	501(C)3	589,342				LOU GEHRIG CHALLENGE ALSA INITIATED

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

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THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3600 SPRUCE STREET MALONEY BUILDING 3RD FLOOR PHILADELPHIA, PA 19107	23-1352685	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3600 SPRUCE STREET MALONEY BUILDING 3RD FLOOR PHILADELPHIA, PA 19107	23-1352685	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP

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

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THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE DEPT OF CHICAGO, IL 60637	36-2177139	501(C)3	100,000				DRUG DEVELOPMENT CONTRACT
THE UNIVERSITY OF CHICAGO MEDICINE THE UNIVERSITY OF CHICAGO 5801 SOUTH ELLIS AVENUE CHICAGO, IL 606375418	36-2177139	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN STREET HOUSTON, TX 77030	74-1761309	501(C)3	25,000				STRATEGIC INITIATIVE
THERA NEUROPHARMA 538 NEWTOWN ROAD BERWYN, PA 19312	81-2014147	501(C)3	75,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

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TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)3	40,000				INVESTIGATOR INITIATED STARTER
UC DAVIS MULTIDISCIPLINARY ALS CLINIC 4860 Y STREET SUITE 3850 SACRAMENTO, CA 95817	94-6036494	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO, TX 782293900	74-1586031	501(C)3	397				CLINICAL MANAGEMENT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0934 SAN DIEGO, CA 92039	95-6006144	501(C)3	140,000				INVESTIGATOR INITIATED STARTER

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

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UNIVERSITY OF CHICAGO 6030 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)3	40,000				INVESTIGATOR INITIATED STARTER
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)3	-1,133				CLINICAL MANAGEMENT

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

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UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)3	50,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)3	70,000				INVESTIGATOR INITIATED STARTER

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)3	50,000				STRATEGIC INITIATIVE
UNIVERSITY OF ILLINIOS AT CHICAGO 1801 W TAYLOR ST SUITE 4E CHICAGO, IL 60612	37-6000511	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY DEPT OF NEUROLOGY-ALS FUND KY CLINIC-WING D-ROOM L445 LEXINGTON, KY 405360284	61-6001218	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MARYLAND BALTIMORE 620 W LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21208	52-6002033	501(C)3	50,000				INVESTIGATOR INITIATED STARTER

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

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UNIVERSITY OF MARYLAND BALTIMORE DEPARTMENT OF NEUROLOGY 110 SOUTH PACA ST 3RD FLOOR BALTIMORE, MD 21202	52-6002033	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	100,000				DRUG DEVELOPMENT CONTRACT

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

(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 MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	150,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	98,491				POSTDOCTORAL FELLOWSHIP

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

(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 MIAMI P O BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)3	100,000				TREAT ALS
UNIVERSITY OF MIAMI ALS CENTER OF EXCELLENCE 1120 NW 14TH ST SUITE 1318 MIAMI, FL 33136	59-2579826	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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UNIVERSITY OF MICHIGAN ALS CLINIC UNIVERSITY OF MICHIGAN ALS CLINIC 1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MINNESOTA NW 5957 P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)3	33,598				CLINICAL MANAGEMENT AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	41-6042488	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL BANK OF AMERICA LOCKBOX SERVICES PO BOX 40242 ATLANTA, GA 30384	56-6001393	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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 OREGON 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	46-4727800	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF PITTSBURGH 500 ROSS STREET 154-0455 PITTSBURGH, PA 15262	12-5096559	501(C)3	100,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

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UNIVERSITY OF PITTSBURGH 123 UNIVERSITY PLACE B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF ROCHESTER 601 ELMWOOD AVENUE BOX 673 ROCHESTER, NY 14627	16-0743209	501(C)3	40,000				INVESTIGATOR INITIATED STARTER

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

(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 ROCHESTER 601 ELMWOOD AVENUE BOX 673 ROCHESTER, NY 14642	16-0743209	501(C)3	112,621				STRATEGIC INITIATIVE
UNIVERSITY OF SOUTH FLORIDA 4202 E FOWLER AVENUE ALC 100 TAMPA, FL 33620	59-0879015	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER SAN ANTONIO 7703 FLOYD CURL DRIVE MAIL CODE 7883 SAN ANTONIO, TX 782293900	74-1586031	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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 UTAH 175 N MEDICAL DR E ROOM 5001 SALT LAKE CITY, UT 84132	87-6000525	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT MEDICAL CENTER ALS CLINIC 1 SOUTH PROSPECT STREET BURLINGTON, VT 05401	03-0219309	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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 VERMONT DEPARTMENT OF NEUROLOGICAL SCIENCES 1 SOUTH PROSPECT ST UNIVERSITY HEALTH CENTER BURLINGTON, VT 05401	03-0179440	501(C)3	12,500				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF WISCONSIN-MILWAUKEE BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 MILWAUKEE, WI 53201	39-6006492	501(C)3	23,578				YOUTH EDUCATIONAL MATERIALS

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

(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
VA CONNECTICUT RESEARCH AND EDUCATION FOUNDATION 950 CAMPBELL AVENUE BLDG 35A ROOM 104 WEST HAVEN, CT 06516	20-2206467	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VA PUGET SOUND HEALTH CARE SYSTEM ATTN VOLUNTARY 1660 SOUTH COLUMBIAN WAY SEATTLE, WA 98108	74-1612229	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS CONTRACTS ACCOUNTING RICHMOND, VA 232843039	54-6001758	501(C)3	25,000				INVESTIGATOR INITIATED STARTER
VIRGINIA MASON MEDICAL CENTER ALS CLINIC NEUROLOGY AND NEUROPHYSIOLOGY 1100 9TH AVE PO BOX 900 M/S X7 NEU SEATTLE, WA 98111	91-0565539	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(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
WAKE FOREST MEDICAL CENTER BLVD WINSTONSALEM, NC 271571078	22-3849199	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 631121408	43-0653611	501(C)3	125,000				ALSA INITIATED

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

(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
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 631121408	43-0653611	501(C)3	25,000				INVESTIGATOR INITIATED AWARD MULTI-YEAR
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 ST LOUIS, MO 63112	43-0653611	501(C)3	25,000				STRATEGIC INITIATIVE

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

(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
WEILL CORNELL MEDICAL 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 631121408	13-3376695	501(C)3	-2,268				INVESTIGATOR INITIATED STARTER
YALE UNIVERSITY P O BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	49,969				INVESTIGATOR INITIATED AWARD MULTI-YEAR

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

(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
YALE UNIVERSITY P O BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	50,000				STRATEGIC INITIATIVE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in 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.</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	Yes			
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	Yes			
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>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.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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 are not listed on Form 990, Part VII

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CALANEET BALAS PRESIDENT & CEO	(i)	300,317	0	0	8,257	4,137	312,711	0
	(ii)	0	0	0	0	0	0	0
2 GREG MITCHELL EVP, FINANCE & ADMINISTRATION	(i)	231,748	0	0	7,042	4,101	242,891	0
	(ii)	0	0	0	0	0	0	0
3 BRIAN FREDERICK EVP, COMMUNICATION	(i)	195,041	0	0	6,074	4,088	205,203	0
	(ii)	0	0	0	0	0	0	0
4 LANCE SLAUGHTER EVP, CHAPTER RELATIONS & GOVERNANCE	(i)	210,684	0	0	6,589	7,239	224,512	0
	(ii)	0	0	0	0	0	0	0
5 KIMBERLY HARDING- MAGINNIS SENIOR VP, CARE SERVICES	(i)	188,046	0	0	5,735	6,253	200,034	0
	(ii)	0	0	0	0	0	0	0
6 KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	(i)	163,398	0	0	5,155	9,507	178,060	0
	(ii)	0	0	0	0	0	0	0
7 TINA ZEFF EVP, DEVELOPMENT	(i)	167,968	0	0	5,825	13,836	187,629	0
	(ii)	0	0	0	0	0	0	0
8 TERESSA HARRIS VP, FINANCE	(i)	147,838	0	0	4,777	12,151	164,766	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT.
PART I, LINE 5	INCENTIVE BONUSES AWARDED TO CEO AND EVP'S, ACCRUED IN FY19 BUT PAID 5/1/19
PART I, LINE 6	INCENTIVE BONUSES AWARDED TO CEO AND EVP'S, ACCRUED IN FY19 BUT PAID 5/1/19

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2018

Open to Public Inspection

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

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	170	112,848	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	32	166,286	AVG HIGH/LOW AT DATE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
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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 is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	

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?

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

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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.

Return Reference	Explanation
PART I, LINE 32B	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION USED THE SERVICES OF A CAR PROGRAM DONATION PROCESSOR SERVICE, AMERICA'S CAR DONATION CENTER, TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number

13-3271855

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE CAN BE MADE UP OF UP TO TEN BOARD MEMBERS, WHICH ARE USUALLY BOARD OFFICERS AND COMMITTEE CHAIRS THIS COMMITTEE CAN MEET IN BETWEEN REGULARLY SCHEDULED BOARD OF TRUSTEE MEETINGS AND HAS THE POWERS OF THE BOARD OF TRUSTEES ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED TO THE FULL BOARD OF TRUSTEES AT THE NEXT REGULARLY SCHEDULED BOARD OF TRUSTEES MEETING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE CFO OF THE ASSOCIATION WILL REVIEW AND COMMENT ON A DRAFT OF THE RETURN AFTER ANY CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER UPON SATISFACTION OF ANY ISSUES, THE FINAL COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS THEN, THE ENTITY WILL FILE THE FINAL COPY WITH THE IRS AND APPROPRIATE STATE AGENCIES

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, EVERY BOARD MEMBER AND OFFICER OF THE ASSOCIATION MUST COMPLETE THE CONFLICT OF INTEREST POLICY FORM AND SUBMIT IT TO THE CHAIRMAN TO REVIEW AND MAKE ANY NECESSARY DECISIONS SHOULD A CONFLICT OF INTEREST ARISE IF A CONFLICT IS DETERMINED TO EXIST, THE PERSON WHO HAS A POSSIBLE CONFLICT WILL EXPLAIN HIS OR HER POSITION TO THE GROUP, THEN LEAVE THE MEETING WHILE THE BOARD OR THE EXECUTIVE COMMITTEE DISCUSS THE SITUATION THE BOARD/COMMITTEE WILL DETERMINE THE APPROPRIATENESS OF THE CONFLICT IF IT IS AN ACCEPTABLE CONFLICT AS IS, OR IF IT IS ACCEPTABLE SUBJECT TO SPECIFIC CONDITIONS OF THE BOARD, OR IF IT IS NOT ACCEPTABLE AT ALL THE BOARD WILL THEN COMMUNICATE THEIR FINDINGS TO THE INDIVIDUAL INVOLVED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT THE COMPENSATION FOR OTHER KEY EMPLOYEES IS SET BY THE PRESIDENT AND REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE ANNUALLY IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION FORM 990'S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE AGENCY'S OFFICE UPON WRITTEN REQUEST FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AS WELL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	TELECOMMUNICATIONS, PUBLIC POLICY, IT, OTHER CONSULTING PROGRAM SERVICE EXPENSES 2,062,25 7 MANAGEMENT AND GENERAL EXPENSES 94,721 FUNDRAISING EXPENSES 1,641,406 TOTAL EXPENSES 3,798,384

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AND PERPETUAL TRUSTS 6,125