

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
**2019**  
Open to Public Inspection

**A For the 2019 calendar year, or tax year beginning 02-01-2019, and ending 01-31-2020**

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

**C** Name of organization  
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Doing business as  
THE ALS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) Room/suite  
1300 WILSON BLVD NO 600

City or town, state or province, country, and ZIP or foreign postal code  
ARLINGTON, VA 22209

**D** Employer identification number  
13-3271855

**E** Telephone number  
(202) 407-8580

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

**F** Name and address of principal officer  
CALANEET BALAS  
1300 WILSON BLVD NO 600  
ARLINGTON, VA 22209

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	25
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	25
<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	113
<b>6</b> Total number of volunteers (estimate if necessary)	25
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 39	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	29,429,700	34,202,008
<b>9</b> Program service revenue (Part VIII, line 2g)	146,365	112,947
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,361,210	2,827,122
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-149,153	-110,273
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,065,702	37,031,804
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,868,141	19,723,207
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	8,434,709	10,678,002
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	421,000	890,893
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,954,946		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,166,363	10,516,401
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,890,213	41,808,503
<b>19</b> Revenue less expenses Subtract line 18 from line 12	-7,824,511	-4,776,699
	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	96,316,713	98,033,652
<b>21</b> Total liabilities (Part X, line 26)	5,877,998	7,837,360
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	90,438,715	90,196,292

**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: 2020-06-19

GREGORY MITCHELL CFO & EVP, FINANCE & ADMN  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name: Preparer's signature: Date: 2020-06-19 Check  if self-employed PTIN: P00895728

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

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

**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

<b>4a</b>	(Code )	(Expenses \$	18,352,163	including grants of \$	17,004,492	(Revenue \$	0
	See Additional Data						

<b>4b</b>	(Code )	(Expenses \$	10,463,835	including grants of \$	2,715,915	(Revenue \$	)
	See Additional Data						

<b>4c</b>	(Code )	(Expenses \$	4,052,273	including grants of \$	2,800	(Revenue \$	112,947
	See Additional Data						

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

<b>4e</b>	<b>Total program service expenses</b> ▶		32,868,271				
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Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for questions 11, 12, and 14.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	Yes	
<b>23</b>	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? If "Yes," complete Schedule J . . . . .	Yes	
<b>24a</b>	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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .		No
<b>25b</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? If "Yes," complete Schedule L, Part I . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .		No
<b>28</b>	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)		
<b>28a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>28c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .		No
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>35b</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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .		No
<b>37</b>	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? If "Yes," complete Schedule R, Part VI . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .		

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

Table with 16 main rows (2a-16) and multiple sub-rows (a, b, c, etc.). Columns include question text, a box for numerical answers (e.g., 2a, 7d, 10a, 11a, 12b, 13b, 13c), and a Yes/No column. Row 2a contains the number 113.

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; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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?; 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3) only) available for public inspection Indicate how you made these available Check all that apply; 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

**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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							2,497,173	0	292,564	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 14

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SALESFORCE, 415 MISSION STREET 3RD FLOOR SAN FRANCISCO, CA 95105	CRM SOFTWARE IMPLEMENTATION	1,559,095
DRUM - U MARKETING LLC 20 WEST 37TH STREET 3RD FLOOR NEW YORK, NY 10018	MARKETING CONSULTING SERVICES	890,893
ATTAIN LLC 1600 TYSONS BLVD 1400 MCLEAN, VA 22102	CRM SOFTWARE IMPLEMENTATION	590,980
TURNKEY PROMOTIONS 3310 ROSEDALE AVE RICHMOND, VA 23230	MARKETING CONSULTING SERVICES	568,000

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



**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>	107,805			
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>	1,745,425			
	<b>d</b> Related organizations . . . . .	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>	389,492			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	31,959,286			
	<b>g</b> Noncash contributions included in lines 1a - 1f \$	<b>1g</b>	426,080			
	<b>h Total.</b> Add lines 1a-1f . . . . .			34,202,008		

<b>Program Service Revenue</b>			Business Code			
	<b>2a</b> CONFERENCE FEES		900099	112,947	112,947	
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f. . . . .			112,947			

<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			2,782,381			2,782,381	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .							
	<b>5</b> Royalties . . . . .							
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real	(ii) Personal				
			<b>b</b> Less rental expenses	<b>6b</b>				
			<b>c</b> Rental income or (loss)	<b>6c</b>				
			<b>d</b> Net rental income or (loss) . . . . .					
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities	(ii) Other				
			<b>b</b> Less cost or other basis and sales expenses	<b>7b</b>	3,160,437	55,458		
			<b>c</b> Gain or (loss)	<b>7c</b>	100,199	-55,458		
			<b>d</b> Net gain or (loss) . . . . .			44,741		44,741
	<b>8a</b> Gross income from fundraising events (not including \$ 1,745,425 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>8a</b>						
			<b>b</b> Less direct expenses . . . . .	<b>8b</b>		167,555		
			<b>c</b> Net income or (loss) from fundraising events . . . . .			-167,555		-167,555
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>9a</b>						
			<b>b</b> Less direct expenses . . . . .	<b>9b</b>				
			<b>c</b> Net income or (loss) from gaming activities . . . . .					
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>						
			<b>b</b> Less cost of goods sold . . . . .	<b>10b</b>				
			<b>c</b> Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code						
<b>11a</b>								
<b>b</b>								
<b>c</b>								
<b>d</b> All other revenue . . . . .			57,282			57,282		
<b>e Total.</b> Add lines 11a-11d . . . . .			57,282					
<b>12 Total revenue.</b> See instructions . . . . .			37,031,804	112,947	0	2,716,849		

**Part IX Statement of Functional Expenses**

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

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

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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 . . . . .	17,293,495	17,293,495		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22 . . . . .	54,585	54,585		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 . . . . .	2,375,127	2,375,127		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	1,934,133	993,837	689,557	250,739
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	7,366,026	5,023,334	984,085	1,358,607
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	328,514	249,675	18,880	59,959
<b>9</b> Other employee benefits . . . . .	351,270	231,372	66,062	53,836
<b>10</b> Payroll taxes . . . . .	698,059	454,525	123,006	120,528
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	56,170	7,110	49,060	
<b>c</b> Accounting . . . . .	46,727		46,727	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services See Part IV, line 17	890,893			890,893
<b>f</b> Investment management fees . . . . .	181,569		181,569	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,197,577	2,572,003	190,497	2,435,077
<b>12</b> Advertising and promotion . . . . .	413,393	373,490	1,151	38,752
<b>13</b> Office expenses . . . . .	324,780	218,883	57,214	48,683
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	778,771	511,455	82,949	184,367
<b>17</b> Travel . . . . .	1,842,807	1,237,608	304,355	300,844
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	360,900	242,376	59,605	58,919
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	674,048	674,048		
<b>22</b> Depreciation, depletion, and amortization . . . . .	100,883	59,842	20,960	20,081
<b>23</b> Insurance . . . . .				
<b>24</b> 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 )				
<b>a</b> CREDIT CARD & DATA FEES	270,385	104,718	83,881	81,786
<b>b</b> TELECOMMUNICATIONS	260,858	190,788	22,755	47,315
<b>c</b> CHAPTER SUPPORT	7,533		2,973	4,560
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	41,808,503	32,868,271	2,985,286	5,954,946
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)		-1,657,000	1,382,000	275,000

**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
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	6,371,727	<b>1</b>	2,899,434
	<b>2</b> Savings and temporary cash investments . . . . .	5,692,587	<b>2</b>	2,185,573
	<b>3</b> Pledges and grants receivable, net . . . . .	5,984,641	<b>3</b>	5,138,931
	<b>4</b> Accounts receivable, net . . . . .	190,949	<b>4</b>	196,562
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	127,444	<b>9</b>	570,021
	<b>10a</b> Land, buildings, and equipment—cost or other basis—Complete Part VI of Schedule D	<b>10a</b> 697,793		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 540,127	92,060	<b>10c</b> 157,666
	<b>11</b> Investments—publicly traded securities . . . . .	73,672,514	<b>11</b>	79,137,064
	<b>12</b> Investments—other securities—See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related—See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets—See Part IV, line 11 . . . . .	4,184,791	<b>15</b>	7,748,401
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	96,316,713	<b>16</b>	98,033,652	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	2,070,215	<b>17</b>	4,733,477
	<b>18</b> Grants payable . . . . .	2,818,427	<b>18</b>	1,142,569
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	15,350
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability—Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24)—Complete Part X of Schedule D	989,356	<b>25</b>	1,945,964
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	5,877,998	<b>26</b>	7,837,360
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	79,882,951	<b>27</b>	79,169,831
	<b>28</b> Net assets with donor restrictions . . . . .	10,555,764	<b>28</b>	11,026,461
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> Total net assets or fund balances . . . . .	90,438,715	<b>32</b>	90,196,292	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	96,316,713	<b>33</b>	98,033,652	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	37,031,804
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	41,808,503
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-4,776,699
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	90,438,715
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	4,509,451
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	24,825
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	90,196,292

**Part XII Financial Statements and Reporting**

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

- 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
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 13-3271855

**Name:** AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990 (2019)

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**Form 990, Part III, Line 4a:**

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

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**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

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**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, 2020, THE ASSOCIATION WORKED WITH CONGRESS TO INCREASE FUNDING FOR THE NATIONAL ALS REGISTRY AND THE ALS RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE AS WELL AS FUNDING FOR ALS RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH

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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			
CALANEET BALAS ..... PRESIDENT & CEO	37 50 .....			X				358,632	0	49,063
GREG MITCHELL ..... EXECUTIVE VP, FINANCE & ADMINISTRATION	37 50 .....			X				257,561	0	35,193
LANCE SLAUGHTER ..... EXECUTIVE VP, CHAPTER RELATIONS & GOVERNANCE	37 50 .....				X			239,507	0	36,831
NEIL THAKUR ..... EXECUTIVE VP, MISSION STRATEGY	37 50 .....				X			229,145	0	39,734
TINA ZEFF ..... EXECUTIVE VP, DEVELOPMENT	37 50 .....				X			209,419	0	41,320
BRIAN FREDERICK ..... EXECUTIVE VP, COMMUNICATION	37 50 .....				X			226,534	0	18,452
KIMBERLY HARDING-MAGINNIS ..... SENIOR VP, CARE SERVICES	37 50 .....				X			194,734	0	14,825
KATHLEEN SHEEHAN ..... VP, PUBLIC POLICY & ADVOCACY	37 50 .....					X		167,838	0	17,329
TERESSA HARRIS ..... VP, FINANCE	37 50 .....					X		152,058	0	18,033
MARY MORGAN ROTH ..... VP, COMMUNICATIONS	37 50 .....					X		156,688	0	12,804



**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			
LYLES EDDINS ..... VP, DEVELOPMENT	37 50 .....					X		156,784	0	4,751
MONICA SANTA CRUZ ..... VP, HUMAN RESOURCES & TALENT MANAGEMENT	37 50 .....					X		148,273	0	4,229
SUE GORMAN ..... CHAIR	5 00 .....	X		X				0	0	0
MARK STANCIL ..... TREASURER	5 00 .....	X		X				0	0	0
CAMERON WARD ..... SECRETARY	4 00 .....	X		X				0	0	0
MARK CALMES ..... VICE-CHAIR	4 00 .....	X		X				0	0	0
TOM CARROLL ..... TRUSTEE	5 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

**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			
CONNIE HOUSTON ..... TRUSTEE	2 00 .....	X						0	0	0
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
KEITH A GARY PH D ..... 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

**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			
WENDY J SCHRIBER ..... TRUSTEE	2 00 .....	X						0	0	0
WILLIAM D SOFFEL ..... TRUSTEE	2 00 .....	X						0	0	0
EUGENE BRANDON PHD ..... TRUSTEE	2 00 .....	X						0	0	0
CLIFTON GOOCH MD ..... TRUSTEE	2 00 .....	X						0	0	0
DOUG BUTCHER ..... TRUSTEE	2 00 .....	X						0	0	0
TOBIN M KUCHARSKI ..... TRUSTEE	2 00 .....	X						0	0	0
J THOMAS MAY ..... TRUSTEE	2 00 .....	X						0	0	0

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**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 **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		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	23,487,328	27,407,957	23,216,448	29,429,700	34,202,008	137,743,441
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	23,487,328	27,407,957	23,216,448	29,429,700	34,202,008	137,743,441
<b>5</b>	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)						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						137,743,441

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b>	Amounts from line 4	23,487,328	27,407,957	23,216,448	29,429,700	34,202,008	137,743,441
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,466,148	2,633,793	2,156,702	2,641,824	2,782,381	11,680,848
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	2,042	47,788	43,647	56,636	57,282	207,395
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						149,631,684
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	547,666

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

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	92.050 %
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14	<b>15</b>	96.000 %

**16a 33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

**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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (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**

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

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box 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
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	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>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	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 <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	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).		
	<b>7</b>		
<b>8</b>	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).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</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 <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	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 <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	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>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	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
<b>1</b>	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>		
<b>2</b>	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
<b>1</b>	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
<b>1</b>	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?		
<b>2</b>	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>		
<b>3</b>	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**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> )		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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>b</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**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<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)

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

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

## 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047  
  
**2019**  
**Open to Public Inspection**

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

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

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

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

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

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

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

**4-Year Averaging Period Under Section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	529,987	466,481	453,482	565,604	2,015,554
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	33,626	15,724	13,778	64,007	127,135

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	<b>2a</b>	
<b>a</b> Current year	<b>2b</b>	
<b>b</b> Carryover from last year	<b>2c</b>	
<b>c</b> Total	<b>3</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>4</b>	
<b>4</b> 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?	<b>5</b>	
<b>5</b> 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)

**Supplemental Financial Statements**

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
AMYOTROPHIC LATERAL SCLEROSIS ASSN

**Employer identification number**  
13-3271855

**Part I 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
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  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?  Yes  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
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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 |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> 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
<b>1a</b> Beginning of year balance . . . . .	6,454,731	6,516,315	6,516,315	6,333,662	6,516,315
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses	587,974	-61,584	482,577	386,180	-182,653
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .	526,390	0	482,577	203,527	
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	6,516,315	6,454,731	6,516,315	6,516,315	6,333,662

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
  - b** Permanent endowment ▶ 3 640 %
  - c** Temporarily restricted endowment ▶ 96 360 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  | No |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> | No |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		301,491	143,825	157,666
<b>e</b> Other . . . . .		396,302	396,302	0
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) . . . . .				157,666



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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,945,964

**2.** Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	81,450,768
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	4,509,451	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	40,066,257	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	24,825	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 44,600,533
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 36,850,235
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	181,569	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 181,569
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .			<b>5</b> 37,031,804

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	81,693,191
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	40,066,257	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .			<b>2e</b> 40,066,257
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .			<b>3</b> 41,626,934
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	181,569	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .			<b>4c</b> 181,569
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .			<b>5</b> 41,808,503

**Part XIII Supplemental Information**

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

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 DID NOT HAVE ANY UNRELATED TAXABLE INCOME FOR THE YEARS ENDED JANUARY 31, 2020 AND 2019 ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THE ASSOCIATION EVALUATED ITS TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES

## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 58,591 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -33,766

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
AMYOTROPHIC LATERAL SCLEROSIS ASSN

**Employer identification number**  
13-3271855

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

**3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
<b>3a</b> Sub-total	0	0			2,375,127
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			2,375,127

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
See Add'l Data								

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

3 Enter total number of other organizations or entities . . . . . **▶** 0



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

Part III can be duplicated if additional space is needed.

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

**Part IV Foreign Forms**

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

**Part V Supplemental Information**

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

**990 Schedule F, Supplemental Information**

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

**990 Schedule F, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
PART III ACCOUNTING METHOD	

## 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	1,569,454
NORTH AMERICA	0	0	GRANTS	RESEARCH	400,000

**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
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	31,576
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	100,000

**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	274,097

**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	50,000	CHECK & WIRE TRANSFER			
		EUROPE	CLINICAL PILOT TRIAL	20,373	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	406,667	CHECK & WIRE TRANSFER			
		EUROPE	INVESTIGATOR INITIATED PROGRAM	99,958	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	42,391	CHECK & WIRE TRANSFER			
		EUROPE	STRATEGIC INITIATIVE	327,858	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	INVESTIGATOR INITIATED MULTI-YEAR	622,207	CHECK & WIRE TRANSFER			
		EAST ASIA & THE PACIFIC	INVESTIGATOR INITIATED STARTER	100,000	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 MULTI-YEAR	350,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	POSTDOCTORAL FELLOWSHIP	50,000	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)
		SUB-SAHARAN AFRICA	INVESTIGATOR INITIATED MULTI-YEAR	31,576	CHECK & WIRE TRANSFER			
		SOUTH AMERICA	INVESTIGATOR INITIATED MULTI-YEAR	25,000	CHECK & WIRE TRANSFER			

<b>Form 990 Schedule F Part II - Grants or Entities Outside The United States</b>								
(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	DRUG DEVELOPMENT CONTRACT	249,097	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](http://www.irs.gov/Form990) for instructions and the latest information

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Name of the organization  
AMYOTROPHIC LATERAL SCLEROSIS ASSN

**Employer identification number**  
13-3271855

**Part I 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.
- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> In-person solicitations          |  |
- 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
DRUM - U MARKETING LLC 1 E 22ND STREET SUITE 200  LOMBARD, IL 60148	FUNDRAISING COUNSEL		No	3,572,702	890,893	2,681,809
<b>Total</b>				3,572,702	890,893	2,681,809

**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.

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

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

Revenue		(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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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

2019

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...
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.

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 230
3 Enter total number of other organizations listed in the line 1 table. 0

**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) POWER LIFT SEATS	9		16,164	FMV	POWER LIFT SEATS
(2) CARE SERVICES GRANTS	64	38,421			
(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	GRANT APPLICATIONS ARE REVIEWED BY COMMITTEES AND STAFF FOR APPROVAL ALL GRANT AWARDED RESEARCHERS ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING TO OUR RESEARCH DEPARTMENT

**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 ALLEGHENY-SINGER RESEARCH INSTITUTE ATTN DR SANDEEP RANA 30 ISABELLA ST 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ALS NEVERSURRENDER FOUNDATION 12669 W WARREN AVE LAKEWOOD, CO 80228	47-4746935	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	-44,288				CLINICAL RESEARCH TRAINING FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	53,334				CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	-18,330				TREAT ALS CLINICAL SCIENTIST

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 554151126	41-1717098	501(C)3	127,500				CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 55401	41-1717098	501(C)3	56,000				CLINICAL SCIENTIST DEVELOPMENT AWARD

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVE MINNEAPOLIS, MN 554151126	41-1717098	501(C)3	50,000				SHEILA ESSEY AWARD
AMYLYX PHARMACEUTICALS INC 210 BROADWAY NO 201 CAMBRIDGE, MA 021391902	46-4600503	501(C)3	50,000				LOU GEHRIG CHALLENGE ALS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANELIXIS THERAPEUTICS INC 300 TECHNOLOGY SQUARE 4TH FLOOR CAMBRIDGE, MA 021391902	47-4022454	501(C)3	250,000				ALSA INITIATED
AQUINNAH PHARMACEUTICALS INC 700 MAIN ST CAMBRIDGE MA 02139 CAMBRIDGE, MA 021391902	46-5070024	501(C)3	100,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BAYLOR COLLEGE OF MEDICINE ALS CLINIC ACCT 2280015201 ATTN CATHERINE PETTINOS 7200 CAMBRIDGE SUITE 9A HOUSTON, TX 77030	30-0791563	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BLOOM SCIENCE INC 11575 SORRENTO VALLEY ROAD SAN DIEGO, CA 92121	82-4752586	501(C)3	300,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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	100,000				CLINICAL MANAGEMENT
BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS 1901 S FIRST STREET SUITE A CHAMPAIGN, IL 618207406	37-6000511	501(C)3	50,000				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BOARDSOURCE 750 9TH ST NW STE 650 WASHINGTON, DC 20001	52-1681375	501(C)3	10,628				CHAPTER SUPPORT TRAININGS
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH PO BOX 3887 BOSTON, MA 022413887	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BROWN UNIVERSITY OFFICE OF SPONSORED PROJECTS 164 ANGELL STREET BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR
BROWN UNIVERSITY OFFICE SPONSORED PROJECTS PO BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)3	100,000				MANAGING ALS

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CEDARS-SINAI MEDICAL CENTER DEPT OF NEUROLOGY ALS PROGRAM 127 S SAN VICENTE BLVD A6600 LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND CLINIC FOUNDATION CLEVELAND CLINIC NEUROMUSCULAR DEPT 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	24,999				INVESTIGATOR INITIATED MULTI-YEAR
CLEVELAND VA MEDICAL RESEARCH AND EDUCATION FOUNDATION 10701 E BLVD VAMC 151CW 9500 EUCLID AVE CLEVELAND, OH 44106	34-1710663	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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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	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT



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DARTMOUTH HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)3	12,500				NNE CHAPTER SUPPORT OF DHMC'S ALS CLINIC
DARTMOUTH-HITCHCOCK CLINIC ASHLEY YOUNG DIR RES FIN 1 MEDICAL CENTER DRIVE LEBANON, NH 037560001	22-2519596	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CTR 350 WEST THOMAS ROAD PHOENIX, AZ 85013	94-1196203	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CTR 350 W THOMAS RD PHOENIX, AZ 85013	94-1196203	501(C)3	250,000				STRATEGIC INITIATIVE

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DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CTR 350 W THOMAS RD PHOENIX, AZ 85013	94-1196203	501(C)3	59,900				TREAT ALS
DOUBLE TREE BY MANCHESTER DOWNTOWN DOUBLE TREE BY MANCHESTER DOWNTOWN 700 ELM STREET MANCHESTER, NH 03101	04-2752559	501(C)3	6,670				PATIENT EDUCATION SYMPOSIUM

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DUKE UNIVERSITY DUKE UNIVERSITY DEPT OF NEUROLOGY ATTN MEGAN PHILIPS DUMC BOX 2900 DURHAM, NC 27710	56-0532129	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
EMORY UNIVERSITY 1599 CLIFTON ROAD NE 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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EXECUTIVE DEVELOPMENT ASSOCIATES 4 NE 10TH ST 171 OKLAHOMA CITY, OK 73104	20-8359176	501(C)3	5,831				CHAPTER SUPPORT TRAININGS
FACULTY PHYSICIANS AND SURGEONS OF LLUSM C/O JEFFREY ROSENFELD PHD MD 11370 ANDERSON STREET SUITE B-100 LOMA LINDA, CA 92354	33-0672915	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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GENERAL ELECTRIC 1 RESEARCH CIRCLE NISKAYUNA, NY 12309	14-0689340	501(C)3	-14,172				LOU GEHRIG CHALLENGE ALS
GEORGIA HEALTH SCIENCES FOUNDATION INC DEPT OF NEUROLOGY EMG LAB 1120 15TH STREET BP 4390 AUGUSTA, GA 309120004	35-2310573	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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GNS HEALTHCARE INC 196 BROADWAY CAMBRIDGE, MA 021391902	27-1667187	501(C)3	-93,750				STRATEGIC INITIATIVE
GW- MFA ALS CLINIC DEPT OF NEUROLOGY 2180 PENNSYLVANIA AVE WASHINGTON, DC 20007	52-2220700	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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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 2799 WEST GRAND BOULEVARD DEPT OF NEUROLOGY ROOM CFP-463 DETROIT, MI 48202	38-1357020	501(C)3	25,659				STRATEGIC INITIATIVE



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HONOR HEALTH NEUROLOGY/ALS CLINIC 8125 N HAYDEN ROAD SCOTTSDALE, AZ 85258	86-0181654	501(C)3	25,000				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				HOPE LOVES CO CHILDREN'S CAMP OUTREACH GRANT

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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

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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
HOUSTON METHODIST NEUROLOGICAL INSTITUTE OFFICE OF GRANTS AND CONTRACTS REF STANLEY H APPEL MD EPAR T CELLS P O HOUSTON, TX 77210	76-0094743	501(C)3	130,000				ALSA INITIATED

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HOUSTON METHODIST NEUROLOGICAL INSTITUTE PO BOX 4805 HOUSTIN, TX 77210	76-0094743	501(C)3	20,000				INVESTIGATOR INITIATED MULTI-YEAR
IMMUNOBRAIN CHECKPOINT INC 1120 AVE OF THE AMERICAS 20TH FLOOR ATTENTION OF MR MOTI ELIASI NEW YORL, NY 10036	81-1652612	501(C)3	300,000				DRUG DEVELOPMENT CONTRACT

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INDIANA UNIVERSITY C/O ALS CLINIC 355 WEST 16TH STREET ROOM 3222 INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
IRON HORSE DIAGNOSTICS INC ATTN LORRIN BOWSER 21053 N 75TH STREET SCOTTSDALE, AZ 85255	45-4537278	501(C)3	100,000				STRATEGIC INITIATIVE

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JEFFERSON WEINBERG ALS CENTER JHN SUITE 408 - FARBER INSTITUTE FOR NEUROSCIENCE 900 WALNUT STREET PHILADELPHIA, PA 19107	23-2809585	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LAHEY CLINIC INC DBA CURT & SHONDA SCHILLING ALS CLINIC DEPARTMENT OF NEUROLOGY 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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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 MULTI-YEAR
LUDWIG INSTITUTE FOR CANCER RESEARCH 8950 VILLA LA JOLLA DR SUITE C135 LA JOLLA, CA 92037	23-7121131	501(C)3	250,000				DRUG DEVELOPMENT CONTRACT

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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	155,000				ALSA INITIATED
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	98,814				CLINICAL MANAGEMENT



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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	160,000				DRUG DEVELOPMENT CONTRACT
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	279,849				LOU GEHRIG CHALLENGE ALS
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	50,000				POST DOCTORAL FELLOWSHIP

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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	1,965,805				STRATEGIC INITIATIVE
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH BANK OF AMERICA NA PO BOX 414876 BOSTON, MA 022414876	04-2697983	501(C)3	140,247				TREAT ALS

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

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MAYO CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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MAYO CLINIC FLORIDA ATTNJEFF SCHEFFEL BIRDSALL 102 4500 SAN PABLO RD JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	150,000				INVESTIGATOR INITIATED MULTI-YEAR

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MAYO CLINIC JACKSONVILLE DEPARTMENT OF RESEARCH 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	50,000				INVESTIGATOR INITIATED STARTER
MAYO CLINIC JACKSONVILLE DEPARTMENT OF RESEARCH 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	32,500				STRATEGIC INITIATIVE

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MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	-16,061				TREAT ALS
MID COAST ATTN CELESTE MOREAU 81 MEDICAL CENTER DRIVE SUITE 2400 BRUNSWICK, ME 04101	01-0215911	501(C)3	5,460				MAINE ALS CLINIC GRANT

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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 NICHD/NIH 6710 B ROCKLEDGE DR 1211C 1211C BETHESDA, MD 208927970		501(C)3	50,000				POST DOCTORAL FELLOWSHIP



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NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE ATTN FINANCIAL MGMT BRANCHBUILDING 31 ROOM 8A34 31 CENTER DR MSC 2540 BETHESDA, MD 208922540	52-0858115	501(C)3	600,000				LOU GEHRIG CHALLENGE ALS
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE 6001 EXECUTIVE BLVD ROOM 3287 ATTN BECKY BUTLER ROCKVILLE, MD 20852	52-0858115	501(C)3	150,000				STRATEGIC INITIATIVE

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NC STATE UNIVERSITY 2701 SULLIVAN DRIVE SUITE 240 CAMPUS BOX 7514 RALEIGH, NC 27695	56-6000756	501(C)3	50,000				STRATEGIC INITIATIVE
NEBRASKA MEDICINE ATTN TOVA SAFFORD 988440 NEBRASKA MEDICINE OMAHA, NE 681988440	91-1858433	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEUROLOGY ASSOCIATES OF STONY BROOK MEDICAL DIRECTOR ALS CENTER STONY BROOK UNIV 179 BELLE MEADE ROAD SUI EAST SETAUKET, NY 11733	11-2587430	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEUROPORE THERAPIES INC 10835 ROAD TO THE CURE SAN DIEGO, CA 92121	26-2922865	501(C)3	300,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW YORK GENOME CENTER 101 AVENUE OF THE AMERICAS NEW YORK, NY 10013	80-0631734	501(C)3	575,000				STRATEGIC INITIATIVE
NEW YORK UNIVERSITY SCHOOL OF MEDICINE ATTENTION ANTHONY CARNA DIRECTOR ONE PARK AVENUE 6TH FLOOR NEW YORK, NY 10016	13-5562309	501(C)3	125,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHEAST ALS CONSORTIUM (NEALS) 811 W 7TH ST FLOOR 12 LOS ANGELES, CA 90017	56-2547779	501(C)3	107,737				STRATEGIC INITIATIVE
NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 021155000	04-1679980	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHWESTERN UNIVERSITY ASRSP CASH MANAGEMENT 633 CLARK STREET ROOM G547 EVANSTON, IL 60208	36-2167817	501(C)3	25,659				STRATEGIC INITIATIVE
OCHSNER CLINIC FOUNDATION ERIC B STILLMAN OCHSNER HEALTH SYS PHILANTHROPY DEPT SUITE 607 1514 JE JEFFERSON, LA 70121	72-0502505	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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
OREGON HEALTH AND SCIENCE UNIVERSITY ATTN LYNETTE ARIAS DIRECTOR SPONSORED PROJECTS ADMIN 2525 SW FI PORTLAND, OR 97201	93-1176109	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ORIGENT DATA SCIENCES INC 8245 BOONE BLVD SUITE 600 VIENNA, VA 22182	38-3916182	501(C)3	82,334				STRATEGIC INITIATIVE
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



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PISON TECHNOLOGY INC 258 HARVARD STREET STE 312 BROOKLINE, MA 02446	81-3603539	501(C)3	100,000				MANAGING ALS
PORTLAND VA RESEARCH FOUNDATION PO BOX 5977 PORTLAND, OR 97228	94-3090170	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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PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 022415649	04-2103580	501(C)3	-194				CLINICAL MANAGEMENT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE HARVARD UNIVERSITY OFFICE FOR SPONSORED PROGRAMS 1033 MASSACHUSET CAMBRIDGE, MA 02138	04-2103580	501(C)3	99,999				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 022415649	04-2103580	501(C)3	34,940				STRATEGIC INITIATIVE
PROVIDENCE HEALTH & SERVICES ATTN FINANCE 4805 NE GILSAN STREET SUITE 5F PORTLAND, OR 97213	93-0386929	501(C)3	25,659				STRATEGIC INITIATIVE

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

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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
QURALIS CORPORATION 700 MAIN ST NORTH CAMBRIDGE, MA 021391902	81-4722156	501(C)3	125,000				DRUG DEVELOPMENT CONTRACT

**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 IRVINE 200 S MANCHESTER SUITE 110 ORANGE, CA 92868	95-2226406	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA DEPT OF NEUROSCIENCES 9500 GILMAN DRIVE LAJOLLA, CA 920935004	95-6006144	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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REGENTS OF THE UNIVERSITY OF MICHIGAN C/O BNY MELLON BOX 223131 PITTSBURGH, PA 152512131	38-6006309	501(C)3	199,927				INVESTIGATOR INITIATED MULTI-YEAR
REGENTS OF THE UNIVERSITY OF MINNESOTA NW 5957 PO BOX 1450 MINNEAPOLIS, MN 554855957	38-6006309	501(C)3	25,659				STRATEGIC INITIATIVE

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

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ROCKEFELLER UNIVERSITY ATTN ROBIN MALONEY - ASST TREAS 1230 YORK AVENUE BOX 259A NEW YORK, NY 10065	13-1624158	501(C)3	50,000				INVESTIGATOR INITIATED MULTI-YEAR
RUTGERS ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET NEW BRUNSWICK, NJ 08901	22-2378007	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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SCRIPPS FLORIDA 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501(C)3	75,000				POST DOCTORAL 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 LYNETTE NELSON SUPERVISOR GRANT AND CONTRACTS MANAGEMENT OFFICE 262 DAN MEMPHIS, TN 38105	62-0646012	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MS 509 MEMPHIS, TN 38105	62-0646012	501(C)3	167,187				LOU GEHRIG CHALLENGE ALS

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

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ST LOUIS UNIVERSITY ALS CENTER 3660 VISTA AVENUE NEUROLOGY CLINIC ROOM 303 ST LOUIS, MS 63110	43-0654872	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
STATE UNIVERSITY OF NEW YORK AT STONY BROOK WEST 5510 MELVILLE LIBRARY STONY BROOK, NY 117943362	14-6013200	501(C)3	100,000				MANAGING ALS

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

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SUTTER WEST BAY HOSPITAL 2324 SACRAMENTO ST 111 SAN FRANCISCO, CA 94115	94-1156581	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
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

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

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SYRACUSE UNIVERSITY BURSARS OFFICE 102 ARCHBOLD NORTH SYRACUSE UNIVERSITY SYRACUSE, NY 13244	15-0532081	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR
TACONIC BIOSCIENCES 273 HOVER AVE GERMANTOWN, NY 125265320	14-1381104	501(C)3	34,442				STRATEGIC INITIATIVE

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

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TARGET ALS FOUNDATION 1740 BROADWAY 15TH FLOOR NEW YORK, NY 10019	81-0756743	501(C)3	300,000				STRATEGIC INITIATIVE
THE ALS ASSOCIATION- ALABAMA CHAPTER C/O NANCY COLIN PO BOX 2888 HUNTSVILLE, AL 35804	20-2218566	501(C)3	7,000				MT PHARMA STIPEND

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

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THE ALS ASSOCIATION-ARIZONA CHAPTER C/O TARYN NORLEY 4643 E THOMAS ROAD SUITE 1 PHONEIX, AZ 85018	86-0727136	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION-ARKANSAS CIO 1200 WEST WALNUT SUITE 2406-08 ROGERS, AR 72756	20-4863643	501(C)3	7,000				MT PHARM STIPEND

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THE ALS ASSOCIATION- CENTRAL & SOUTHERN OHIO CHAPTER 1170 OLD HENDERSON RD STE 221 COLUMBUS, OH 43220	31-1235704	501(C)3	7,000				MTPHARMA STIPEND
THE ALS ASSOCIATION- CONNECTICUT CHAPTER 4 OXFORD ROAD UNIT E4 MILFORD, CT 06460	04-3417472	501(C)3	7,000				MT PHARMA STIPEND

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THE ALS ASSOCIATION-DCMDVA CHAPTER ATTN CHRISTINE KIRKLEY 30 W GUDE DR DR ROCKVILLE, MD 20850		501(C)3	7,000				MT PHARM STIPEND
THE ALS ASSOCIATION- EVERGREEN CHAPTER 6100 SOUTHCENTER BLVD STE 290 SEATTLE WA 981882414 SEATTLE, WA 98188	91-1950869	501(C)3	7,000				MTPHARMA STIPEND



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THE ALS ASSOCIATION-FLORIDA CHAPTER ATTN KIM HANNA 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619	94-3124732	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION-GEORGIA CHAPTER 5881 GLENRIDGE DRIVE SUITE 200 ATLANTA, GA 30328	58-1943490	501(C)3	10,500				ROSALYNN-CARTER INSTITUTE CAREGIVING PROGRAM

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

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THE ALS ASSOCIATION- GEORGIA CHAPTER 1955 CLIFF VALLEY WAY SUITE 116 ATLANTA, GA 30329	58-1943490	501(C)3	7,000				MTPHARMA STIPEND
THE ALS ASSOCIATION- GOLDEN WEST CHAPTER PO BOX 565 AGOURA HILLS, CA 913760565	95-4163338	501(C)3	7,000				MT PHARM STIPEND

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THE ALS ASSOCIATION- GREATER CHICAGO CHAPTER 220 WEST HURON STE 4003 CHICAGO, IL 60654	54-2126575	501(C)3	10,500				CARE SERVICE BOOT CAMP EXPANSION INITIATIVE
THE ALS ASSOCIATION- GREATER CHICAGO CHAPTER 220 WEST HURON SUITE 4003 CHICAGO, IL 60610	54-2126575	501(C)3	7,000				MT PHARMA STIPEND

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THE ALS ASSOCIATION- GREATER NEW YORK CHAPTER 116 JOHN STREET SUITE 1304 NEW YORK, NY 10038	13-3616680	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION- GREATER PHILADELPHIA CHAPTER 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	23-2387205	501(C)3	12,000				GEISINGER ALS CLINIC TELEHEALTH PROJECT

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

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THE ALS ASSOCIATION- GREATER PHILADELPHIA CHAPTER 321 NORRISTOWN RD SUITE 260 AMBLER, PA 19002	23-2387205	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION- GREATER SACRAMENTO CHAPTER 5701 SUNRISE BLVD CITRUS HEIGHTS, CA 95610	68-0152992	501(C)3	7,000				MT PHARMA STIPEND

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THE ALS ASSOCIATION- GREATER SAN DIEGO CHAPTER 7920 SILVERTON SUITE E SAN DIEGO, CA 921266350	04-3651272	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION- INDIANA CHAPTER 7202 E 87TH STREET SUITE 102 INDIANAPOLIS, IN 46256	35-3029321	501(C)3	12,500				CLINIC EXPANSION INITIATIVE

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

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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				MTPHARMA STIPEND
THE ALS ASSOCIATION-LOUISIANAMISSISSIPPI CHAPTER 11725 INDUSTIPLEX BLVD SUITE 3 BATON ROUGE, LA 708095190	20-1742120	501(C)3	7,000				MT PHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER C/O LYNN AARONSON 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	100,000				ASSISTIVE TECHNOLOGY REGINONAL OUTREACH GRANT 5 OF 6
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	55,902				PETE FRATES HOME HEALTH INITIATIVE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER C/O LYNN AARONSON 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	15,000				REIMBURSEMENT FOR PORTION OF EXECUTIVE DIRECTOR SEARCH
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER C/O LYNN AARONSON 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	7,000				MT PHARMA STIPEND

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION-MID AMERICA CHAPTER 6950 SQUIBB ROAD STE 210 MISSION, KS 66202	48-1021611	501(C)3	7,000				MT PHARM STIPEND
THE ALS ASSOCIATION-MNNDSD CHAPTER 1919 UNIVERSITY AVE W SUITE 175 ST PAUL, MN 55104	41-1756085	501(C)3	7,000				MTPHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION-NEVADA CHAPTER 2101 SOUTH JONES BLVD SUITE 120 LAS VEGAS, NV 89146	20-1531344	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION-NEW MEXICO CHAPTER 2309 RENARD PLACE STE 105 ALBUQUERQUE, NM 87106	85-0473026	501(C)3	7,000				MT PHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER 1425-113 ROCK QUARRY ROAD RALEIGH, NC 27610	56-1609591	501(C)3	20,000				ATRIUM HEALTH TELEMEDICINE PROGRAM
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER 4 N BLOUNT ST 2ND FLOOR RALEIGH, NC 27601	56-1609591	501(C)3	7,500				JOE MARTIN'S CHILDREN OUTREACH GRANT - NC 2019

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION-NORTH CAROLINA CHAPTER 1425-113 ROCK QUARRY ROAD RALEIGH, NC 27610	56-1609591	501(C)3	7,000				MTPHARMA STIPEND
THE ALS ASSOCIATION-NORTHERN OHIO CHAPTER 2500 E 22ND STREET SUITE 102 CLEVELAND, OH 44115		501(C)3	7,000				MTPHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION- OREGON & SW WASHINGTON CHAPTER 700 NE MULTNOMAH ST SUITE 210 PORTLAND, OR 97232	68-0516066	501(C)3	7,000				MT PHARM STIPEND
THE ALS ASSOCIATION- RHODE ISLAND CHAPTER GATEWAY PLAZA 1637 WARWICK AVENUE WARWICK, RI 028891525	05-0460482	501(C)3	7,000				MT PHARMA STIPEND

**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 AVE SUITE 202 DENVER, CO 80218	84-1337868	501(C)3	7,000				MT PHARMA STIPEND
THE ALS ASSOCIATION-ST LOUIS REGIONAL CHAPTER C/O MAUREEN BARBER-HILL 2258 WELDON PARKWAY SAINT LOUIS, MO 631463206	43-1458163	501(C)3	7,000				MT PHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION-TENNESSEE CHAPTER PO BOX 40244 NASHVILLE, TN 372040244	94-3124723	501(C)3	7,000				MT PHARM STIPEND
THE ALS ASSOCIATION-TEXAS CHAPTER 5830 GRANITE PKWY 100-320 PLANO, TX 75024	74-2678974	501(C)3	7,000				MT PHARMA STIPEND



**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				MT PHARMA STIPEND
THE ALS ASSOCIATION- WESTERN PENNSYLVANIA CHAPTER LANDMARKS BUILDING SUITE 550 100 WEST STATION SQUARE DRIVE PITTSBURGH, PA 152191122	23-7123851	501(C)3	7,000				MT PHARMA STIPEND

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE ALS ASSOCIATION- WISCONSIN CHAPTER 2421 N MAYFAIR RD STE 212 WAUWATOSA, WI 53226	39-1600965	501(C)3	7,000				MT PHARMA STIPEND
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	50,000				INVESTIGATOR INITIATED STARTER
THE CURATORS OF THE UNIVERSITY OF MISSOURI UNIVERSITY OF MISSOURI AR PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(C)3	39,439				INVESTIGATOR INITIATED STARTER

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

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THE EMORY CLINIC INC EMORY ALS CENTER 12 EXECUTIVE PARK DR NE ROOM 433 ATLANTA, GA 30329	58-2030692	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE J DAVID GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 941582261	23-7203666	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	300,000				INVESTIGATOR INITIATED MULTI-YEAR

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

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THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	98,014				INVESTIGATOR INITIATED STARTER
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	150,000				POST DOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE JOHNS HOPKINS UNIVERSITY 733 N BROADWAY SUITE 117 BALTIMORE, MD 21205	52-0595110	501(C)3	-6,391				TREAT ALS
THE MEDICAL COLLEGE OF WISCONSIN INC DEPT OF NEUROLOGY ATTN ALS 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE MGH INSTITUTE OF HEALTH PROFESSIONS 36 1ST AVE OFFICE OF THE PROVOST CHARLESTOWN, MA 02129	04-2868893	501(C)3	100,000				MANAGING ALS
THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE 500 UNIVERSITY DRIVE PO BOX 850 MC A470 HERSHEY, PA 170330850	24-6000376	501(C)3	-754				CLINICAL MANAGEMENT



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

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THE PENNSYLVANIA STATE UNIVERSITY COLLEGE OF MEDICINE 500 UNIVERSITY DRIVE PO BOX 850 MC A470 HERSHEY, PA 170330850	24-6000376	501(C)3	100,000				MANAGING ALS
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	50,000				INVESTIGATOR INITIATED STARTER

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	94-6036493	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF CONTROLLERS OFFICE CONTRACTS AND GRANTS ACCOUNTING BOX 0897 1855 SAN FRANCISCO, CA 94143	94-6039493	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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THE REGENTS OF THE UNIVERSITY OF MICHIGAN C/O BNY MELLON BOX 223131 PITTSBURGH, PA 15251	38-6006309	501(C)3	50,000				CLINICAL MANAGEMENT
THE RESEARCH FOUNDATION OF SUNY ATTN RESEARCH ACCOUNTING 750 EAST ADAMS STREET ROOM 209 CAB 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE RESEARCH FOUNDATION OF SUNY 750 EAST ADAMS STREET WEISKOTTEN HALL ROOM 1111D SYRACUSE, NY 13210	14-1368361	501(C)3	50,000				INVESTIGATOR INITIATED STARTER
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE P O BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087	13-5598093	501(C)3	50,000				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE P O BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087	13-5598093	501(C)3	294,671				LOU GEHRIG CHALLENGE ALS
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE P O BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087	13-5598093	501(C)3	50,000				POST DOCTORAL FELLOWSHIP

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE P O BOX 29789 GENERAL POST OFFICE NEW YORK, NY 10087	13-5598093	501(C)3	500,000				STRATEGIC INITIATIVE
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR PHILADELPHIA, PA 19104	23-1352685	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET 5TH FLOOR PHILADELPHIA, PA 19104	23-1352685	501(C)3	25,000				POST DOCTORAL FELLOWSHIP
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE DEPT OF NEUROLOGY MC2030 CHICAGO, IL 60637	36-2177139	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST HOUTON, TX 77030	74-1761309	501(C)3	50,000				INVESTIGATOR INITIATED STARTER
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON 7000 FANNIN ST HOUTON, TX 77030	74-1761309	501(C)3	25,000				STRATEGIC INITIATIVE



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
THERA NEUROPHARMA 538 NEWTOWN ROAD BERWYN, PA 19312	81-2014147	501(C)3	50,000				INVESTIGATOR INITIATED MULTI-YEAR
TRUSTEES OF COLUMBIA UNIVERSITY-CITY OF NEW YORK CU GRANTS CONTRACTS P O BOX 29789 GENERAL POST OFFICE NEW YORK NY 100 NEW YORK, NY 10087	13-5598093	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UC DAVIS MULTIDISCIPLINARY ALS CLINIC ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF CALIFORNIA SAN DIEGO 9500 GILMAN DRIVE MC 0934 SAN DIEGO, CA 92039	95-6006144	501(C)3	50,000				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF CHICAGO MEDICINE C/O RAYMOND ROSS 5841 S MARYLAND AVE MC 2030 CHICAGO, IL 60637	36-2177139	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	59-6002052	501(C)3	89,925				CLINICAL MANAGEMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	59-6002052	501(C)3	24,764				INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	59-6002052	501(C)3	20,000				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	59-6002052	501(C)3	50,000				POST DOCTORAL FELLOWSHIP
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 207 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 326115500	59-6002052	501(C)3	75,659				STRATEGIC INITIATIVE

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC 1801 W TAYLOR ST SUITE 4E CHICAGO, IL 60612	37-6000511	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF KENTUCKY DEPT OF NEUROLOGY 740 SOUTH LIMESTONE SUITE J425 LEXINGTON, KY 405360284	61-6001218	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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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	50,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	96,498				INVESTIGATOR INITIATED MULTI-YEAR
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	25,000				POST DOCTORAL FELLOWSHIP



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)3	854,509				STRATEGIC INITIATIVE
UNIVERSITY OF MIAMI DEPT OF NEUROLOGY ALS CENTER FOR EXCELLENCE 1120 NW 14TH STREET 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
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	67,196				CLINICAL MANAGEMENT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> 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 HILL OFFICE OF SPONSORED RESEARCH IN CARE OF BANK OF AMERICA LOCKBOX ATLANTA, GA 30384	56-6001393	501(C)3	25,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF OREGON C/O SPONSORED PROJECTS SERVICES 5219 UNIVERSITY OF OREGON EUGENE, OR 97403	46-4727800	501(C)3	50,000				POST DOCTORAL FELLOWSHIP
UNIVERSITY OF PITTSBURGH UNIVERSITY OF PITTSBURGH ATTN 371220 500 ROSS STREET 154-0455 PITTSBURGH, PA 152620001	12-5096559	501(C)3	150,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH 123 UNIVERSITY PLACE B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	50,000				INVESTIGATOR INITIATED STARTER
UNIVERSITY OF RHODE ISLAND ATTN SPONSORED COST ACCOUNTING 70 LOWER COLLEGE RD KINGSTON, RI 02881	22-3011455	501(C)3	50,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF ROCHESTER UNIVERSITY OF ROCHESTER MEDICAL CENTER 601 ELMWOOD AVENUE BOX 673 ROCHESTER, NY 14642	16-0743209	501(C)3	56,310				STRATEGIC INITIATIVE
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST 3RD FLOOR LOS ANGELES, CA 90090	95-1642394	501(C)3	125,000				DRUG DEVELOPMENT CONTRACT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF SOUTHERN CALIFORNIA 3720 S FLOWER ST 3RD FLOOR LOS ANGELES, CA 90090	95-1642394	501(C)3	-3,217				INVESTIGATOR INITIATED MULTI-YEAR
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

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VERMONT MEDICAL CENTER ALS CLINIC 1 SOUTH PROSPECT ST BURLINGTON, VT 05401	03-0219309	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT DEPARTMENT OF NEUROLOGICAL SCIENCES ATTN JOANNE STETSON COLLEGE OF MEDICINE 89 BEAUMONT DR GIVEN C225 BURLINGTON, VT 05405	03-0179440	501(C)3	12,500				NNE CHAPTER SUPPORT OF VERMONT CLINICAL & RESEARCH



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
UNIVERSITY OF VIRGINIA DEPT OF NEUROLOGY PO BOX 800394 CHARLOTTESVILLE, VA 22908	54-1124769	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VA CONNECTICUT RESEARCH AND EDUCATION FOUNDATION 950 CAMPBELL AVENUE BLDG 35A ROOM 104 WEST HAVEN, CT 06516	20-2206467	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VA PUGET SOUND HEALTH CARE SYSTEM ATTN VOLUNTARY SERVICE 1660 SOUTH COLUMBIAN WAY SEATTLE, WA 98108	74-1612229	501(C)3	25,000				CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS CONTRACTS ACCOUNTING 800 E LEIGH ST STE 3100 843039 RICHMOND, VA 232843039	54-6001758	501(C)3	25,000				INVESTIGATOR INITIATED STARTER

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VIRGINIA COMMONWEALTH UNIVERSITY GRANTS CONTRACTS ACCOUNTING 800 E LEIGH ST STE 3100 843039 RICHMOND, VA 232843039	54-6001758	501(C)3	25,659				STRATEGIC INITIATIVE
VIRGINIA MASON MEDICAL CENTER ALS CLINIC NEUROLOGY AND NEUROPHYSIOLOGY 1100 NINTH AVENUE 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)3	24,966				ALSA INITIATED
WASHINGTON UNIVERSITY IN ST LOUIS 1 BROOKINGS DR CAMPUS BOX 1054 ST LOUIS, MO 63130	43-0653611	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)3	-193				LOU GEHRIG CHALLENGE ALS
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE AVENUE 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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY RESEARCH ACCT C/O MELISSA PARAY 575 LEXINGTON AVE 9TH FLOOR NEW YORK, NY 10022	13-3376695	501(C)3	250,000				DRUG DEVELOPMENT CONTRACT
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS P O BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	100,000				INVESTIGATOR INITIATED MULTI-YEAR

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YALE UNIVERSITY OFFICE OF SPONSORED PROJECTS P O BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	49,969				STRATEGIC INITIATIVE

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2019**

**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 Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<b>1b</b>									
<b>2</b> 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 on Line 1a?	<b>2</b>									
<p><b>3</b> 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input checked="" type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<b>4</b> 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										
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No								
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No								
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	<b>4c</b>	No								
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>										
<b>5</b> 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										
<b>a</b> The organization?	<b>5a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	<b>5b</b>	No								
<b>6</b> 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										
<b>a</b> The organization?	<b>6a</b>	No								
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	<b>6b</b>	No								
<b>7</b> 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	<b>7</b>	No								
<b>8</b> 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	<b>8</b>	No								
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	<b>9</b>									



**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				
See Additional Data Table							

**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.

**Additional Data**

**Software ID:**

**Software Version:**

**EIN:** 13-3271855

**Name:** AMYOTROPHIC LATERAL SCLEROSIS ASSN

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2019**

▶ **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](http://www.irs.gov/Form990) for the latest information.**

**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 Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .	X	160	111,399	FMV
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	36	314,681	AVG HIGH/LOW AT DATE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No
31	Yes	
32a	Yes	
33		

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 didn't 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](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019****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**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS THE MEMBERS OF THE ASSOCIATION (THE "MEMBERS AND EACH, A "MEMBER") SHALL BE CHARTERED CHAPTERS OF THE ASSOCIATION (THE "CHAPTERS AND EACH, A "CHAPTER") CHAPTERS WITHOUT A CHARTER OR OTHER ENTITIES OR ORGANIZATIONS MAY BE AFFILIATED WITH AND/OR MANAGED BY THE ASSOCIATION, BUT ARE NOT ENTITLED TO ALL OF THE RIGHTS OF CHAPTERS AS PROVIDED BY THESE BYLAWS AND THE CHAPTER CHARTER AGREEMENT CHAPTERS SHALL BE ADMITTED TO MEMBERSHIP BY THE BOARD BASED ON CRITERIA CONSISTENT WITH THESE BYLAWS AS ADOPTED BY THE BOARD

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	BOARD OF REPRESENTATIVES ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES BOR IS COMPOSED OF A REPRESENTATIVE FROM EACH MEMBER/CHAPTER



**990 Schedule O, Supplemental Information**

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST STATEMENT AS WELL AS ALL STAFF MANAGEMENT TRACKS THE CONFLICT OF INTEREST STATEMENTS FOR ALL BOARD AND COMMITTEE MEMBERS AS WELL AS STAFF WHERE IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE RESPONSIBLE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE ON THAT CONTRACT OR TRANSACTION SUCH RESPONSIBLE PERSON MAY MAKE A STATEMENT OR PRESENTATION REGARDING THE MATTER OR RESPOND TO QUESTIONS, BUT SUCH RESPONSIBLE PERSON (I) SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR ASSOCIATION COMMITTEE'S DISCUSSION OF THE MATTER, (II) SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING, (III) SHALL NOT VOTE ON THE CONTRACT OR TRANSACTION, AND (IV) SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN

**990 Schedule O, Supplemental Information**

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

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART IX, LINE 11G	TELECOMMUNICATIONS, PUBLIC POLICY, OTHER CONSULTING PROGRAM SERVICE EXPENSES 2,572,003 M ANAGEMENT AND GENERAL EXPENSES 190,497 FUNDRAISING EXPENSES 803,414 TOTAL EXPENSES 3,565 ,914 DIRECT MAIL PROGRAM SERVICE EXPENSES 0 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAIS ING EXPENSES 1,631,663 TOTAL EXPENSES 1,631,663

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 58,591 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -33,766