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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 02-01-2009 and ending 01-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

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
27001 Agoura Road No 250

City or town, state or country, and ZIP + 4
Calabasas Hills, CA 913015104

D Employer identification number
13-3271855

E Telephone number
(818) 880-9007

G Gross receipts $ 15,250,535

F Name and address of principal officer
Jane Gilbert
27001 Agoura Road No 250
Calabasas Hills, CA 913015104

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 4119

I Tax-exempt status ☑ 501(c) (3) ◀ (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 CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
To lead the fight to cure and treat ALS through global, cutting-edge research

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of employees (Part V, line 2a)	**5**	71
6	Total number of volunteers (estimate if necessary)	**6**	39
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	15,917,492	14,583,917
9	Program service revenue (Part VIII, line 2g)	120,531	29,322
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	139,736	20,780
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,693	120,274
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	16,217,452	14,754,293
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	7,193,702	4,467,581
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,710,226	4,746,685
16a	Professional fundraising fees (Part IX, column (A), line 11e)	46,800	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,138,446		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,464,158	4,561,314
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	18,414,886	13,775,580
19	Revenue less expenses Subtract line 18 from line 12	-2,197,434	978,713

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	13,003,110	15,234,195
21	Total liabilities (Part X, line 26)	5,102,059	5,715,985
22	Net assets or fund balances Subtract line 21 from line 20	7,901,051	9,518,210

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

****** | 2010-10-04
Signature of officer | Date

Ben S Ohrenstein Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4: WINDES & McCLAUGHRY ACCT CORP, PO BOX 87, LONG BEACH, CA 908010087 | EIN ▶ | Phone no ▶ (562) 435-1191

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Leads the fight to cure and treat ALS through global, cutting-edge research and to empower people with Lou Gehrig's disease 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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 4,591,637 including grants of $ 4,048,813) (Revenue $)

Research Programs Fund scientific research grants to doctors/scientists to find the cause and cure of Amyotrophic Lateral Sclerosis (ALS) disease (56 research grants)

4b (Code) (Expenses $ 3,766,537 including grants of $ 418,768) (Revenue $)

Patient & Community Services - We serve as a clearing house for ALS specific information, resources and referrals to patients, families, health care professionals and the general community at large (48 Clinical Management & ALSA Center grants)

4c (Code) (Expenses $ 1,982,730 including grants of $) (Revenue $ 29,322)

Public & Professional Education - To develop awareness and understanding of amyotrophic lateral sclerosis (ALS) and the work of The ALS Association among the general public, healthcare professionals and scientific communities For certain conferences hosted by ALSA, fees are charged for attendance

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 10,340,904

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15	Yes	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	91		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	71		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	24		
b	Enter the number of voting members that are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ CA , AL , AZ , AK , AR , CO , CT , DE , DC , FL , GA , HI , ID , IL , IN , IA , KS , KY , LA , ME , MD , MA , MI , MN , MS , MO , NE , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , UT , VA , WA , WV , WI

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☑ Own website ☑ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

John W Applegate
27001 Agoura Road Suite 250
Calabasas Hills, CA 91301
(818) 880-9007

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

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 Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	1,033,417	0	27,537

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 10

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

(A) Name and business address	(B) Description of services	(C) Compensation
Charity Dynamics Inc 3420 Executive Center Dr STE 160 AUSTIN, TX 78731	TECHNICAL SUPPORT	119,708

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 1

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 195,831				
	b	Membership dues	1b				
	c	Fundraising events	1c 562,719				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 13,825,367				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		14,583,917			
Program Service Revenue			Business Code				
	2a	Conference Fees	900,099	29,322	29,322		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		29,322			
	3	Investment income (including dividends, interest and other similar amounts)		77,526			77,526
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	368,163				
	b	Less cost or other basis and sales expenses	424,909				
	c	Gain or (loss)	-56,746				
	d	Net gain or (loss)		-56,746			-56,746
Other Revenue	8a	Gross income from fundraising events (not including $ 562,719 of contributions reported on line 1c) See Part IV, line 18	a 24,025				
	b	Less direct expenses	b 71,333				
	c	Net income or (loss) from fundraising events		-47,308			-47,308
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Unused/Reimb grants	900,099	119,928			119,928
	b	MISCELLANEOUS INCOME	900,099	47,654			47,654
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		167,582			
	12	**Total revenue.** See Instructions		14,754,293	29,322	0	141,054

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	3,471,908	3,471,908		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	10,430	10,430		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	985,243	985,243		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	346,288	173,144	103,887	69,257
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,592,039	2,532,911	427,717	631,411
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	109,353	75,137	14,761	19,455
9 Other employee benefits	366,967	252,146	49,534	65,287
10 Payroll taxes	332,038	228,146	44,819	59,073
11 Fees for services (non-employees)				
a Management	823,177	439,850	159,786	223,541
b Legal	23,809		23,809	
c Accounting	41,500		41,500	
d Lobbying	21,277	11,369	4,130	5,778
e Professional fundraising *See Part IV, line 17*				
f Investment management fees				
g Other	149,047	24,718	8,979	115,350
12 Advertising and promotion	747,280	366,730	2,694	377,856
13 Office expenses	616,478	203,320	35,020	378,138
14 Information technology				
15 Royalties				
16 Occupancy	619,058	449,819	89,977	79,262
17 Travel	877,437	763,417	49,537	64,483
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,625	84,625		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	259,227	152,944	64,807	41,476
23 Insurance	32,327		32,327	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES & SUBSCRIPTIONS	93,782	36,179	55,123	2,480
b BANK FEES	62,184		62,184	
c Research Expenditures	41,600	41,600		
d EQUIPMENT	35,896	24,258	7,994	3,644
e Other expenses	13,970	9,440	3,111	1,419
f All other expenses	18,640	3,570	14,534	536
25 **Total functional expenses.** Add lines 1 through 24f	13,775,580	10,340,904	1,296,230	2,138,446
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		457,113	1	3,409,136
	2	Savings and temporary cash investments		3,495,319	2	2,734,586
	3	Pledges and grants receivable, net		5,160,356	3	5,718,330
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		326,505	9	139,891
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,192,377			
	b	Less accumulated depreciation	10b 700,814	728,335	10c	491,563
	11	Investments—publicly traded securities		2,182,982	11	2,069,848
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		652,500	15	670,841
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,003,110	16	15,234,195
Liabilities	17	Accounts payable and accrued expenses		2,344,779	17	2,329,252
	18	Grants payable		2,757,280	18	3,386,733
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		5,102,059	26	5,715,985
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		2,499,087	27	4,240,391
	28	Temporarily restricted net assets		4,586,247	28	4,445,646
	29	Permanently restricted net assets		815,717	29	832,173
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		7,901,051	33	9,518,210
	34	Total liabilities and net assets/fund balances		13,003,110	34	15,234,195

Part XI Financial Statements and Reporting

			Yes	No
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?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,963,120	17,748,215	14,631,277	15,917,492	14,583,917	77,844,021
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	14,963,120	17,748,215	14,631,277	15,917,492	14,583,917	77,844,021
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						77,844,021

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	14,963,120	414,455	14,631,277	15,917,492	14,583,917	77,844,021
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	304,602	414,455	428,296	186,824	77,526	1,411,703
9 Net income from unrelated business activities, whether or not the business is regularly carried on				-9,806	-47,308	-57,114
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			14,630	49,499	167,582	231,711
11 **Total support** (Add lines 7 through 10)						79,430,321

12 Gross receipts from related activities, etc (See instructions)	12	29,322

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	98 000 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	97 910 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2008.** 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 IV 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 IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Amyotrophic Lateral Sclerosis Assn	13-3271855

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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 funtion 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 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

A Check ☐ if the filing organization belongs to an affiliated group

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	48,887	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	331,621	
c Total lobbying expenditures (add lines 1a and 1b)	380,508	
d Other exempt purpose expenditures	9,840,468	
e Total exempt purpose expenditures (add lines 1c and 1d)	10,220,976	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	661,049	
g Grassroots nontaxable amount (enter 25% of line 1f)	165,262	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ 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 instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	839,018	882,073	853,321	661,049	3,235,461
b Lobbying ceiling amount (150% of line 2a, column(e))					4,853,192
c Total lobbying expenditures	489,299	550,581	412,018	380,508	1,832,406
d Grassroots non-taxable amount	209,755	220,518	213,330	165,262	808,865
e Grassroots ceiling amount (150% of line 2d, column (e))					1,213,298
f Grassroots lobbying expenditures	50,824	51,726	46,020	48,887	197,457

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

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

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

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

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

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	240,000	240,000			
b Contributions					
c Investment earnings or losses	12,739	18,675			
d Grants or scholarships	12,739	18,675			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	240,000	240,000			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Term endowment ▶ 0 %

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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		201,815	38,728	163,087
d Equipment		700,741	461,015	239,726
e Other		289,821	201,071	88,750
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				491,563

Part VII Investments—Other Securities. 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	14,754,293
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,775,580
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	978,713
4	Net unrealized gains (losses) on investments	4	529,005
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	109,441
9	Total adjustments (net) Add lines 4 - 8	9	638,446
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	1,617,159

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

1	Total revenue, gains, and other support per audited financial statements			1	15,344,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	529,005		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	180,774		
e	Add lines **2a** through **2d**			2e	709,779
3	Subtract line **2e** from line **1**			3	14,634,365
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	119,928		
c	Add lines **4a** and **4b**			4c	119,928
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	14,754,293

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	13,726,985
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	71,333		
e	Add lines **2a** through **2d**			2e	71,333
3	Subtract line **2e** from line **1**			3	13,655,652
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	119,928		
c	Add lines **4a** and **4b**			4c	119,928
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	13,775,580

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	The research endowment principal is held in perpetuity to generate earnings to support research expenditures
Part XI, Line 8 - Other Adjustments		Gain on Beneficial interest in perpetual trust 16456 Change in value of split-interest agreements 92985
Part XII, Line 2d - Other Adjustments		GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 16456 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 92985 Fundraising Expenses 71333
Part XII, Line 4b - Other Adjustments		Returned portions of unused grants 119928
Part XIII, Line 2d - Other Adjustments		Fundraising Expenses 71333
Part XIII, Line 4b - Other Adjustments		Returned portions of unused grants 119928

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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. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

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

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

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(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
Totals . . . . . ▶	0	0			0

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 (Form 990) 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 of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUrope	Traditional - Investigator Initiated Research Grants	80,000	Check & Wire transfer			
		EUrope	Traditional - Investigator Initiated Research Grants	80,000	Check & Wire transfer			
		eUrope	Treat ALS Grants (Drug Development & Clinical Trials)	292,450	Check & Wire transfer			
		eUrope	Traditional - Investigator Initiated Research Grants	70,000	Check & Wire transfer			
		NORTH AMERICA	Traditional - Investigator Initiated Research Grants	20,000	Check & Wire transfer			
		EUROPE	Traditional - Investigator Initiated Research Grants	20,000	Check & Wire transfer			
		Europe	Lou Gehrig Challenge -ALS Assoc Initiated Research Grants	45,000	Check & Wire transfer			
		Europe	Traditional - Investigator Initiated Research Grants	40,000	Check & Wire transfer			
		SOUTH AMERICA	Traditional - Investigator Initiated Research Grants	37,500	Check & Wire transfer			
		NORTH AMERICA	Traditional - Investigator Initiated Research Grants	76,500	Check & Wire transfer			
		Europe	Lou Gehrig Challenge -ALS Assoc Initiated Research Grants	69,901	Check & Wire transfer			
		NORTH AMERICA	Post Doctoral Fellowship Research Grants	40,000	Check & Wire transfer			
		NORTH AMERICA	Traditional - Investigator Initiated Research Grants	38,892	Check & Wire transfer			
		EUrope	Lou Gehrig Challenge -ALS Assoc Initiated Research Grants	75,000	Check & Wire transfer			

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 . . . . . ▶ 14

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" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information

Complete this part to provide the information required in Part I, line 2, and any additional information.

Identifier	ReturnReference	Explanation
Procedure for Monitoring Grants Outside the U S		Schedule F, Part I, Line 2 Foreign investigators, similar to US investigators, are required to provide a detailed report of their expenditures at the termination of the grant Any unexpended funds must be returned to the organization If adjustments are made to the budget-transfer of funds to different categories, these have to be requested in writing and approved by the Senior VP, Research and Development

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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" to 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. ▶ See separate instructions.

OMB No. 1545-0047

2009

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" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	(iii) No	**(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
Total . . . . . ▶						

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 ALSA Walk - Portland (event type)	(b) Event #2 ALSA Walk - Syracuse (event type)	(c) Other Events 16 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	106,272	89,292	391,179	586,743
	2 Less Charitable contributions	106,272	89,292	367,155	562,719
	3 Gross income (line 1 minus line 2)			24,024	24,024
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		464	1,398	1,862
	6 Rent/facility costs	100		100	200
	7 Food and beverages			9,280	9,280
	8 Entertainment				
	9 Other direct expenses	3,851	9,794	46,346	59,991
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				71,333
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-47,309

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
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			
	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?	**17a**		
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 ▶ $			

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 76

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Respite Care Program	12	10,430	0		
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All applicants provide a detailed application outlining their experimental plan and timelines These are scientifically reviewed and if approved for funding the investigators are required to provide written reports that are reviewed and approved prior to additional funds being released All reports are electronically received

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 13-3271855
Name: Amyotrophic Lateral Sclerosis Assn

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
American Acadamy of Neurology Foundation1080 Montreal Ave St Paul, MN 55116	41-0726167	501(c)(3)	52,500				ALS Clinical Scientist Award
The Hitchcock Foundation1 Medical Center Drive Lebanon, NH 03756	02-0222139	501(c)(3)	19,000				ALSA Centers
University of Vermont89 Beaumont Avenue Burlington, VT 33102	03-0179440	501(c)(3)	10,000				ALSA Centers
University of Vermont89 Beaumont Avenue Burlington, VT 33102	03-0179440	501(c)(3)	7,200				NNE - Respite Care
Harvard University1350 Massachusetts Ave Cambridge, MA 02138	04-2103580	501(c)(3)	103,281				Treat ALS Grants (Drug Development & Clinical Trials)
Massachusetts General Hospital50 Staniford Street Ste 1001 Boston, MA 02114	04-2103594	501(c)(3)	75,907				Treat ALS Grants (Drug Development & Clinical Trials)
Massachusetts General Hospital50 Staniford Street Ste 1001 Boston, MA 02114	04-2103594	501(c)(3)	9,500				ALSA Centers
Mirken Department of Neurology10 Union Square East New York, NY 10003	04-2103881	501(c)(3)	10,000				ALSA Centers
The Children's Hospital of Philadelphia3615 Civic Center Blvd Philadelphia, PA 19104	04-2697983	501(c)(3)	80,000				Major Donor Research Program Grant
University of Massachusetts Medical School55 Lake Ave North S1-802 Worcester, MA 01655	04-3167352	501(c)(3)	40,000				Traditional - Investigator Initiated Research Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
The Neuromuscular ALS Clinic2150 Corbin Avenue New Britain, CT 06053	06-0546766	501(c)(3)	35,000				ALSA Centers
Yale UniversityPO Box 1873 New Haven, CT 06508	06-0646973	501(c)(3)	70,000				Traditional - Investigator Initiated Research Grants
The Trustees of Columbia University in the City of NY 622 West 168th Street Box 49 New York, NY 10032	13-5598093	501(c)(3)	3,754				Lou Gehrig Challenge - ALS Assoc Initiated Research Grants
The Research Foundation of SUNYPO Box 9 Albany, NY 12201	14-1368361	501(c)(3)	74,092				Treat ALS Grants (Drug Development & Clinical Trials)
Upstate Medical Univ750 E Adams St Syracuse, NY 13210	14-1368361	501(c)(3)	10,500				ALSA Centers
Upstate Medical Univ750 E Adams St Syracuse, NY 13210	14-1368361	501(c)(3)	10,000				UNY - Respite Care
St Louis University Hospital 3660 Vista Avenue St Louis, MO 63110	14-1381104	501(c)(3)	50,873				ALSA Center Grant
St Louis University Hospital 3660 Vista Avenue St Louis, MO 63110	14-1381104	501(c)(3)	9,500				ALSA Centers
Homemakers of Central New YorkPO Box 2934 Buffalo, NY 14240	16-0975659	501(c)(3)	2,618				UNY - Respite Care
Robert Wood Johnson University Hospital97 Paterson Street New Brunswick, NJ 08903	20-1285267	501(c)(3)	10,000				ALSA Centers

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Wake Forest University Health SciencesPO Box 7505 WinstonSalem, NC 27157	22-3849199	501(c)(3)	10,000				ALSA Centers
Thomas Jefferson University 1020 Walnut Street Philadelphia, PA 19107	23-1352651	501(c)(3)	40,000				Traditional - Investigator Initiated Research Grants
The ALS Association-Greater Philadelphia Chapter321 Norristown Rd Suite 260 Ambler, PA 19002	23-2387205	501(c)(3)	2,670				Grant - NEC Augmentative Communication
Ludwig Institute for Cancer Research9500 Gilman Drive Room 3041 CMM East La Jolla, CA 92093	23-7121131	501(c)(3)	47,515				Post Doctoral Fellowship Research Grants
Ludwig Institute for Cancer Research9500 Gilman Drive Room 3041 CMM East La Jolla, CA 92093	23-7121131	501(c)(3)	40,000				Traditional - Investigator Initiated Research Grants
Lahey Clinic - Department of Neurology41 Mall Road Burlington, MA 01805	23-7121131	501(c)(3)	9,500				ALSA Centers
Pennsylvania Hospital330 S Ninth Street Philadelphia, PA 19107	24-6000376	501(c)(3)	10,500				ALSA Centers
Pennsylvania State University500 Universtiy Drive Hershey, PA 17033	24-6000376	501(c)(3)	10,250				Clinical Management
University of Pittsburgh350 Thackeray Hall Pittsburgh, PA 15260	25-0965591	501(c)(3)	25,000				Clinical Grant
Cambria Biosciences8A Henshaw Street Woburn, MA 01801	26-2047755	501(c)(3)	587,227				Treat ALS Grants (Drug Development & Clinical Trials)

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
California Pacific Medical Center Research Institute 475 Brannan Street Ste 220 San Francisco, CA 94107	26-2047755	501(c)(3)	40,000				Traditional - Investigator Initiated Research Grants
California Pacific Medical Center2324 Sacramento Street San Francisco, CA 94115	26-2047755	501(c)(3)	10,500				ALSA Centers
Center for ALS & Related Disorders9500 Euclid Avenue Cleveland, OH 44195	34-0714585	501(c)(3)	10,500				ALSA Centers
Northwestern University750 North Lake Shore Dr 7th Floor Chicago, IL 60611	36-2167817	501(c)(3)	40,000				Traditional - Investigator Initiated Research Grants
Northwestern University633 Clark Street Evanston, IL 60208	36-2167817	501(c)(3)	80,000				Traditional - Investigator Initiated Research Grants
Northwestern University750 North Lake Shore Dr 7th Floor Chicago, IL 60611	36-2167817	501(c)(3)	40,000				Post Doctoral Fellowship Research Grants
University Research Administration University of Chicago970 East 58th Street Chicago, IL 60637	36-2177139	501(c)(3)	60,000				Traditional - Investigator Initiated Research Grants
Hennepin Faculty Associates 825 South Eighth Street Suite 250 Minneapolis, MN 55404	38-1357020	501(c)(3)	10,000				ALSA Centers
Henry Ford Hospital825 South Eighth Street Suite 250 Minneapolis, MN 55404	38-1357020	501(c)(3)	10,000				ALSA Centers
The Regents of the University of Michigan3014 Fleming Ann Arbor, MI 48109	38-6006309	501(c)(3)	36,155				Traditional - Investigator Initiated Research Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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University of Michigan Health System1500 E Medical Center Drive Ann Arbor, MI 48109	38-6006309	501(c)(3)	10,500				ALSA Centers
Medical College of Wisconsin 9200 W Wisconsin Avenue Milwaukee, WI 53226	39-0806261	501(c)(3)	70,000				ALSA Center Grant
Medical College of WisconsinFroedtert Hospital 9200 W Wisconsin Ave Milwaukee, WI 53226	39-0806261	501(c)(3)	20,000				ALSA Centers
Board of Regents of the University of Wisconsin System21 North Park Street Suite 6401 Madison, WI 53715	39-6006492	501(c)(3)	80,000				Traditional - Investigator Initiated Research Grants
University of Wisconsin750 Univeristy Ave Madison, WI 53706	39-6006492	501(c)(3)	150,000				Lou Gehrig Challenge -ALS Assoc Initiated Research Grants
Board of Regents of the University of Wisconsin System21 North Park Street Ste 6401 Madison, WI 53715	39-6006492	501(c)(3)	72,000				Traditional - Investigator Initiated Research Grants
Neuroscience Clinics1012 E Willetta Street Phoenix, AZ 85006	41-0726167	501(c)(3)	10,000				ALSA Centers
The University of MissouriPO Box 80712 Kansas City, MO 64180	43-6003859	501(c)(3)	30,000				Traditional - Investigator Initiated Research Grants
University of Kansas Medical Center1008 Wescoe 3901 Rainbow Blvd Kansas City, KS 66160	48-0647721	501(c)(3)	10,000				ALSA Centers
Indiana University1050 Wishard Blvd Indianapolis, IN 46202	52-0595110	501(c)(3)	78,065				ALSA Center Grant

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Indiana University1050 Wishard Blvd Indianapolis, IN 46202	52-0595110	501(c)(3)	10,500				ALSA Centers
Dept of Neurology-ALS Center2150 Pennsylvania Avenue NW 7-401 Washington, DC 20037	54-2126575	501(c)(3)	9,500				ALSA Centers
Duke University Medical Center932 Morreene Road Durham, NC 27705	56-0532129	501(c)(3)	70,000				ALSA Center Grant
Duke University Medical Center2424 Erwin Road Suite 1103 Hock Plaza Durham, NC 27705	56-0532129	501(c)(3)	78,406				Traditional - Investigator Initiated Research Grants
University of North Carolina at Chapel Hill104 Airport Drive Suite 2220 CB 1350 Chapel Hill, NC 27599	56-6001393	501(c)(3)	80,000				Traditional - Investigator Initiated Research Grants
Emory University School of Medicine1365B Clifton Road Suite B6200 Atlanta, GA 30322	58-0566256	501(c)(3)	121,482				Treat ALS Grants (Drug Development & Clinical Trials)
University of MiamiPO Box 025405 Miami, FL 33102	59-0624458	501(c)(3)	80,000				Traditional - Investigator Initiated Research Grants
Mayo Clinic Jacksonville Florida4500 San Pablo Road South Jacksonville, FL 32224	59-3337028	501(c)(3)	40,000				Post Doctoral Fellowship Research Grants
Mayo Clinic Jacksonville Florida4500 San Pablo Road Jacksonville, FL 32224	59-3337028	501(c)(3)	75,000				Traditional - Investigator Initiated Research Grants
Mayo Clinic Jacksonville Florida4500 San Pablo Road South Jacksonville, FL 32224	59-3337028	501(c)(3)	45,000				Traditional - Investigator Initiated Research Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Mayo Clinic13400 East Shea Blvd Scottsdale, AZ 85259	59-3337028	501(c)(3)	10,000				ALSA Centers
Mayo Clinic Jacksonville 4500 San Pablo Road S Jacksonville, FL 32224	59-3337028	501(c)(3)	10,000				ALSA Centers
University of FloridaPO Box 115500 Grinter Hall Gainesville, FL 32611	59-6002052	501(c)(3)	79,969				Lou Gehrig Challenge -ALS Assoc Initiated Research Grants
University of Kentucky1457 PATTERSON OFFICE TOWER Lexington, KY 40506	61-6001218	501(c)(3)	10,500				ALSA Centers
UTHSCSA7703 Floyd Curl Dr San Antonio, TX 78284	74-1586031	501(c)(3)	10,500				ALSA Centers
Baylor College of Medicine One Baylor Plaza BCM206 Houston, TX 77030	74-1613878	501(c)(3)	75,000				Traditional - Investigator Initiated Research Grants
ALS Clinic Dept of Neurology 6550 Fannin Suite 1801 Houston, TX 77030	74-1613878	501(c)(3)	9,500				ALSA Centers
Virginia Mason Medical Center1100 Ninth Avenue PO Box 900 Seattle, WA 98111	91-0565539	501(c)(3)	10,000				ALSA Centers
University of Washington 3903 Brooklyn Avenue NE Seattle, WA 98105	91-6001537	501(c)(3)	75,000				Traditional - Investigator Initiated Research Grants
University of Washington 12455 Collections Drive Chicago, IL 60693	91-6001537	501(c)(3)	40,000				Post Doctoral Fellowship Research Grants

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
Oregon Health and Science University2525 SW First Ste 220 Portland,OR 97201	93-1176109	501(c)(3)	80,000				Traditional - Investigator Initiated Research Grants
Oregon Clinic5050 NE Hoyt Suite 315 Portland,OR 97213	93-1176109	501(c)(3)	16,444				ALSA Center Grant
Oregon Clinic5050 NE Hoyt Ste 315 Portland,OR 97213	93-1176109	501(c)(3)	10,500				ALSA Centers
UC Regents405 hilgard avenue Los Angeles,CA 90095	94-6036493	501(c)(3)	40,000				Lou Gehrig Challenge - ALS Assoc Initiated Research Grants
University of California-SF 350 Parnasus Avenue Suite 500 San Francisco,CA 94117	94-6036493	501(c)(3)	10,500				ALSA Centers
The Regents of the University of California 11000 Kinross Ave Ste 102 Los Angeles,CA 90095	95-6006143	501(c)(3)	40,000				Lou Gehrig Challenge - ALS Assoc Initiated Research Grants

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☑ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply			
	☑ Compensation committee	☑ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(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 reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Jane H Gilbert	(i)	197,322	0	0	0	13,075	210,397	0
	(ii)	0	0	0	0	0	0	0
Lucie Bruijn	(i)	180,164	0	0	0	0	180,164	0
	(ii)	0	0	0	0	0	0	0
Steve Gibson	(i)	160,000	0	0	0	0	160,000	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	Part I, Line 1a	THE CEO, JANE GILBERT, IS REIMBURSED EXPENSES INCURRED FOR TIME SPENT BETWEEN THE WASHINGTON, DC AND CALABASAS OFFICES OF THE ALS ASSOCIATION SHE RESIDES IN WASHINGTON, DC AND THE ORGANIZATION PROVIDES HER AN ALLOWANCE FOR AN APARTMENT IN CALABASAS, CALIFORNIA THAT, ALONG WITH A LIMITED AMOUNT OF EXPENSES ASSOCIATED WITH HER TRAVEL, ARE REIMBURSED BY ALSA

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Amyotrophic Lateral Sclerosis Assn

Employer identification number
13-3271855

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE TREASURER OF ALSA WILL REVIEW AND COMMENT ON A DRAFT OF THE RETURN AFTER ANY CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER UPON THE 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 CLIENT WILL MAIL THE FINAL COPY TO THE IRS AND APPROPRIATE STATE AGENCIES
Form 990, Part VI, Section B, line 12c		Each year, every Board member and officers of the association must complete the conflict of interest policy form and submit it to the Chairman to review and make any necessary decisions should a conflict of interest arise If a conflict is determined to exist, the person who has a possible conflict will explain his or her position to the group, then leave the meeting while the Board or the Executive Committee discuss the situation The board/committee will determine the appropriateness of the conflict if it is an acceptable conflict as is, or if it is acceptable subject to specific conditions of the board, or if it is not acceptable at all The board will then communicate their findings to the individual involved
Form 990, Part VI, Section B, line 15a		A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA AND A COMPENSATION STUDY TO CALCULATE THE PRESIDENT'S SALARY
Form 990, Part VI, Section C, line 19		The Amyotrophic Lateral Sclerosis Association (ALSA) financial statements, conflict of interest policy and governing documents are available for review at the agency's office upon written request

Additional Data

Software ID:
Software Version:
EIN: 13-3271855
Name: Amyotrophic Lateral Sclerosis Assn

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOnorable Jay Daugherty CHAIRMAN	2 00	X		X				0	0	0
Lawrence R Barnett Esq Chairman emeritus	2 00	X		X				0	0	0
ROBIN R Ganzert PhD VICE CHAIRMAN	2 00	X		X				0	0	0
BEnjamin S Ohrenstein TREASURER	2 00	X		X				0	0	0
LAural Winston SECRETARY	2 00	X		X				0	0	0
Robert V Abendroth Esq BOARD MEMBER	2 00	X						0	0	0
Robert J Bjorseth BOARD MEMBER	2 00	X						0	0	0
Andrew T Brophy BOARD MEMBER	2 00	X						0	0	0
Cynthia D Douthat Board Member	2 00	X						0	0	0
Richard P Essey Board Member	2 00	X						0	0	0
Allen Finkelstein Esq Board Member	2 00	X						0	0	0
Andrew Fleeson Board Member	2 00	X						0	0	0
Alan R Griffith Board Member	2 00	X						0	0	0
Valerie Harwell Myers Board Member	2 00	X						0	0	0
Wilson N Krahnke Board Member	2 00	X						0	0	0
John P Krave Board Member	2 00	X						0	0	0
Luis E Leon Board Member	2 00	X						0	0	0
William G Matthews Board Member	2 00	X						0	0	0
Edmund G McCurtain II Board Member	2 00	X						0	0	0
Stuart Obermann Board Member	2 00	X						0	0	0
Elizabeth Rosenberg Board Member	2 00	X						0	0	0
Howard Safenowitz Esq Board Member	2 00	X						0	0	0
Stephen H Saltzman Board Member	2 00	X						0	0	0
Kenneth F Wiegand Jr Board Member	2 00	X						0	0	0
Jane H Gilbert President & Ceo	40 00			X				197,322	0	13,075

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Applegate VP of Finance	40 00			X				99,518	0	14,462
Lucie Bruijn VP & Science Director	40 00					X		180,164	0	0
Steve Gibson VP of Gvnt Relations	40 00					X		160,000	0	0
Sharon Matland VP of Patient Services	40 00					X		146,000	0	0
LEE ASHTON CHASE Senior VP	40 00					X		140,964	0	0
JEFF SNYDER VP COMMUNICATIONS	40 00					X		109,449	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DUES & SUBSCRIPTIONS	93,782	36,179	55,123	2,480
BANK FEES	62,184		62,184	
Research Expenditures	41,600	41,600		
EQUIPMENT	35,896	24,258	7,994	3,644
Other expenses	13,970	9,440	3,111	1,419