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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 02-01-2011 and ending 01-31-2012

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

C Name of organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Doing Business As
THE ALS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1275 K STREET NW NO 1050

City or town, state or country, and ZIP + 4
WASHINGTON, DC 20005

D Employer identification number
13-3271855

E Telephone number
(202)407-8580

G Gross receipts $ 21,850,929

F Name and address of principal officer
JANE H GILBERT
1275 K STREET NW NO 1050
WASHINGTON,DC 20005

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ALSA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1985 | **M** State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	63
6	Total number of volunteers (estimate if necessary)	**6**	34
7a	Total 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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	17,744,381	19,126,742
	9 Program service revenue (Part VIII, line 2g)	39,580	39,475
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	86,488	283,223
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	159,020	309,386
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,029,469	19,758,826
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,054,267	4,394,391
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,429,339	4,865,099
	16a Professional fundraising fees (Part IX, column (A), line 11e)	32,721	298,692
	b Total fundraising expenses (Part IX, column (D), line 25) ▶3,307,795		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,442,061	6,266,025
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	13,958,388	15,824,207
	19 Revenue less expenses Subtract line 18 from line 12	4,071,081	3,934,619
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
	20 Total assets (Part X, line 16)	17,742,395	20,256,339
	21 Total liabilities (Part X, line 26)	3,854,362	2,760,956
	22 Net assets or fund balances Subtract line 21 from line 20	13,888,033	17,495,383

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

****** | 2012-09-04
Signature of officer | Date

DANIEL M REZNIKOV CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
DONITA M JOSEPH		☐	P00286656

Firm's name (or yours if self-employed), address, and ZIP + 4
WINDES & MCCLAUGHRY ACCT CORP
PO BOX 87
LONG BEACH, CA 908010087

EIN ▶ 95-3001179

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

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 4,255,049 including grants of $ 3,815,928) (Revenue $)

RESEARCH PROGRAMS FUND SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE (55 RESEARCH GRANTS)

4b (Code) (Expenses $ 4,629,111 including grants of $ 578,463) (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 (34 CLINICAL MANAGEMENT & ALSA CENTER GRANTS)

4c (Code) (Expenses $ 1,859,100 including grants of $) (Revenue $ 39,475)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 10,743,260

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e		No
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b	Yes	
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 and IV*	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 and IV*	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	Yes	
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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

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 (or a family member thereof) 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**	Yes	
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
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		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**

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	70		
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**	63		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	Yes	
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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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 governing documents since the prior Form 990 was filed?		4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	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 , 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . .☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								1,510,996	0	108,724

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 11

			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 or individual 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 Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NNE MARKETING 105 PAUL REVERE RD CONCORD, MA 01742	MARKETING	327,125
LOST HILLS OFFICE PARTNERS LLC 26901 AGOURA RD STE 180-B CALABASAS HILLS, CA 91301	LANDLORD	314,146
LUCIE BRUIJN PHD FLAT 5 15 ST GERMANS PLACE LONDON SE3 ONN UK	RESEARCH CONSULTANT	235,000
METRO K LLC PO BOX 4857 PORTLAND, OR 972084857	LANDLORD	137,175

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

Part VIII Statement of Revenue

			(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 334,174				
	b	Membership dues 1b				
	c	Fundraising events 1c 781,790				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 100,093				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 17,910,685				
	g	Noncash contributions included in lines 1a-1f $ 18,405				
	h	**Total.** Add lines 1a-1f	19,126,742			
Program Service Revenue		Business Code				
	2a	CONFERENCE FEES 900099	39,475	39,475		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	39,475			
	3	Investment income (including dividends, interest and other similar amounts)	119,967			119,967
	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 2,193,407				
	b	Less cost or other basis and sales expenses 2,030,151				
	c	Gain or (loss) 163,256				
	d	Net gain or (loss)	163,256			163,256
Other Revenue	8a	Gross income from fundraising events (not including $ 781,790 of contributions reported on line 1c) See Part IV, line 18 a 5,793				
	b	Less direct expenses b 61,952				
	c	Net income or (loss) from fundraising events	-56,159			-56,159
	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 900099	350,809			350,809
	b	MISCELLANEOUS INCOME 900099	14,736			14,736
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	365,545			
	12	**Total revenue.** See Instructions	19,758,826	39,475	0	592,609

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)

Check if Schedule O contains a response to any question in this Part IX . . . . . ☑

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	3,658,405	3,658,405		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	24,518	24,518		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	711,468	711,468		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,032,847	532,858	217,493	282,496
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	3,185,358	1,643,369	670,762	871,227
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	82,361	42,492	17,344	22,525
9	Other employee benefits	217,160	112,036	45,728	59,396
10	Payroll taxes	347,373	179,213	73,149	95,011
11	Fees for services (non-employees)				
a	Management	2,557,526	1,210,249	222,014	1,125,263
b	Legal	7,905	4,940	2,965	
c	Accounting	41,460		41,460	
d	Lobbying	31,465	31,465		
e	Professional fundraising *See Part IV, line 17*	298,692			298,692
f	Investment management fees				
g	Other				
12	Advertising and promotion	427,479	340,455	4,309	82,715
13	Office expenses	265,499	98,635	74,122	92,742
14	Information technology				
15	Royalties				
16	Occupancy	784,787	353,209	262,686	168,892
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	990,212	855,355	61,754	73,103
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	153,243	83,543	37,595	32,105
23	Insurance	36,598		36,598	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CHAPTER SUPPORT	786,669	776,396	5,625	4,648
b	TELECOMMUNICATIONS	154,065	75,329	39,520	39,216
c	BANK FEES	59,167		10,052	49,115
d	OTHER	27,125	318	19,418	7,389
e					
f	All other expenses	-57,175	9,007	-69,442	3,260
25	**Total functional expenses.** Add lines 1 through 24f	15,824,207	10,743,260	1,773,152	3,307,795
26	**Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,007,845	319,387	0	688,458

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,836,720	1	5,017,270
	2	Savings and temporary cash investments		6,503,756	2	1,817,700
	3	Pledges and grants receivable, net		4,938,546	3	5,068,863
	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		158,646	9	305,027
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,246,647			
	b	Less accumulated depreciation	10b 1,080,764	279,028	10c	165,883
	11	Investments—publicly traded securities		2,330,676	11	6,724,420
	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		695,023	15	1,157,176
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		17,742,395	16	20,256,339
Liabilities	17	Accounts payable and accrued expenses		2,508,477	17	2,307,400
	18	Grants payable		1,345,885	18	453,556
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		3,854,362	26	2,760,956
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		6,719,179	27	8,106,576
	28	Temporarily restricted net assets		6,301,552	28	8,492,325
	29	Permanently restricted net assets		867,302	29	896,482
		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		13,888,033	33	17,495,383
	34	Total liabilities and net assets/fund balances		17,742,395	34	20,256,339

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,758,826
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,824,207
3	Revenue less expenses Subtract line 2 from line 1	3	3,934,619
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,888,033
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-327,269
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	17,495,383

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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

2011

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,631,277	15,917,492	14,583,917	17,744,381	19,126,742	82,003,809
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	14,631,277	15,917,492	14,583,917	17,744,381	19,126,742	82,003,809
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)						718,263
6 **Public Support.** Subtract line 5 from line 4						81,285,546

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,631,277	15,917,492	14,583,917	17,744,381	19,126,742	82,003,809
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	428,296	186,824	77,526	55,620	283,223	1,031,489
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	14,630	49,499	47,654	31,744	14,736	158,263
11 **Total support** (Add lines 7 through 10)						83,193,561

12 Gross receipts from related activities, etc (See instructions) **12** 108,377

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 2011 (line 6 column (f) divided by line 11 column (f)) **14** 97 710 %

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15** 98 410 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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			
JAY DAUGHERTY CHAIRMAN	2 00	X		X				0	0	0
ROBIN R GANZERT VICE CHAIRMAN	2 00	X		X				0	0	0
LUIS E LEON TREASURER	2 00	X		X				0	0	0
WILLIAM THOET SECRETARY	2 00	X		X				0	0	0
LAWRENCE R BARNETT ESQ TRUSTEE	2 00	X						0	0	0
ANDREW T BROPHY TRUSTEE	2 00	X						0	0	0
PHYLLIS R BROURMAN TRUSTEE	2 00	X						0	0	0
DOUG BUTCHER TRUSTEE	2 00	X						0	0	0
DANIEL DEGRANDPRE TRUSTEE	2 00	X						0	0	0
CYNTHIA D DOUTHAT TRUSTEE	2 00	X						0	0	0
WILSON KRAHNKE TRUSTEE	2 00	X						0	0	0
WILLIAM G MATTHEWS TRUSTEE	2 00	X						0	0	0
EDMUND G MCCURTAIN II TRUSTEE	2 00	X						0	0	0
TIMOTHY O'TOOLE TRUSTEE	2 00	X						0	0	0
ELLYN G PHILLIPS TRUSTEE	2 00	X						0	0	0
JOHNATHAN ROBERTS TRUSTEE	2 00	X						0	0	0
ELIZABETH ROSENBERG TRUSTEE	2 00	X						0	0	0
HOWARD B SAFENOWITZ ESQ TRUSTEE	2 00	X						0	0	0
STEPHEN H SALTZMAN TRUSTEE	2 00	X						0	0	0
WILLIAM D SOFFEL TRUSTEE	2 00	X						0	0	0
ALLAN J TOBIN TRUSTEE	2 00	X						0	0	0
JANE H GILBERT PRESIDENT AND CEO	38 00			X				265,908	0	15,342
DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	42 00			X				187,058	0	6,204
KENNETH W NICHOLLS CHIEF CHAPTER RELATIONS OFFICER	42 00				X			173,164	0	13,110
GORDON S LAVIGNE CHIEF DEVELOPMENT & COMMUNICATIONS OFFICER	37 50				X			159,966	0	12,419

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			
STEVE W GIBSON CHIEF PUBLIC POLICY OFFICER	64 00				X			162,339	0	12,802
KAREN L STARLEAF DIRECTOR, DONOR DEVELOPMENT	40 00					X		116,625	0	11,186
JOHN W APPLEGATE ASSOCIATION FINANCE OFFICER	45 00					X		113,274	0	11,137
SHARON MATLAND VICE PRESIDENT, PATIENT SERVICES	47 00					X		120,684	0	5,131
THERESA SORACCO REGIONAL DIRECTOR, PHILANTHROPY	48 00					X		106,399	0	10,453
DAVID MOSES DIRECTOR, GIFT PLANNING	39 00					X		105,579	0	10,940

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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

2011

Open to Public Inspection

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

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

If the organization answered "Yes," 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 35c (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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	32,593	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	342,090	
c Total lobbying expenditures (add lines 1a and 1b)	374,683	
d Other exempt purpose expenditures	14,017,987	
e Total exempt purpose expenditures (add lines 1c and 1d)	14,392,670	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	869,634	
g Grassroots nontaxable amount (enter 25% of line 1f)	217,409	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	853,321	661,049	757,265	869,634	3,141,269
b Lobbying ceiling amount (150% of line 2a, column(e))					4,711,904
c Total lobbying expenditures	412,018	380,508	370,155	374,683	1,537,364
d Grassroots non-taxable amount	213,330	165,262	189,316	217,409	785,317
e Grassroots ceiling amount (150% of line 2d, column (e))					1,177,976
f Grassroots lobbying expenditures	46,020	48,887	34,220	32,593	161,720

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
PART IV, SUPPLEMENTAL INFORMATION		THE PURPOSE OF OUR ADVOCACY PROGRAM IS TO SENSITIZE LEGISLATORS TO, AND OBTAIN THEIR SYMPATHY FOR, THE PLIGHT OF ALS VICTIMS, PATIENTS AND THEIR FAMILIES, AND TO INFLUENCE LEGISLATION REGARDING THE APPROPRIATION OF FEDERAL FUNDS FOR ALS RESEARCH AND THE USE AND COST TO PATIENTS OF "ORPHAN" DRUGS THE ASSOCIATION BELIEVES THIS KIND OF ACTIVITY, WHICH IT INTENDS TO CONTINUE AS ITS ADVOCACY PROGRAM, IS CRITICAL TO THE ACHIEVEMENT OF ITS MISSION, AND THEREFORE, IS IN DIRECT RELATION TO ITS TAX-EXEMPT PURPOSE

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

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	240,000	240,000	
b Contributions					
c Investment earnings or losses	8,091	26,305	12,739	18,675	
d Grants or scholarships			12,739	18,675	
e Other expenditures for facilities and programs	8,091	26,305			
f Administrative expenses					
g End of year balance	240,000	240,000	240,000	240,000	

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		185,327	89,248	96,079
d Equipment		1,061,320	991,516	69,804
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				165,883

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
(1) Financial derivatives		
(2) 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
(1) OFFICE LEASE DEPOSITS	24,158
(2) VENDOR DEPOSITS	19,033
(3) OTHER RECEIVABLES	174,318
(4) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	939,667
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,157,176

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

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

2. Fin 48 (ASC 740) 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 (ASC740)

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	19,758,826
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,824,207
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,934,619
4	Net unrealized gains (losses) on investments	4	-184,048
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-143,221
9	Total adjustments (net) Add lines 4 - 8	9	-327,269
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,607,350

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	19,042,577
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-184,048		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-143,221		
e	Add lines **2a** through **2d**			2e	-327,269
3	Subtract line **2e** from line **1**			3	19,369,846
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	388,980		
c	Add lines **4a** and **4b**			4c	388,980
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	19,758,826

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

1	Total expenses and losses per audited financial statements			1	15,435,227
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			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	15,435,227
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	388,980		
c	Add lines **4a** and **4b**			4c	388,980
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	15,824,207

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE RESEARCH ENDOWMENT PRINCIPAL IS HELD IN PERPETUITY TO GENERATE EARNINGS TO SUPPORT RESEARCH EXPENDITURES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE TAXES RELATED TO REVENUE RECEIVED IN CONNECTION WITH EXEMPT PROGRAMS THE ASSOCIATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT THE ASSOCIATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND FOR STATE PURPOSES IS GENERALLY THREE TO FOUR YEARS
PART XI, LINE 8 - OTHER ADJUSTMENTS		GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 29,180 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -172,401 TOTAL TO SCHEDULE D, PART XI, LINE 8 -143,221
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 29,180 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -172,401
PART XII, LINE 4B - OTHER ADJUSTMENTS		RETURNED PORTIONS OF UNUSED GRANTS 350,809 CAR DONATION PROGRAM COST 38,171
PART XIII, LINE 4B - OTHER ADJUSTMENTS		RETURNED PORTIONS OF UNUSED GRANTS 350,809 CAR DONATION PROGRAM COST 38,171

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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

2011

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 V the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Part V if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region/investments in region
EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANT MAKING	RESEARCH	704,802
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT MAKING	RESEARCH	6,667
3a Sub-total	0	0			711,469
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			711,469

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 Part V 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 (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	6,667	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	150,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	60,114	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)	337,500	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	37,500	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	39,688	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	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 . . . . . ▶ _____

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

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

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (see instructions for Form 926)*	☐ Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If " Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*	☐ Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)*	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)*	☐ Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)*	☐ Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).*	☐ Yes	☑ No

Part V Supplemental Information

Complete this part to provide the information (see instructions) 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 OUR RESEARCH CONSULTANT
METHOD USED TO ACCCOUNT FOR EXPENDITURES		SCHEDULE F, PART I, LINE 3 ALL FOREIGN APPLICANTS, SIMILAR TO US INVESTIGATORS, 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

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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

2011

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.

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 services? ☑ **Yes** ☐ **No**

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

(i) Name and address 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
AMERICA'S CAR DONATION CENTER 3755 OMEC CR 4 RANCHO CORDOVA, CA 95742	CAR DONATIONS	Yes		105,747	38,171	67,576
Total . . . . . ▶				105,747	38,171	67,576

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

AL, AK, AZ, AK, CA, 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

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 - BUFFALO (event type)	(c) Other Events 15 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	158,066	105,653	523,864	787,583
	2 Less Charitable contributions	158,066	105,653	518,071	781,790
	3 Gross income (line 1 minus line 2)			5,793	5,793
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	643	250	2,192	3,085
	7 Food and beverages	1,279	838	1,339	3,456
	8 Entertainment	21		413	434
	9 Other direct expenses	8,150	9,160	37,667	54,977
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(61,952)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-56,159

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 and 7 in column (d) ▶				

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? ☐ Yes ☐ No

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	**13a**	
b	An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
FUNDRAISING EVENTS	SCHEDULE G, PART II, LINE 11	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) HELD WALKS TO FUNDRAISE AND RAISE PUBLIC AWARENESS ABOUT ALS ALL REVENUE RAISED FROM EVENTS ARE CONSIDERED TO BE CHARITABLE CONTRIBUTIONS ALL INCOME FROM THE WALKS AND EVENTS HELD IS CATEGORIZED AS CONTRIBUTION REVENUE, AS THE SUPPORTERS OF THE WALKS WHO CONTRIBUTE MONEY ARE ABLE TO FULLY DEDUCT THEIR CONTRIBUTIONS IN SUPPORT OF THE EVENT AS SUCH, THE ENTITY REPORTS A LOSS FROM SPECIAL EVENTS, EVEN THOUGH THE EVENTS WERE PROFITABLE

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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

2011

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 listed in the line 1 table . . . . . ▶

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

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
(1) RESPITE CARE PROGRAM	24	24,518			

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

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 ACADEMY OF NEUROLOGY FOUNDATION1080 MONTREAL AVENUE ST PAUL,MN 55116	41-0726167	501(C)3	25,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE BOSTON,MA 02199	04-2697983	501(C)3	225,000				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
DUKE UNIVERSITY MEDICAL CENTER DUMC BOX 3333 932 MORREENE ROAD DURHAM,NC 27705	56-0532129	501(C)3	35,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE FLORIDA4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)3	20,000				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
UNIVERSITY RESEARCH ADMINISTRATION UNIVERSITY OF CHICAGO970 EAST 58TH STREET CHICAGO,IL 60637	36-2177139	501(C)3	60,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY RESEARCH ADMINISTRATION UNIVERSITY OF CHICAGO971 EAST 58TH STREET CHICAGO,IL 60638	36-2177139	501(C)3	15,000				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
YALE UNIVERSITY PO BOX 1873 NEW HAVEN,CT 06508	06-0646973	501(C)3	29,270				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF WASHINGTON3903 BROOKLYN AVENUE NE SEATTLE,WA 98105	91-6001537	501(C)3	20,000				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
BAYLOR COLLEGE OF MEDICINEONE BAYLOR PLAZA BCM206 HOUSTON,TX 77030	74-1613878	501(C)3	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRANDEIS UNIVERSITY415 SOUTH STREET MS 144 WALTHAM,MA 02454	04-1103552	501(C)3	60,000				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
UNIVERSITY OF ROCHESTER518 HYLAND BUILDING ROCHESTER,NY 14627	16-0743209	501(C)3	60,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
THE OHIO STATE UNIVERSITY RES FOUNDATION1960 KENNY ROAD COLUMBUS,OH 43210	31-6401599	501(C)3	10,000				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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST P-221 FRANKLIN BLDG PHILADELPHIA,PA 19104	23-1352685	501(C)3	167,759				LOU GEHRIG CHALLENGE - ALS ASSOC INITIATED RESEARCH GRANTS
IPIERIAN INC951 GATEWAY BLVD SOUTH SAN FRANCISCO,CA 94080	26-0440235	501(C)3	150,000				LOU GEHRIG CHALLENGE - ALS ASSOC 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
OSSIANIX INC3711 MARKET ST PHILADELPHIA,PA 19104	80-0604594	501(C)3	225,000				LOU GEHRIG CHALLENGE - ALS ASSOC INITIATED RESEARCH GRANTS
BETH ISRAEL MEDICAL CENTER10 UNION SQUARE EAST NEW YORK,NY 10003	13-5564934	501(C)3	53,400				LOU GEHRIG CHALLENGE - ALS ASSOC 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
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION1080 MONTREAL AVENUE ST PAUL,MN 55116	41-0726167	501(C)3	40,750				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE J DAVID GLADSTONE INSTITUTES1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	164,722				LOU GEHRIG CHALLENGE -ALS ASSOC 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
BANYAN BIOMARKERS INC 13400 PROGRESS BLVD ALACHUA,FL 32615	20-1449566	501(C)3	71,400				LOU GEHRIG CHALLENGE - ALS ASSOC INITIATED RESEARCH GRANTS
CHILDREN'S HOSPITAL AND RESEARCH CENTER OAKLAND5700 MARTIN LUTHER KING JNR WAY OAKLAND,CA 94609	94-0382330	501(C)3	100,000				LOU GEHRIG CHALLENGE - ALS ASSOC 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
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	501(C)3	100,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE FLORIDA4500 SAN PABLO ROAD SOUTH JACKSONVILLE,FL 32224	59-3337028	501(C)3	25,000				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
WASHINGTON UNIVERSITY660 SOUTH EUCLID AVENUE ST LOUIS,MO 63110	43-0653611	501(C)3	60,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
NORTHWESTERN UNIVERSITY750 NORTH LAKE SHORE DR RUBHOLFF 7TH FLOOR CHICAGO,IL 60611	36-2167817	501(C)3	50,000				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
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DRIVE MC 0660 CMM-EAST ROOM 3041 LA JOLLA,CA 92093	23-7121131	501(C)3	10,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY AT EASTERN1101 EAST 33RD STREET SUITE B-219 BALTIMORE,MD 21218	52-0595110	501(C)3	148,480				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
THE GENERAL HOSPITAL CORPORATION101 HUNGTINGTON AVENUE BOSTON,MA 02199	04-2697983	501(C)3	30,319				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE GENERAL HOSPITAL CORPORATION101 HUNGTINGTON AVENUE BOSTON,MA 02199	04-2697983	501(C)3	212,758				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
RESEARCH FOUNDATION OF SUNY750 EAST ADAMS STREET WEISKOTTEN HALL ROOM 1111D SYRACUSE,NY 13210	14-1368361	501(C)3	137,661				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
AMERICAN ACADAMY OF NEUROLOGY FOUNDATION1080 MONTREAL AVE ST PAUL,MN 55116	41-0726167	501(C)3	52,500				ALS CLINICAL SCIENTIST AWARD

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
TACONIC FARMS INC273 HOVER AVE GERMANTOWN,NY 12526	14-1381104	501(C)3	75,667				LOU GEHRIG CHALLENGE - ALS ASSOCIATION INITIATED RESEARCH GRANTS
THE PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON,MA 02241	04-2103580	501(C)3	120,000				LOU GEHRIG CHALLENGE -ALS ASSOC 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
JOHNS HOPKINS UNIVERSITY1830 E MONUMENT STREET SUITE 9030 BALTIMORE,MD 21215	52-0595110	501(C)3	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY855 N WOLFE ST RANGOS 242 BALTIMORE,MD 21205	52-0595110	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

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MAYO CLINIC JACKSONVILLE FLORIDA4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)3	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DRIVE MC-0660 LA JOLLA,CA 92093	23-7121131	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
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 13500 MASSACHUSETTS AVENUE CAMBRIDGE,CA 02138	04-2103580	501(C)3	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTONPO BOX 203382 HOUSTON,TX 77216	74-1761309	501(C)3	16,910				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
OREGON HEALTH AND SCIENCE UNIVERSITY0690 SW BANCROFT L106SPA PORTLAND,OR 97239	93-1176109	501(C)3	40,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
LSU HEALTH SCIENCES CENTER433 BOLIVAR STREET NEW ORLEANS,LA 70112	72-6087770	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

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EMORY UNIVERSITY1599 CLIFTON RD 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)3	34,162				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM21 N PARK ST SUITE 6401 MADISON,WI 53715	39-6006492	501(C)3	39,990				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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BRIGHAM AND WOMEN'S HOSPITAL RESEARCHPO BOX 3887 BOSTON,MA 02241	04-2312909	501(C)3	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UCSD-OPAFS 9500 GILMAN DRIVE MC 0009 LA JOLLA,CA 92093	95-6006144	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

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UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION337 FRANK D PETERSON SERVICE BLDG LEXINGTON,KY 40506	61-6033693	501(C)3	38,712				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER,MA 01655	04-3167352	501(C)3	20,000				ALAN PHILLIPS

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
ROCKEFELLER UNIVERSITY1230 YORK AVENUE BOX 259A NEW YORK, NY 10065	13-1624158	501(C)3	20,000				ALAN PHILLIPS
ALS CENTER AT SUNY UPSTATE MEDICAL UNIV750 EAST ADAMS STREET SYRACUSE, NY 13210	14-1368361	501(C)3	13,100				ALSA CENTER

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
BANNER GOOD SAMARITAN MEDICAL CENTER 1012 E WILLETTA STREET PHOENIX,AZ 85006	41-0726167	501(C)3	12,500				ALSA CENTER
BAYLOR COLLEGE OF MEDICINE6550 FANNIN SUITE 1801 SMITH TOWER HOUSTON,TX 77030	74-1613878	501(C)3	11,800				ALSA CENTER

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
BETH ISRAEL MEDICAL CENTER ALS CLINIC10 UNION SQUARE EAST NEW YORK, NY 10003	04-2103881	501(C)3	13,100				ALSA CENTER
CLEVELAND CLINIC FOUNDATION9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	13,100				ALSA CENTER

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
CURT AND SHONDA SCHILLING ALS CLINIC41 MALL ROAD BURLINGTON,MA 01805	23-7121131	501(C)3	11,800				ALSA CENTER
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON,NH 03756	02-0222139	501(C)3	11,800				ALSA CENTER

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
DUKE UNIVERSITY MEDICAL CENTER DUMC BOX 3333 932 MORREENE ROAD DURHAM,NC 27705	56-0532129	501(C)3	13,100				ALSA CENTER
FORBES NORRIS ALS RESEARCH CENTER2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	26-2047755	501(C)3	23,600				ALSA CENTER

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
FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO ST SAN FRANCISCO,CA 94151	26-2047755	501(C)3	13,100				ALSA CENTER
GEORGE WASHINGTON UNIVERSITY2150 PENNSYLVANIA AVE NW 7-401 WASHINGTON,DC 20037	54-2126575	501(C)3	11,800				ALSA CENTER

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
GEORGIA HEALTH SCIENCES FOUNDATION INC 1120 15TH STREET BP 4390 AUGUSTA,GA 30912	35-2310573	501(C)3	13,100				ALSA CENTER
HARRY J HOENSLAAR ALS CLINIC2799 WEST GRAND AVE K-11 NEUROLOGY DETROIT,MI 04802	38-1357020	501(C)3	12,500				ALSA CENTER

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
HENNEPIN FACULTY ASSOCIATES MULTI-SPECIALTY CLINIC 825 SOUTH EIGHTH STREET SUITE 250 MINNEAPOLIS,MD 55404	38-1357020	501(C)3	12,500				ALSA CENTER
INDIANA UNIVERSITY ALS CENTER1050 WISHARD BLVD REGENSTRIEF 6TH FLOOR INDIANAPOLIS,IN 46202	52-0595110	501(C)3	13,100				ALSA CENTER

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

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MAYO CLINIC - ALS CLINIC13400 EAST SHEA BLVD SCOTTSDALE,AZ 85259	15-3337028	501(C)3	11,800				ALSA CENTER
MAYO CLINIC JACKSONVILLE4500 SAN PABLO ROAD S CANNADAY 2E JACKSONVILLE,FL 32224	59-3337028	501(C)3	13,100				ALSA CENTER

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 MEDICAL CLINIC 200 FIRST STREET SW ROCHESTER,MD 55905	41-6011702	501(C)3	12,500				ALSA CENTER
MEDICAL COLLEGE OF WISCONSINFROEDTERT HOSPITAL9200 W WISCONSIN AVE MILWAUKEE,WI 53226	39-0806261	501(C)3	13,100				ALSA CENTER

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
NEUROLOGY ASSOCIATES OF STONY BROOK179 BELLE MEADE ROAD SUITE 3 EAST SETAUKET,NY 11733	11-3243405	501(C)3	11,800				ALSA CENTER
UNIVERSITY OF NEW MEXICO-SCHOOL OF MEDICINE2211 LOMAS NE - MSC 10 5620 ALBUQUERQUE,NM 87131	85-6000642	501(C)3	12,500				ALSA CENTER

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

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UNIVERSITY OF NEW MEXICO-SCHOOL OF MEDICINE2212 LOMAS NE - MSC 10 5620 ALBUQUERQUE,NM 87132	85-6000642	501(C)3	10,000				ALSA CENTER
PENN STATE UNIVERSITY500 UNIVERSITY DRIVE HERSHEY,NM 17033	24-6000376	501(C)3	13,100				ALSA CENTER

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

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PROVIDENCE ALS CENTER5050 NE HOYT STE 315 PORTLAND,PA 97213	93-1176109	501(C)3	13,100				ALSA CENTER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL & MEDICAL97 PATERSON ST NEW BRUNSWICK, OR 08903	20-1285267	501(C)3	12,500				ALSA CENTER

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

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SOUTH TEXAS ALS CLINIC8300 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO,NJ 78229	74-1586031	501(C)3	13,100				ALSA CENTER
ST LOUIS UNIVERSITY HOSPITAL1438 SOUTH GRAND BLVD MONTELEONE HALL ST LOUIS,TX 63104	43-0654872	501(C)3	11,800				ALSA CENTER

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

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SUNY RESEARCH FOUNDATION750 E ADAMS ST SYRACUSE,MO 13210	14-1368361	501(C)3	13,100				ALSA CENTER
THE HITCHCOCK FOUNDATIONONE MEDICAL CENTER DRIVE LEBANON,NH 03756	02-0222139	501(C)3	11,800				ALSA CENTER

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

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THE NEUROMUSCULAR ALS CLINIC2150 CORBIN AVE NEW BRITAIN,CT 06053	06-0546766	501(C)3	13,100				ALSA CENTER
UNIVERSITY OF CALIFORNIA-SAN FRANCISCO350 PARNASSUS AVENUE SUITE 500 SAN FRANCISCO,CA 94117	94-6036493	501(C)3	13,100				ALSA CENTER

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

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UNIVERSITY OF KANSAS MEDICAL CENTER3599 RAINBOW BLVD MAIL STOP 2012 KANSAS CITY, KS 66130	48-0647721	501(C)3	13,100				ALSA CENTER
UNIVERSITY OF KENTUCKYCARDINAL HILL ALSA CTRALBERT CHANDLER MED CTR LEXINGTON, KY 40506	61-6001218	501(C)3	13,100				ALSA CENTER

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 DR ANN ARBOR,MI 48109	38-6006309	501(C)3	13,100				ALSA CENTER
UNIVERSITY OF PENNSYLVANIA-ALS CENTER330 S NINTH ST PHILADELPHIA,PA 19107	24-6000376	501(C)3	13,100				ALSA CENTER

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

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UNIVERSITY OF VERMONT COLLEGE OF MEDICINE89 BEAUMONT AVENUE BURLINGTON, VT 05405	03-0179440	501(C)3	12,500				ALSA CENTER
VIRGINIA MASON MEDICAL CENTER ALS CLINICPO BOX 900 M/S X7 NEU SEATTLE, WA 98111	74-1586031	501(C)3	10,000				ALSA CENTER

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

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VIRGINIA MASON MEDICAL CENTER ALS CLINICPO BOX 900 M/S X7 NEU SEATTLE,WA 98111	91-0565539	501(C)3	13,100				ALSA CENTER
WAKE FOREST BAPTIST MEDICAL CENTERMEDICAL CENTER BLVD 3RD FLOOR MEADS MEADS WINSTONSALEM,NC 27157	22-3849199	501(C)3	12,500				ALSA CENTER

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

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COLUMBIA UNIVERSITY622 WEST 168TH STREET NEW YORK, NY 10032	13-5598093	501(C)3	12,500				CLINICAL GRANT
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE475 BRANNAN STREET SUITE 220 SAN FRANCISCO, CA 94107	26-2047755	501(C)3	12,500				CLINICAL GRANT

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

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UNIVERSITY OF PITTSBURGH130 DESOTO STREET RM A211 PITTSBURGH,PA 15261	25-0965591	501(C)3	3,945				CLINICAL GRANT
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON7703 FLOYD CURL DRIVE SAN ANTONIO,TX 78229	74-1586031	501(C)3	12,500				CLINICAL 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
CALIFORNIA PACIFIC MEDICAL CENTER RESEARCH INSTITUTE475 BRANNAN STREET SUITE 220 SAN FRANCISCO, CA 94107	26-2047755	501(C)3	12,500				CLINICAL GRANT

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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

2011

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**		
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) JANE H GILBERT	(i)	265,908	0	0	7,288	8,054	281,250	0
	(ii)	0	0	0	0	0	0	0
(2) DANIEL M REZNIKOV	(i)	187,058	0	0	5,638	566	193,262	0
	(ii)	0	0	0	0	0	0	0
(3) KENNETH W NICHOLLS	(i)	173,164	0	0	5,225	7,885	186,274	0
	(ii)	0	0	0	0	0	0	0
(4) GORDON S LAVIGNE	(i)	159,966	0	0	5,087	7,332	172,385	0
	(ii)	0	0	0	0	0	0	0
(5) STEVE W GIBSON	(i)	162,339	0	0	4,937	7,865	175,141	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 3	THE EXECUTIVE COMPENSATION & EVALUATION COMMITTEE OF THE BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE PRESIDENT AND CEO AND MUST BE APPROVED BY THE EXECUTIVE COMMITTEE

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	159	105,747	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
	EXPENSES INCURRED BY THE ALSA GREATER NY				
25	Other ▶ (CHAPTER)	X	1	18,388	FMV
26	Other ▶ (STAMPS)	X	1	17	FMV
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		0
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) USED THE SERVICES OF A CAR DONATION PROGRAM, AMERICA'S CAR DONATION CENTER, TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

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 A, LINE 4	ALSA MADE THE FOLLOWING CHANGES TO IT'S BYLAWS FOR FYE 01/31/12 - THE COMPOSITION OF THE BOARD OF REPRESENTATIVES WAS ALTERED TO ADD ALTERNATE VOTING REPRESENTATIVES - THE POSITION OF BOR VICE CHAIR WAS ADDED - THE BOR REPRESENTATIVES WHO SIT ON THE CHAPTER RELATIONS COMMITTEE WILL ACT AS THE NOMINATING COMMITTEE OF BOR OFFICERS - A PROVISION WAS ADDED SO THAT IF THE SLATE OF NOMINEES WAS NOT ELECTED, THEN EACH NOMINEE LISTED ON THE SLATE SHALL BE VOTED ON SEPARATELY BY PRIVATE BALLOT
	FORM 990, PART VI, SECTION B, LINE 11	THE CFO 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 SATISFACTION OF ANY ISSUES, THE FINAL COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS THEN, THE ENTITY WILL 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 OFFICER OF THE ASSOCIATION MUST COMPLETE THE CONFLICT OF INTEREST POLICY FORM AND SUBMIT IT TO THE CHAIRMAN TO REVIEW AND MAKE ANY NECESSARY DECISIONS SHOULD A CONFLICT OF INTEREST ARISE IF A CONFLICT IS DETERMINED TO EXIST, THE PERSON WHO HAS A POSSIBLE CONFLICT WILL EXPLAIN HIS OR HER POSITION TO THE GROUP, THEN LEAVE THE MEETING WHILE THE BOARD OR THE EXECUTIVE COMMITTEE DISCUSS THE SITUATION THE BOARD/COMMITTEE WILL DETERMINE THE APPROPRIATENESS OF THE CONFLICT IF IT IS AN ACCEPTABLE CONFLICT AS IS, OR IF IT IS ACCEPTABLE SUBJECT TO SPECIFIC CONDITIONS OF THE BOARD, OR IF IT IS NOT ACCEPTABLE AT ALL THE BOARD WILL THEN COMMUNICATE THEIR FINDINGS TO THE INDIVIDUAL INVOLVED
	FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO CALCULATE THE PRESIDENT'S SALARY THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT THE COMPENSATION FOR OTHER KEY EMPLOYEES IS SET BY THE PRESIDENT AND REVIEWED BY THE COMPENSATION COMMITTEE IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA
	FORM 990, PART VI, SECTION C, LINE 19	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) FORM 990S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE AGENCY'S OFFICE UPON WRITTEN REQUEST
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -184,048 GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 29,180 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -172,401 TOTAL TO FORM 990, PART XI, LINE 5 -327,269
FUNDRAISING EVENTS	FORM 990, PART VIII, LINE 8C	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) HELD WALKS TO BOTH FUNDRAISE AND RAISE PUBLIC AWARENESS ABOUT ALS ALL REVENUE RAISED FROM EVENTS ARE CONSIDERED TO BE CHARITABLE CONTRIBUTIONS ALL INCOME FROM THE WALKS AND EVENTS HELD IS CATEGORIZED AS CONTRIBUTION REVENUE, AS THE SUPPORTERS OF THE WALKS WHO CONTRIBUTE MONEY ARE ABLE TO FULLY DEDUCT THEIR CONTRIBUTIONS IN SUPPORT OF THE EVENT AS SUCH, THE ENTITY REPORTS A LOSS FROM SPECIAL EVENTS, EVEN THOUGH THE EVENTS WERE PROFITABLE