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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 02-01-2013 , 2013, and ending 01-31-2014

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 250

City or town, state or province, country, and ZIP or foreign postal code
WASHINGTON, DC 20005

D Employer identification number
13-3271855

E Telephone number
(202)407-8580

G Gross receipts $ 25,671,171

F Name and address of principal officer
JANE H GILBERT
1275 K STREET NW NO 250
WASHINGTON,DC 20005

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

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

H(c) Group exemption number ▶ 4119

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

J Website: ▶ WWW ALSA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1985

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
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**	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	18
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	73
6	Total number of volunteers (estimate if necessary)	**6**	18
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
8	Contributions and grants (Part VIII, line 1h)	19,357,009	23,517,487
9	Program service revenue (Part VIII, line 2g)	46,000	56,675
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,866	440,600
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,377	15,925
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,690,252	24,030,687
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,843,097	7,086,727
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)	5,138,716	5,843,475
16a	Professional fundraising fees (Part IX, column (A), line 11e)	709,621	467,822
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,600,970		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,105,147	7,766,341
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	19,796,581	21,164,365
19	Revenue less expenses Subtract line 18 from line 12	-106,329	2,866,322

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	20,059,969	24,512,086
21	Total liabilities (Part X, line 26)	2,557,775	4,111,696
22	Net assets or fund balances Subtract line 21 from line 20	17,502,194	20,400,390

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

****** | 2014-06-16
Signature of officer | Date

WARREN R NELSON TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DONITA M JOSEPH				P00286656

Firm's name ▶ WINDES INC | Firm's EIN ▶ 95-3001179

Firm's address ▶ PO BOX 87
LONG BEACH, CA 908010087 | 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 or note to any line 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 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 $ 7,170,481 including grants of $ 6,652,904) (Revenue $)

RESEARCH PROGRAMS - FUND SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE (113 RESEARCH GRANTS)

4b (Code) (Expenses $ 5,089,534 including grants of $ 433,824) (Revenue $)

PATIENT & COMMUNITY SERVICES - THE ASSOCIATION PROVIDES OVERSIGHT AND SUPPORT SERVICES TO ITS CHAPTERS THROUGH THESE CHAPTERS THE ASSOCIATION SERVES AS A CLEARING HOUSE FOR ALS SPECIFIC INFORMATION, RESOURCES AND REFERRALS TO PATIENTS, FAMILIES, AND HEALTH CARE PROFESSIONALS WE NOT ONLY PROVIDE OVERSIGHT AND ORGANIZATIONAL DEVELOPMENT SUPPORT TO THE ASSOCIATION'S CHAPTERS IN SUPPORT OF THOSE SERVICES, BUT ALSO PROVIDE GRANTS TO THE ASSOCIATION'S CERTIFIED CENTERS

4c (Code) (Expenses $ 3,387,682 including grants of $) (Revenue $ 56,675)

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** ▶ 15,647,697

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 for escrow or custodial account liability, 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, line 10? *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	Yes	
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 and XII*	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 and XII 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, Parts I and IV*	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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 hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
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 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	69		
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	73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		Yes	
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" to line 3b, provide an explanation in Schedule O* . . .	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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 as charitable contributions? . . .	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.** See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the 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 or note to any line 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**	18		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	18		
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**			No
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 this 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 , AK , AR , CO , CT , DE , DC , FL , GA , HI , IL , IN , KS , KY , LA , ME , MD , MA , MI , MN , MS , NH , NJ , NM , NY , NC , ND , OH , OK , OR , PA , RI , SC , SD , TN , UT , VA , WA , WV , WI , NV

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 ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, 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 or note to any line in this Part VII . . . . . ☐

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM THOET CHAIRMAN	2 00	X		X				0	0	0
(2) LUIS E LEON TREASURER	2 00	X		X				0	0	0
(3) DOUGLAS BUTCHER SECRETARY	2 00	X		X				0	0	0
(4) LAWRENCE R BARNETT ESQ TRUSTEE	2 00	X						0	0	0
(5) PHYLLIS R BROURMAN ESQ TRUSTEE	2 00	X						0	0	0
(6) CHRIS W BRUSSALIS TRUSTEE	2 00	X						0	0	0
(7) DANIEL DEGRANDPRE TRUSTEE	2 00	X						0	0	0
(8) CYNTHIA DOUTHAT TRUSTEE	2 00	X						0	0	0
(9) DON CASEY TRUSTEE	2 00	X						0	0	0
(10) KIM ANN MINK PHD TRUSTEE	2 00	X						0	0	0
(11) ELLYN G PHILLIPS TRUSTEE	2 00	X						0	0	0
(12) JONATHAN ROBERTS TRUSTEE	2 00	X						0	0	0
(13) ALLAN J TOBIN TRUSTEE	2 00	X						0	0	0
(14) WILLIAM D SOFFEL TRUSTEE	2 00	X						0	0	0
(15) EDMUND G MCCURTAIN II TRUSTEE	2 00	X						0	0	0
(16) ANDREA PAULS BACKMEN TRUSTEE	2 00	X						0	0	0
(17) STUART OBERMANN TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARTY HERBERT TRUSTEE	2 00	X						0	0	0
(19) JANE H GILBERT PRESIDENT AND CEO	40 00			X				339,475	0	22,983
(20) DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	40 00			X				201,260	0	11,264
(21) STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	40 00				X			182,862	0	19,343
(22) KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICE	40 00				X			160,646	0	8,778
(23) LANCE SLAUGHTER CHIEF CHAPTER RELATIONS OF	40 00				X			152,692	0	16,686
(24) MICHELLE KEEGAN CHIEF DEVELOPMENT OFFICER	40 00				X			178,744	0	17,136
(25) JOHN W APPLEGATE ASSOCIATION FINANCE OFFICER	40 00					X		118,726	0	15,743
(26) DAVID MOSES DIRECTOR, PLANNED GIVING	40 00					X		112,509	0	15,508
(27) CARRIE MUNK CHIEF COMMUNICATIONS & MARKETING OFFICER	40 00					X		142,875	0	8,023
(28) PATRICK WILDMAN DIRECTOR, COMMUNCATIONS & PUBLIC POLICY	40 00					X		112,358	0	15,970
(29) KATHI KROMER DIRECTOR, STATE ADVOCACY OUTREACH	40 00					X		110,661	0	15,532
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								1,812,808	0	166,966

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

			Yes	No
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	352,554
LUCIE BRUIJN PHD FLAT 5 15 ST GERMANS PLACELONDONUKSE3 ONN	RESEARCH CONSULTANT	250,000
2RIVER CONSULTING LLC 315 C STREET SE WASHINGTON DC 20003	CONSULTANT	140,000
MICHAEL COSCIA 304 TWELFTH STREET SE PO BOX 15084 WASHINGTON DC 20003	MARKETING	117,312
BLACKSTONE MEDIA GROUP 304 TWELFTH STREET SE PO BOX 15084 WASHINGTON DC 20003	MEDIA PRODUCTION	101,156
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 ▶ 5		

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 280,720				
	b	Membership dues	1b				
	c	Fundraising events	1c 335,522				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 363,067				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 22,538,178				
	g	Noncash contributions included in lines 1a-1f $	259,375				
	h	**Total.** Add lines 1a-1f	▶	23,517,487			
Program Service Revenue			Business Code				
	2a	CONFERENCE FEES	900099	56,675	56,675		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f	▶	56,675			
	3	Investment income (including dividends, interest, and other similar amounts)	▶	179,732			179,732
	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	1,867,893				
	b	Less cost or other basis and sales expenses	1,607,025				
	c	Gain or (loss)	260,868				
	d	Net gain or (loss)	▶	260,868			260,868
Other Revenue	8a	Gross income from fundraising events (not including $ 335,522 of contributions reported on line 1c) See Part IV, line 18	a 33,459				
	b	Less direct expenses	b 33,459				
	c	Net income or (loss) from fundraising events	▶	0			
	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	MISCELLANEOUS INCOME	900099	15,925			15,925
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d	▶	15,925			
	12	**Total revenue.** See Instructions	▶	24,030,687	56,675	0	456,525

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	6,231,235	6,231,235		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	6,974	6,974		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	848,518	848,518		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,313,769	760,222	284,623	268,924
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	3,610,724	2,187,073	583,840	839,811
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,082	103,704	27,615	39,763
9 Other employee benefits	356,385	210,821	66,645	78,919
10 Payroll taxes	391,515	234,237	69,135	88,143
11 Fees for services (non-employees)				
a Management				
b Legal	14,233		5,810	8,423
c Accounting	55,730		55,730	
d Lobbying	106,721	106,721		
e Professional fundraising services See Part IV, line 17	467,822			467,822
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,420,747	1,795,057	377,349	1,248,341
12 Advertising and promotion	456,306	347,120	3,851	105,335
13 Office expenses	297,451	119,964	63,468	114,019
14 Information technology	14,336	5,773	8,563	
15 Royalties . .				
16 Occupancy	512,312	249,597	157,519	105,196
17 Travel	1,348,628	1,156,778	86,069	105,781
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,087	54,243	29,130	19,714
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CHAPTER SUPPORT	1,110,321	1,110,321		
b TELECOMMUNICATIONS	179,204	108,027	41,900	29,277
c MISCELLANEOUS	120,137	11,312	54,451	54,374
d CAR DONATION PROGRAM	27,128			27,128
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	21,164,365	15,647,697	1,915,698	3,600,970
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☑ if following SOP 98-2 (ASC 958-720)	1,056,192	176,732	0	879,460

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		5,525,946	1	8,998,024
	2	Savings and temporary cash investments		1,776,766	2	1,427,846
	3	Pledges and grants receivable, net		3,933,182	3	1,541,569
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		230,418	9	262,525
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,487,063			
	b	Less accumulated depreciation	10b 1,251,449	222,142	10c	235,614
	11	Investments—publicly traded securities		7,314,287	11	7,778,069
	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		1,057,228	15	4,268,439
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		20,059,969	16	24,512,086
Liabilities	17	Accounts payable and accrued expenses		2,377,441	17	2,242,302
	18	Grants payable		180,334	18	1,002,005
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		0	25	867,389
	26	**Total liabilities.** Add lines 17 through 25		2,557,775	26	4,111,696
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		8,317,870	27	8,312,123
	28	Temporarily restricted net assets		8,260,444	28	11,169,117
	29	Permanently restricted net assets		923,880	29	919,150
		Organizations that do not follow SFAS 117 (ASC 958), 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		17,502,194	33	20,400,390
	34	Total liabilities and net assets/fund balances		20,059,969	34	24,512,086

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,030,687
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,164,365
3	Revenue less expenses Subtract line 2 from line 1	3	2,866,322
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,502,194
5	Net unrealized gains (losses) on investments	5	-21,681
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,555
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,400,390

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	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.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 described in **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 - Non-functionally integrated

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 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?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of monetary support
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	14,583,917	17,744,381	19,126,742	19,357,009	23,550,946	94,362,995
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	14,583,917	17,744,381	19,126,742	19,357,009	23,550,946	94,362,995
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)						4,089,387
6 **Public support.** Subtract line 5 from line 4						90,273,608

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	14,583,917	17,744,381	19,126,742	19,357,009	23,550,946	94,362,995
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,526	55,620	119,967	174,222	179,732	607,067
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	47,654	31,744	14,736	30,161	15,926	140,221
11 **Total support** (Add lines 7 through 10)						95,110,283

12	Gross receipts from related activities, etc (see instructions)	12	211,052

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 2013 (line 6, column (f) divided by line 11, column (f))	14	94 910 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	97 680 %

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** 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 Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2012** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test		
Return Reference	Explanation	

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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.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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, Part V, 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 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 function activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ **Yes** ☐ **No**

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

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

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)	43,750	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	397,107	
c Total lobbying expenditures (add lines 1a and 1b)	440,857	
d Other exempt purpose expenditures	15,206,840	
e Total exempt purpose expenditures (add lines 1c and 1d)	15,647,697	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	932,385	
g Grassroots nontaxable amount (enter 25% of line 1f)	233,096	
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	757,265	869,634	879,798	932,385	3,439,082
b Lobbying ceiling amount (150% of line 2a, column(e))					5,158,623
c Total lobbying expenditures	370,155	374,683	285,767	440,857	1,471,462
d Grassroots nontaxable amount	189,316	217,409	219,950	233,096	859,771
e Grassroots ceiling amount (150% of line 2d, column (e))					1,289,657
f Grassroots lobbying expenditures	34,220	32,593	26,625	43,750	137,188

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(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?			
j	Total Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
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

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
FORM 990, SCHEDULE C, PART II-B	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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	5,990,000	240,000	240,000	240,000	240,000
b	Contributions					
c	Net investment earnings, gains, and losses	21,965	13,666	8,091	26,305	12,739
d	Grants or scholarships					12,739
e	Other expenditures for facilities and programs	21,965	13,666	8,091	26,305	
f	Administrative expenses					
g	End of year balance	5,990,000	240,000	240,000	240,000	240,000

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ 4 000 %
- c Temporarily restricted endowment ▶ 96 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

		Yes	No
(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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		216,335	149,682	66,653
d Equipment		1,270,728	1,101,767	168,961
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				235,614

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) OFFICE LEASE DEPOSITS	51,262
(2) VENDOR DEPOSITS	1,401
(3) OTHER RECEIVABLES	152,669
(4) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	997,093
(5) REVENUES AND LOANS RECEIVABLE FROM CHAPTERS	3,066,014
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,268,439

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
ANNUITY PAYMENT LIABILITY	867,389
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	867,389

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	29,102,318
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-21,681		
b	Donated services and use of facilities	2b	5,066,885		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	53,555		
e	Add lines **2a** through **2d**			2e	5,098,759
3	Subtract line **2e** from line **1**			3	24,003,559
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 XIII)	4b	27,128		
c	Add lines **4a** and **4b**			4c	27,128
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	24,030,687

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	26,204,122
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	5,066,885		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	5,066,885
3	Subtract line **2e** from line **1**			3	21,137,237
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 XIII)	4b	27,128		
c	Add lines **4a** and **4b**			4c	27,128
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	21,164,365

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	IN DECEMBER 2013, THE ASSOCIATION RECEIVED A BEQUEST TOTALING $5,750,000, ESTABLISHING A TERM ENDOWMENT ACCORDING TO DESIGNATIONS MADE BY THE DONOR THE PROCEEDS OF THIS BEQUEST ARE TO BE MAINTAINED BY THE ASSOCIATION IN AN ENDOWMENT FUND FOR A PERIOD OF TEN YEARS EARNINGS FROM THE FUND ARE RESTRICTED TO SUPPORT RESEARCH AND MAY BE SPENT ON A CURRENT BASIS UPON EXPIRATION OF THE ENDOWMENT TERM, THE CORPUS OF THE FUND MUST ALSO BE USED TO SUPPORT RESEARCH THE ASSOCIATION ANTICIPATES THAT IT WILL RECEIVE ADDITIONAL CONTRIBUTIONS FROM THE DONOR'S ESTATE WHICH ARE NOT CURRENTLY ABLE TO BE ESTIMATED THE RESEARCH ENDOWMENT PRINCIPAL IS HELD IN PERPETUITY TO GENERATE EARNINGS TO SUPPORT RESEARCH EXPENDITURES
PART X, LINE 2	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 2D - OTHER ADJUSTMENTS	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS -4,730 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 58,285
PART XI, LINE 4B - OTHER ADJUSTMENTS	CAR DONATION PROGRAM COST 27,128
PART XII, LINE 4B - OTHER ADJUSTMENTS	CAR DONATION PROGRAM COST 27,128

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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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.

▶ Information about Schedule F (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

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

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

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

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

	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
	EUROPE (INCLUDING ICELAND & GREENLAND) -	0	0	GRANT MAKING	RESEARCH	532,045
	NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT MAKING	RESEARCH	276,473
	MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANT MAKING	RESEARCH	40,000
3a	Sub-total	0	0			848,518
b	Total from continuation sheets to Part I	0	0			0
c	**Totals** (add lines 3a and 3b)	0	0			848,518

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

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

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

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

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

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

Part V **Supplemental Information**

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

ReturnReference	Explanation
PART I, LINE 2	FOREIGN INVESTIGATORS, SIMILAR TO U S 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
PART I, LINE 3	ALL FOREIGN APPLICANTS, SIMILAR TO U S 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

Additional Data

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

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	85,000	CHECK & WIRE TRANSFER			
		SOUTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	79,545	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	50,000	CHECK & WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	80,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	152,819	CHECK & WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	63,655	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	100,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	70,000	CHECK & WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED STATES	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	27,500	CHECK & WIRE TRANSFER			

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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.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	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
NNE MARKETING LLC 105 PAUL REVERE ROAD CONCORD, MA 01742	FUNDRAISING COUNSEL		No	3,051,581	305,554	2,746,027
STRATEGIC FUNDRAISING INC 7591 9TH STREET NORTH ST PAUL, MN 55128	MANAGES TELEMARKETING SOLICITATIONS		No	132,667	110,910	5,893
AMERICA'S CAR DONATION CENTER 3755 OMEC CR 4 RANCHO CORDOVA, CA 95742	CAR DONATIONS	Yes		78,487	51,358	22,011
Total . . . . . ▶				3,262,735	467,822	2,773,931

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

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

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

Revenue / Direct Expenses		(a) Event #1 ALSA WALK - BANGOR (event type)	(b) Event #2 ALSA WALK - BURLINGTON (event type)	(c) Other events 6 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	48,472	47,234	273,275	368,981
	2 Less Contributions	45,652	43,353	246,517	335,522
	3 Gross income (line 1 minus line 2)	2,820	3,881	26,758	33,459
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,418	5,938	7,356
	7 Food and beverages		90	2,008	2,098
	8 Entertainment			200	200
	9 Other direct expenses	2,820	2,373	18,612	23,805
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(33,459)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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.

Revenue / Direct Expenses		(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 Subtract line 7 from line 1, 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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address of the third party

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

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

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

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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. Part II can be duplicated 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 . . . . . ▶ 104

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. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) GRANTS FOR CHAPTER DEVELOPMENT	1	1,474		CASH	
(2) CARE SERVICES	1	5,000		CASH	
(3) CERTIFIED CENTER COST STUDY IRS UNDERWRITTEN TOTAL	1	500		CASH	

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

Return Reference	Explanation
PART I, LINE 2	ALL 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

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
THE ALS ASSOCIATION-GEORGIA CHAPTER 1955 CLIFF VALLEY WAY ATLANTA,GA 30329	58-1943490	501(C)(3)	25,000				CHAPTER DEVELOPMENT GRANT
BAYLOR COLLEGE OF MEDICINE - ALS CLINIC DEPT OF NEUROLOGY 6550 FANNIN SUITE 1801 SMITH TOWER HOUSTON,TX 77030	74-1613878	501(C)(3)	11,800				ALSA CENTER
CURT AND SHONDA SCHILLING ALS CLINIC 41 MALL ROAD BURLINGTON,MA 01805	23-7121131	501(C)(3)	11,800				ALSA CENTER
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON,NH 037560001	02-0222139	501(C)(3)	11,800				ALSA CENTER
GEROGE WASHINGTON UNIVERSITY DEPT OF NEUROLOGY - ALS CENTER 2150 PENNSYLVANIA AVE NW 7-401 WASHINGTON,DC 20037	54-2126575	501(C)(3)	11,800				ALSA CENTER
MAYO CLINIC - ALS CLINIC 13400 EAST SHEA BLVD SCOTTSDALE,AZ 852595404	59-3337028	501(C)(3)	11,800				ALSA CENTER
UNIVERSITY OF NEW MEXICO - SCHOOL OF MEDICINE 2211 LOMAS NE - MSC 10 5620 ALBUQUERQUE,NM 87131	85-6000642	501(C)(3)	11,800				ALSA CENTER
UNIVERSITY OF VERMONT ALS CLINICAL DEPARTMENT OF NEUROLOGY 89 BEAUMONT AVENUE BURLINGTON,VT 05405	03-0179440	501(C)(3)	11,800				ALSA CENTER
DARTMOTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON,NH 037560001	02-0222139	501(C)(3)	11,800				ALSA CENTER-NNE
BANNER GOOD SAMARITAN MEDICAL CENTER 1012 E WILLETTA STREET PHOENIX,AZ 85006	41-0726167	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 COUNTY MEDICAL CENTER 825 SOUTH EIGHTH STREET SUITE 250 MINNEAPOLIS,MD 55404	38-1357020	501(C)(3)	12,500				ALSA CENTER
MAYO FOUNDATION-DEPT OF NEUROLOGY 200 FIRST STREET SW ROCHESTER,MD 55905	41-6011702	501(C)(3)	12,500				ALSA CENTER
NEUROLOGY ASSOCIATES OF STONY BROOK 179 BELLE MEADE ROAD SUITE 3 EAST SETAUKET,NY 11733	11-3243405	501(C)(3)	12,500				ALSA CENTER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL & UMDNJ MEDICAL SCHOOL 97 PATERSON ST NEW BRUNSWICK,NJ 08903	20-1285267	501(C)(3)	12,500				ALSA CENTER
WAKE FOREST BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD 3RD FLOOR MEADS MEADS WINSTONSALEM,NC 271571078	22-3849199	501(C)(3)	12,500				ALSA CENTER
ALS CENTERALS CENTERALS CENTER HERSHEY MEDICAL CENTER H037 500 UNIVERSITY DRIVE HERSHEY,PA 17033	24-6000376	501(C)(3)	13,100				ALSA CENTER
BETH ISRAEL MEDICAL CENTER ALS CLINICKEN DEPARTMENT OF NEUROLOGY 10 UNION SQUARE EAST NEW YORK,NY 10003	04-2103881	501(C)(3)	13,100				ALSA CENTER
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND,OH 44195	34-0714585	501(C)(3)	13,100				ALSA CENTER
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 CENTER 2324 SACRAMENTO ST SAN FRANCISCO,CA 94115	26-2047755	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
GEORGIA HEALTH SCIENCES FOUNDATION INC 1120 15TH STREET BP 4390 AUGUSTA,GA 309120004	35-2310573	501(C)(3)	13,100				ALSA CENTER
HARRY J HOENSLAAR ALS CLINIC 2799 WEST GRAND AVE K-11 NEUROLOGY DETROIT,MI 48202	38-1357020	501(C)(3)	13,100				ALSA CENTER
INDIANA UNIVERSITY ALS CENTER 1050 WISHARD BLVD REGENSTRIEF 6TH FLOOR INDIANAPOLIS,IN 46202	52-0595110	501(C)(3)	13,100				ALSA CENTER
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S CANNADAY 2E JACKSONVILLE,FL 322241865	59-3337028	501(C)(3)	13,100				ALSA CENTER
MEDICAL COLLEGE OF WISCONSINFROEDTERT HOSPITAL 9200 W WISCONSIN AVE MILWAUKEE,WI 53226	39-0806261	501(C)(3)	13,100				ALSA CENTER
PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY,PA 17033	24-6000376	501(C)(3)	13,100				ALSA CENTER
PROVIDENCE ALS CENTER 5050 NE HOYT STE 315 PORTLAND,OR 97213	93-1176109	501(C)(3)	13,100				ALSA CENTER
SOUTH TEXAS ALS CLINIC 8300 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO,TX 782293900	74-1586031	501(C)(3)	13,100				ALSA CENTER
ST LOUIS UNIVERSITY HOSPITAL 1438 SOUTH GRAND BLVD MONTELEONE HALL ST LOUIS,MO 63104	43-0654872	501(C)(3)	13,100				ALSA CENTER
SUNY RESEARCH FOUNDATION 750 E ADAMS ST 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
THE NEUROMUSCULAR ALS CLINIC 2150 CORBIN AVE NEW BRITAIN,CT 06053	06-0546766	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 350 PARNASSUS AVENUE SUITE 500 SAN FRANCISCO,CA 94117	94-6036493	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER 3599 RAINBOW BLVD MAIL STOP 2012 KANSAS CITY,KS 66160	48-0647721	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF KENTUCKYCARDINAL HILL ALSA CTR ALBERT CHANDLER MED CTR LEXINGTON,KY 40536	61-6001218	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF MICHIGAN HEALTH SYSTEM 1500 E MEDICAL CENTER DR ANN ARBOR,MI 481090316	38-6006309	501(C)(3)	13,100				ALSA CENTER
VIRGINIA MASON MEDICAL CENTER ALS CLINIC PO BOX 900 M/S X7 NEU SEATTLE,WA 98111	91-0565539	501(C)(3)	13,100				ALSA CENTER
SRI INTERNATIONAL 333 RAVENSWOOD AVENUE MENLO PARK,CA 94025	94-1160950	501(C)(3)	13,678				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
CENTER FOR NEUROLOGIC STUDY 7825 FAY AVENUE SUITE 200 LA JOLLA,CA 92037	95-3374771	501(C)(3)	14,760				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
JOHNS HOPKINS UNIVERSITY 725 N WOLFE ST WBSB 1003 BALTIMORE,MD 21205	52-0595110	501(C)(3)	15,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD 6210 HANOVER,NH 03755	02-0222111	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
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE ML 4900 CINCINNATI,OH 452293039	31-0833936	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE,WI 53226	39-0806261	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6401599	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE J DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO,CA 94158	23-7203666	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF ALABAMA AT BIRMINGHAM 1530 3RD AVENUE S AB 990 BIRMINGHAM,AL 35294	63-6005396	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON,MA 02241	04-2774441	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND,OH 44193	34-0714585	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR,MI 48109	38-6006309	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF FLORIDA 1233 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	501(C)(3)	20,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
THE ROBERT PACKARD CENTER FOR ALS RESEARCH 5801 SMITH AVE MCAULEY SUITE 110 BALTIMORE,MD 21209	52-0595110	501(C)(3)	23,537				PACKARD PAYMENT FOR ALS WINOKUR RESEARCH FUND

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

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AMERICAN ACADEMY OF NEUROLOGY 1080 MONTREAL AVENUE ST PAUL,MN 55116	41-0726167	501(C)(3)	25,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	29,837				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE ALS ASSOCIATION-TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING,TX 75038	74-2678974	501(C)(3)	37,500				CHAPTER DEVELOPMENT GRANT
UNIVERSITY OF FLORIDA 219 GRINTER HALL PO BOX 115500 GAINESVILLE,FL 32611	59-6002052	501(C)(3)	39,825				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK ST SUITE 6401 MADISON,WI 537151218	39-6006492	501(C)(3)	39,982				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRANDEIS UNIVERSITY 415 SOUTH STREET MS 144 WALTHAM,MA 02454	04-1103552	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF ROCHESTER 518 HYLAND BUILDING ROCHESTER,NY 14627	16-0743209	501(C)(3)	40,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE ST LOUIS,MO 63110	43-0653611	501(C)(3)	40,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
UCSD-OPAFS 9500 GILMAN DRIVE MC 0009 LA JOLLA,CA 920930009	95-6006144	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR,ME 04609	01-0211513	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA 12529 COLLECTIO S CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DR 7TH FLOOR CHICAGO,IL 60611	36-2167817	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA PO BOX 951406 11000 KINROSS BLDG 211 LOS ANGELES,CA 90095	94-6036493	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS,TX 75284	75-6002868	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BROWN UNIVERSITY PO BOX 1929 PROVIDENCE,RI 02912	05-0258809	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
STANFORD UNIVERSITY SCHOOL OF MEDICINE PO BOX 44253 SAN FRANCISCO,CA 94144	94-1156365	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
HARVARD UNIVERSITY PO BOX 415649 BOSTON,MA 02241	04-2103580	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT ST PHILADELPHIA,PA 19104	31-1538725	501(C)(3)	40,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	40,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK PO BOX 29789 GENERAL POST OFFICE NEW YORK,NY 100879789	13-5598093	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDRENS PLACE COLUMBUS,OH 43205	31-6056230	501(C)(3)	45,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TACONIC FARMS INC 273 HOVER AVE GERMANTOWN,NY 12526	14-1381104	501(C)(3)	45,852				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF FLORIDA PO BOX 115500 219 GRINTER HALL GAINESVILLE,FL 32611	59-6002052	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
HARVARD UNIVERSITY HOLYOKE CENTER 600 1350 MASSACHUSET S AVE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MS 509 MEMPHIS,TN 38105	62-0646012	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
TRUSTEES OF COLUMBIA IN THE CITY OF NEW YORK 630 WEST 168TH ST BOX 49 NEW YORK,NY 10032	13-5598093	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS

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NORTHWESTERN UNIVERSITY 1801 MAPLE AVE 2ND FL 2410 EVANSTON,IL 60201	36-2167817	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	50,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE,FL 32224	59-3337028	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
DIGNITY HEALTH ST JOSEPHS HOSPITAL AZ FILE 57431 LOS ANGELES,CA 90074	86-0096787	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
THE SCRIPPS RESEARCH INSTITUTE - FLORIDA 10550 N TORREY PINES RD TPC-7 LA JOLLA,CA 92037	33-0435954	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH PO BOX 12385 LA JOLLA,CA 92093	23-7121131	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET RESEARCH ADMIN WH 1111D SYRACUSE,NY 13210	14-1368361	501(C)(3)	50,675				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
BETH ISRAEL MEDICAL CENTER 10 UNION SQUARE EAST NEW YORK,NY 10003	13-5564934	501(C)(3)	53,300				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE CURATORS OF THE UNIVERSITY OF MISSOURI P O BOX 80712 KANSAS CITY,MO 64180	43-6003859	501(C)(3)	60,021				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS,OH 43210	31-6401599	501(C)(3)	65,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DR MC-0660 CMM-EAST RM 3041 LA JOLLA,CA 92093	23-7121131	501(C)(3)	65,500				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION 1080 MONTREAL AVENUE ST PAUL,MN 55116	41-0726167	501(C)(3)	66,445				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
TACONIC FARMS INC 273 HOVER AVE GERMANTOWN,NY 12526	14-1381104	501(C)(3)	67,894				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST LOUIS,MO 63112	43-0653611	501(C)(3)	69,426				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
SUNY UPSTATE MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE,NY 13210	14-1368361	501(C)(3)	70,765				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
EMORY UNIVERSITY 1599 CLIFTON RD 4TH FLOOR ATLANTA,GA 303224250	58-0566256	501(C)(3)	71,338				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 337 FRANK D PETERSON SERVICE BLDG LEXINGTON,KY 405060005	61-6033693	501(C)(3)	79,482				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
PRESIDENT AND FELLOWS OF HARVARD UNIVERSITY HOLYOKE CENTER SUITE 600 1350 MASSACHUSETTS AVE CAMBRIDGE,MA 02138	04-2103580	501(C)(3)	79,823				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
OREGON HEALTH AND SCIENCE UNIVERSITY 0690 SW BANCROFT L106SPA PORTLAND,OR 97239	93-1176109	501(C)(3)	80,000				TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS

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LSU HEALTH SCIENCES CENTER 433 BOLIVAR STREET ORLEANS,LA 70112	72-6087770	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH P O BOX 3887 BOSTON,MA 022413887	04-2312909	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRIGHAM AND WOMEN'S HOSPITAL BANK OF AMERICA NA PO BOX 3887 BOSTON,MA 02241	04-2312909	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789 GENERAL POST OFFICE NEW YORK,NY 100879789	13-5598093	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC 0934 LA JOLLA,CA 92093	94-6036493	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD 6500 WIL SUITE 1150 LOS ANGELES,CA 90048	95-1644600	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK ST SUITE 6401 MADISON,WI 53715	39-6006492	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC 0934 LA JOLLA,CA 920930934	94-6036493	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA 12529 COLLECTIO S CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	80,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MARYLAND BALTIMORE PO BOX 41428 BALTIMORE,MD 21203	52-6002033	501(C)(3)	83,137				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS

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MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 300 BOSTON,MA 02199	04-2697983	501(C)(3)	100,000				CLINICAL MANAGEMENT AWARD
UNIVERSITY OF KENTUCKY C/O PNC BANK PO BOX 931113 CLEVELAND,OH 44193	61-6033693	501(C)(3)	100,000				CLINICAL MANAGEMENT AWARD
EMORY UNIVERSITY 1599 CLIFTON RD 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	107,649				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
NYU SCHOOL OF MEDICINE ONE PARK AVENUE 6TH FLOOR NEW YORK,NY 10016	13-5562308	501(C)(3)	113,808				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
UNIVERSITY OF KANSAS MEDICAL CENTER 3901 RAINBOW BLVD MSN 1039 KANSAS CITY,KS 66160	48-0647721	501(C)(3)	116,882				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	120,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON,MA 02199	04-2697983	501(C)(3)	131,875				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA 12529 COLLECTIO S CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	144,116				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY 1830 E MONUMENT STREET SUITE 9030 BALTIMORE,MD 21205	52-0595110	501(C)(3)	148,424				CLINICAL PILOT AWARD STUDY
EMORY UNIVERSITY 101 WOODRUFF CIR ATLANTA,GA 30322	58-0566256	501(C)(3)	149,486				CLINICAL PILOT AWARD STUDY

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UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 1054 ANN ARBOR,MI 48109	38-6006309	501(C)(3)	150,000				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET RESEARCH ADMIN WH 1111D SYRACUSE,NY 13210	14-1368361	501(C)(3)	150,000				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
UNIVERSITY OF MIAMI 1400 NW 10 AVE MIAMI,FL 33136	59-0624458	501(C)(3)	150,000				CLINICAL PILOT AWARD STUDY
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 300 BOSTON,MA 02199	04-2697983	501(C)(3)	150,000				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON,MA 02199	04-2697983	501(C)(3)	179,085				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON,MA 02115	04-2312909	501(C)(3)	243,504				TREAT ALS GRANTS
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS (NINDSNIHDHHS) 9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	501(C)(3)	250,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ 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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JANE H GILBERT PRESIDENT AND CEO	(i)	323,850	15,625	0	12,500	10,483	362,458	0
	(ii)	0	0	0	0	0	0	0
(2)DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	(i)	201,260	0	0	10,079	1,185	212,524	0
	(ii)	0	0	0	0	0	0	0
(3)STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	(i)	182,862	0	0	9,270	10,073	202,205	0
	(ii)	0	0	0	0	0	0	0
(4)KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICE	(i)	160,646	0	0	7,983	795	169,424	0
	(ii)	0	0	0	0	0	0	0
(5)LANCE SLAUGHTER CHIEF CHAPTER RELATIONS OF	(i)	152,692	0	0	7,750	8,936	169,378	0
	(ii)	0	0	0	0	0	0	0
(6)MICHELLE KEEGAN CHIEF DEVELOPMENT OFFICER	(i)	178,744	0	0	9,000	8,136	195,880	0
	(ii)	0	0	0	0	0	0	0
(7)CARRIE MUNK CHIEF COMMUNICATIONS & MARKETING OFF	(i)	142,875	0	0	7,152	871	150,898	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	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 THE PRESIDENT AND CEO DETERMINES THE COMPENSATION OF THE THE TOP FINANCIAL EMPLOYEE AND ANY KEY EMPLOYEES

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		2,000	FMV
5 Clothing and household goods				
6 Cars and other vehicles	X	149	78,487	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				
25 Other ▶ (ELEVATOR SEAT)	X	80	200,000	FMV
26 Other ▶ (SEAT LIFTS)	X	25	57,375	FMV
27 Other ▶(_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**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 noncash contributions?	**32a**	Yes	
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE AMOUNTS IN PART I, COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS
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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE TREASURER OF ALSA WILL REVIEW AND COMMENT ON A DRAFT OF THE RETURN AFTER ANY CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER UPON 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

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

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

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	OTHER PROFESSIONAL EXPENSES PROGRAM SERVICE EXPENSES 1,615,986 MANAGEMENT AND GENERAL EXPENSES 376,606 FUNDRAISING EXPENSES 77,193 TOTAL EXPENSES 2,069,785 APPEAL EXPENSES PROGRAM SERVICE EXPENSES 179,071 MANAGEMENT AND GENERAL EXPENSES 743 FUNDRAISING EXPENSES 1,171,148 TOTAL EXPENSES 1,350,962

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST -4,730 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 58,285

Return Reference	Explanation
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

Return Reference	Explanation
FORM 990, SCHEDULE D, PART XII, LINE 2B AND PART XIII, LINE 2A	THE ASSOCIATION PRODUCES AND DISTRIBUTES PUBLIC SERVICE TELEVISION ANNOUNCEMENTS THAT FOCUS ATTENTION ON EDUCATION AND AWARENESS THESE PUBLIC SERVICE ANNOUNCEMENTS ARE DISTRIBUTED TO MEDIA STATIONS NATIONWIDE AND RUN FREE OF CHARGE THE ASSOCIATION HAS CONTRACTED WITH AN INDEPENDENT OUTSIDE AGENCY TO TRACK THE DATE AND TIME THAT EACH PUBLIC SERVICE ANNOUNCEMENT RUNS, AND THE VALUE OF THE ANNOUNCEMENTS IS BASED ON THE DATE, TIME, AND MARKET FOR THE YEAR ENDED JANUARY 31, 2014, THE ASSOCIATION RECORDED $5,066,885 OF CONTRIBUTED PUBLIC SERVICE ANNOUNCEMENTS

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUST (1)		CA		T					No
(2) LIVING TRUST (1)		CA		T					No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation