See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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

OMB No 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 02-01-2016 , and ending 01-31-2017

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

C Name of organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Doing business as
THE ALS ASSOCIATION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1275 K STREET NW

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 $ 54,433,047

F Name and address of principal officer
BARBARA J NEWHOUSE
1275 K STREET NW
WASHINGTON, DC 20005

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

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

H(c) Group exemption number ▶ 4119

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

J Website: ▶ WWW ALSA ORG

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

L Year of formation 1985

M State of legal domicile DE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
LEADING THE FIGHT TO CURE AND TREAT ALS THROUGH RESEARCH, ADVOCACY AND CARE SERVICES

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	25
5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	**5**	97
6	Total number of volunteers (estimate if necessary)	**6**	28
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)	23,487,328	27,407,957
9	Program service revenue (Part VIII, line 2g)	115,362	100,392
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,060,242	3,380,924
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-17,782	-10,206
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	25,645,150	30,879,067
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	18,279,400	18,551,544
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,018,063	7,901,975
16a	Professional fundraising fees (Part IX, column (A), line 11e)	330,000	345,000
b	Total fundraising expenses (Part IX, column (D), line 25) ▶4,664,674		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,834,399	8,176,211
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	35,461,862	34,974,730
19	Revenue less expenses Subtract line 18 from line 12	-9,816,712	-4,095,663

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	113,419,744	110,397,924
21	Total liabilities (Part X, line 26)	7,378,564	5,929,328
22	Net assets or fund balances Subtract line 21 from line 20	106,041,180	104,468,596

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

****** 2017-06-13
Signature of officer Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DAVID TRIMNER	DAVID TRIMNER			P00444822

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH 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 $ 16,779,742 including grants of $ 16,044,481) (Revenue $)

RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS TODOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERALSCLEROSIS (ALS) DURING THE YEAR ENDING JANUARY 31, 2017, RESEARCHGRANTS WERE $16,044,481 THIS LEVEL OF FUNDING WAS MADE POSSIBLE BY THE ICE BUCKET CHALLENGE (IBC), AN ORGANIC FUNDRAISING EVENT TOOK PLACE IN THE SUMMER OF 2014, THAT EMPOWERED INDIVIDUALS TO RAISE AWARENESS AND FUNDS FOR ALS BY POURING ICE WATER OVER THEIR HEADS AND CHALLENGING THEIR FRIENDS TO DO THE SAME THE ASSOCIATION WAS THE MAIN BENEFACTOR OF THIS EVENT AND RECEIVED APPROXIMATELY $115 MILLION IN CONTRIBUTIONS AS A RESULT BECAUSE OF THE SUCCESS OF THE IBC, THE ASSOCIATION PLANS ON FURTHER INCREASING RESEARCH FUNDING IN ENSUING YEARS WITH THE GOAL OF SPENDING OVER $20 MILLION ANNUALLY ON RESEARCH

4b (Code) (Expenses $ 7,977,048 including grants of $ 2,505,017) (Revenue $ 1,000)

PATIENT AND COMMUNITY SERVICES - THE ASSOCIATION'S NATIONAL CARESERVICES DEPARTMENT, IN WORKING WITH THE ASSOCIATION'S NETWORK OFCHAPTERS (WHO ARE SEPARATELY INCORPORATED AND FILE THEIR OWN FORM 990), IS COMMITTED TO PROVIDING FULLY DEVELOPED, MANAGED ANDEVALUATED PROGRAMS AND SERVICES TO PEOPLE LIVING WITH ALS, FAMILIES,CAREGIVERS AND PROFESSIONALS ACROSS THE UNITED STATES PROGRAMSINCORPORATE THE PERSPECTIVES FROM KEY STAKEHOLDERS INCLUDING PEOPLELIVING WITH THE DISEASE, SUBJECT MATTER EXPERTS, CLINICAL BESTPRACTICE, CAREGIVERS, TECHNOLOGY, ACADEMICIANS AND RESEARCH ACTIVITIESADDRESS CURRENT NEEDS AND EXPLORE FUTURE SERVICES, CREATING AFOUNDATION FOR INNOVATIVE AND ADVANCED PROGRAM DEVELOPMENT BASED ONSPECIFIC COMMUNITY NEEDS AND KNOWLEDGE ADVANCEMENTS SPECIFIC ACTIVITIES INCLUDE (1) DEVELOPING AND IMPLEMENTING CLINICAL AND PROFESSIONAL EDUCATION PROGRAMS BASED ON ONGOING NEEDS ASSESSMENTS AND BEST PRACTICE, (2) IMPLEMENTING CERTIFIED CARE CENTER CERTIFICATION AND RECERTIFICATION PROGRAMS BASED ON NATIONALLY-RECOGNIZED STANDARDS OF PRACTICE, INCLUDING GRANTS TO SUPPORT CENTERS OF EXCELLENCE, (3) DEVELOPING STRATEGIES AND ACTUALIZING PLANS TO DELIVER CARE THROUGH 'OTHER THAN' CERTIFIED CENTERS, (4) PROVIDING CURRENT INFORMATION, RESOURCES AND REFERRALS TO THE COMMUNITIES WE SERVE, AND (5) DEVELOPING AND IMPLEMENTING COMPREHENSIVE, CONSISTENT PROGRAMS AND SERVICES THAT ADDRESS INDIVIDUAL, FAMILY AND CAREGIVER NEEDS BASED ON 'BEST PRACTICE AND AVAILABLE RESOURCES WITH THE HELP OF IBC FUNDING, THE ASSOCIATION CONTINUES TO FUND GRANTS TO ITS CERTIFIED TREATMENT CENTERS OF EXCELLENCE

4c (Code) (Expenses $ 3,773,248 including grants of $ 2,046) (Revenue $ 99,392)

PUBLIC AND PROFESSIONAL EDUCATION - THE ASSOCIATION'S PUBLIC POLICY DEPARTMENT DEVELOPS AWARENESS AND UNDERSTANDING OF ALS AND THE WORK OF THE ASSOCIATION AMONG THE GENERAL PUBLIC, HEALTHCARE PROFESSIONALS, THE SCIENTIFIC COMMUNITY AND ELECTED AND OTHER GOVERNMENT OFFICIALS FOR THE YEAR ENDING JANUARY 31,2017, THE ASSOCIATION WORKED WITH CONGRESS TO CONTINUE FUNDING FOR THE NATIONAL ALS REGISTRY AND THE ALS RESEARCH PROGRAM AT THE DEPARTMENT OF DEFENSE AS WELL AS FUNDING FOR ALS RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH THE ASSOCIATION ALSO WORKED TO DRAFT AN FDA GUIDANCE DOCUMENT FOR ALS DRUG DEVELOPMENT

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

4e **Total program service expenses** ▶ 28,530,038

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		No
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

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

			Yes	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**		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic 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 or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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 "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *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**	35		
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**			
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**	97		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	**8**			
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .	**9a**			
b	Did the sponsoring 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**	25		
	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**	25		
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 , KS , KY , LA , ME , MD , MA , MI , MN , MS , NH , NJ , NV , NY , NC , ND , OH , OK , OR , PA , RI , SC , TN , UT , WA , WV , WI , NM

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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, address, and telephone number of the person who possesses the organization's books and records ▶GREGORY MITCHELL 1275 K STREET NW SUITE 250 WASHINGTON, DC 20005 (202) 407-8580

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								2,388,748	0	163,784

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 ▶ 25

			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 ROAD CONCORD, MA 01742	DIRECT MARKETING SERVICES	345,000
FAEGRE BAKER DANIELS LLP 1050 K STREET NW SUITE 400 WASHINGTON, DC 20001	CONSULTANT CDC GRANT & PUBLIC POLICY SER	326,061
LUCIE BRUIJN, PO BOX 670236 CHUGIAK, AK 99567	SCIENTIFIC OFFICER RESEARCH OVERSIGHT	290,000
BEACONFIRE CONSULTING 2300 CLARENDON BLVD SUITE 925 ARLINGTON, VA 22201	WEBSITE DESIGN SERVICES	182,181
OPTIMAL NETWORKS INC 15201 DIAMONDBACK DR SUITE 220 ROCKVILLE, MD 20850	IT & NETWORK SERVICES	146,306

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 219,144				
b Membership dues	1b				
c Fundraising events	1c 575,608				
d Related organizations	1d				
e Government grants (contributions)	1e 278,151				
f All other contributions, gifts, grants, and similar amounts not included above	1f 26,335,054				
g Noncash contributions included in lines 1a-1f $ 147,221					
h **Total.** Add lines 1a-1f . . . . . ▶		27,407,957			
Program Service Revenue	Business Code				
2a CONFERENCE FEES	900099	100,392	100,392		
b					
c					
d					
e					
f All other program service revenue					
g **Total.** Add lines 2a–2f . . . . ▶		100,392			
3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,633,793			2,633,793
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	24,243,117				
b Less cost or other basis and sales expenses	23,495,986				
c Gain or (loss)	747,131				
d Net gain or (loss) . . . . . ▶		747,131			747,131
Other Revenue 8a Gross income from fundraising events (not including $ 575,608 of contributions reported on line 1c) See Part IV, line 18 . . . . a	0				
b Less direct expenses . . . b	57,994				
c Net income or (loss) from fundraising events . . ▶		-57,994			-57,994
9a Gross income from gaming activities See Part IV, line 19 . . . a					
b Less direct expenses . . . b					
c Net income or (loss) from gaming activities . . ▶					
10a Gross sales of inventory, less returns and allowances . . a					
b Less cost of goods sold . . b					
c Net income or (loss) from sales of inventory . . ▶					
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue		47,788			47,788
e **Total.** Add lines 11a–11d . . . . . ▶		47,788			
12 **Total revenue.** See Instructions . . . . . ▶		30,879,067	100,392	0	3,370,718

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	17,679,093	17,679,093		
2 Grants and other assistance to domestic individuals See Part IV, line 22	7,746	7,746		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	864,705	864,705		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,875,462	1,231,707	480,792	162,963
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	5,091,513	3,230,308	272,126	1,589,079
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	57,864	40,716		17,148
9 Other employee benefits	363,014	248,291	10,442	104,281
10 Payroll taxes	514,122	355,258	24,149	134,715
11 Fees for services (non-employees)				
a Management				
b Legal	221,090	38,733	181,382	975
c Accounting	42,240		42,240	
d Lobbying				
e Professional fundraising services See Part IV, line 17	345,000			345,000
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)	3,881,646	2,058,246	160,095	1,663,305
12 Advertising and promotion	423,018	382,112	1,212	39,694
13 Office expenses	317,323	119,616	84,457	113,250
14 Information technology	93,501		93,501	
15 Royalties				
16 Occupancy	756,735	502,088	68,119	186,528
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,885,515	1,501,995	218,563	164,957
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	180,477	103,983	36,284	40,210
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a CREDIT CARD & DATA FEES	215,783	31,520	98,955	85,308
b TELECOMMUNICATIONS	187,425	153,669	10,053	23,703
c CHAPTER SUPPORT	3,779	0	1,011	2,768
d BAD DEBT EXPENSE	-32,321	-19,748	-3,363	-9,210
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	34,974,730	28,530,038	1,780,018	4,664,674
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)	1,390,000	209,000	0	1,181,000

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	-883,859	1	8,646,096
	2	Savings and temporary cash investments	3,452,236	2	839,878
	3	Pledges and grants receivable, net	3,662,396	3	7,563,559
	4	Accounts receivable, net	126,878	4	284,689
	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	389,773	9	161,555
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a: 965,039			
	b	Less accumulated depreciation — 10b: 708,172	332,690	10c	256,867
	11	Investments—publicly traded securities	102,785,856	11	88,965,198
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	3,553,774	15	3,680,082
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	113,419,744	16	110,397,924
Liabilities	17	Accounts payable and accrued expenses	1,665,531	17	1,516,343
	18	Grants payable	4,739,872	18	3,453,065
	19	Deferred revenue	10,000	19	0
	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	963,161	25	959,920
	26	**Total liabilities.** Add lines 17 through 25	7,378,564	26	5,929,328
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	78,060,212	27	82,712,789
	28	Temporarily restricted net assets	27,044,659	28	20,794,826
	29	Permanently restricted net assets	936,309	29	960,981
		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	106,041,180	33	104,468,596
	34	Total liabilities and net assets/fund balances	113,419,744	34	110,397,924

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	30,879,067
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,974,730
3	Revenue less expenses Subtract line 2 from line 1	3	-4,095,663
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	106,041,180
5	Net unrealized gains (losses) on investments	5	2,561,915
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	-38,836
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	104,468,596

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		

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990 (2016)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ANDREW BROPHY TRUSTEE	3 00	X						0	0	0
CAMERON WARD TRUSTEE	2 00	X						0	0	0
CHRIS W BRUSSALIS TRUSTEE	3 00	X						0	0	0
CHRISTI KOLARICK PHD TRUSTEE	2 00	X						0	0	0
CONNIE HOUSTON TRUSTEE	2 00	X						0	0	0
DON CASEY TRUSTEE	2 00	X						0	0	0
DOUGLAS BUTCHER CHAIRMAN	5 00	X		X				0	0	0
ELLYN C PHILLIPS SECRETARY	4 00	X		X				0	0	0
FRED DEGRANDIS TRUSTEE	2 00	X						0	0	0
JOHN P KRAVE TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JUDY PRATT DMD TRUSTEE	2 00	X						0	0	0
KENNETH F MCGUNAGLE JR ESP TRUSTEE	2 00	X						0	0	0
KIM ANN MINK TRUSTEE	2 00	X						0	0	0
LAWRENCE R BARNETT ESQ TRUSTEE	2 00	X						0	0	0
LOU LIBBY MD TRUSTEE	3 00	X						0	0	0
MARK CALMES TRUSTEE	2 00	X						0	0	0
MILLIE ARNOLD TRUSTEE	2 00	X						0	0	0
NANCY FRATES TRUSTEE	2 00	X						0	0	0
SCOTT KAUFFMAN TRUSTEE	2 00	X						0	0	0
STEPHEN WINTHROP TRUSTEE	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
STUART OBERMANN TRUSTEE	3 00	X						0	0	0
SUE GORMAN VICE CHAIRMAN	4 00	X		X				0	0	0
TED HARADA TRUSTEE	2 00	X						0	0	0
THOMAS D KETTLER TRUSTEE	2 00	X						0	0	0
TOM CARROLL TRUSTEE	2 00	X						0	0	0
WARREN NELSON TREASURER	4 00	X		X				0	0	0
WILLIAM SOFFEL TRUSTEE	3 00	X						0	0	0
WILLIAM THOET TRUSTEE	2 00	X						0	0	0
BARBARA NEWHOUSE PRESIDENT AND CEO	37 50			X				307,024	0	19,726
GREGORY MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATION	37 50			X				216,788	0	7,400

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION & DEVELOMENT	37 50				X			190,481	0	6,361
CARRIE MUNK VP, COMMUNICATIONS	37 50				X			183,573	0	6,394
KIMBERLY HARDINGMAGINNIS SENIOR VP, CARE SERVICES	37 50				X			174,296	0	17,777
LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GOVERNANCE	37 50				X			203,107	0	16,888
STEVAN W GIBSON CHIEF PUBLIC POLICY OFFICER	37 50				X			233,800	0	8,502
PATRICK W WILDMAN SR VP PUBLIC POLICY	37 50				X			169,629	0	17,711
MARY BRUNEY VP, CHAPTER RELATIONS	37 50					X		142,004	0	16,658
MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEMENT	37 50					X		135,121	0	4,468
TERESSA HARRIS VP, FINANCE	37 50					X		135,392	0	22,733
KATHI J KROMER VICE PRESIDENT ADVOCACY	37 50					X		135,103	0	7,063

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID J HAMPTON II SR VP DEVELOPMENT	37 50					X		162,430	0	12,103

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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.**

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

OMB No 1545-0047

2016

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 12, check only one box)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ))

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170 (b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university

_____

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

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

12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	19,357,009	23,550,946	137,917,563	23,487,328	27,407,957	231,720,803
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	19,357,009	23,550,946	137,917,563	23,487,328	27,407,957	231,720,803
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)						1,019,575
6 **Public support.** Subtract line 5 from line 4						230,701,228

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	19,357,009	23,550,946	137,917,563	23,487,328	27,407,957	231,720,803
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	174,222	179,732	221,293	1,466,148	2,633,793	4,675,188
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	30,161	15,926	29,343	2,042	47,788	125,260
11 **Total support.** Add lines 7 through 10						236,521,251

12 Gross receipts from related activities, etc (see instructions)	12	377,928

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	97 540 %
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	98 450 %

16a **33 1/3% support test—2016.** 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—2015.** 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—2016.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10%-facts-and-circumstances test—2015.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2016** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2015** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2016.** 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—2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)*	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in* ***Part VI*** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)*	1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- a ☐ The organization satisfied the Activities Test Complete **line 2** below
- b ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- c ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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

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

Section A - Adjusted Net Income

			(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount

				Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2016**	**(iii) Distributable Amount for 2016**
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 **Excess distributions carryover to 2017.** Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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

OMB No 1545-0047

2016

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	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-
2				
3				
4				
5				
6				

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	33,626	0
b Total lobbying expenditures to influence a legislative body (direct lobbying)	496,361	
c Total lobbying expenditures (add lines 1a and 1b)	529,987	0
d Other exempt purpose expenditures	34,444,743	
e Total exempt purpose expenditures (add lines 1c and 1d)	34,974,730	0
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	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

g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	932,385	1,000,000	1,000,000	1,000,000	3,932,385
b Lobbying ceiling amount (150% of line 2a, column(e))					5,898,578
c Total lobbying expenditures	440,857	422,780	546,049	529,987	1,939,673
d Grassroots nontaxable amount	233,096	250,000	250,000	250,000	983,096
e Grassroots ceiling amount (150% of line 2d, column (e))					1,474,644
f Grassroots lobbying expenditures	43,750	53,629	48,109	33,626	179,114

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity		(a) 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, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
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, handling of violations, and enforcing conservation easements during the year ▶ _____

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

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

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

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

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

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

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

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

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

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

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

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

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

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

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

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
c Beginning balance	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, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	6,333,662	6,516,315	5,990,000	240,000	240,000
b Contributions			526,315	5,750,000	
c Net investment earnings, gains, and losses	386,180	-182,653	313,081	21,965	13,666
d Grants or scholarships					
e Other expenditures for facilities and programs	203,527		313,081	21,965	13,666
f Administrative expenses					
g End of year balance	6,516,315	6,333,662	6,516,315	5,990,000	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 ▶ 3 680 %
- c Temporarily restricted endowment ▶ 96 320 %

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

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" on 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' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c)Accumulated depreciation	(d)Book value
1a Land				
b Buildings				
c Leasehold improvements		146,536	109,548	36,988
d Equipment		422,200	221,427	200,773
e Other		396,303	377,197	19,106
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ▶				256,867

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

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

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

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ANNUITY PAYMENT LIABILITY	872,645
DEFERRED RENT	87,275
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	959,920

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

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

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

1	Total revenue, gains, and other support per audited financial statements			1	33,402,146
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	2,561,915		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-38,836		
e	Add lines **2a** through **2d**			2e	2,523,079
3	Subtract line **2e** from line **1**			3	30,879,067
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			
c	Add lines **4a** and **4b**			4c	0
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	30,879,067

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

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

1	Total expenses and losses per audited financial statements			1	34,974,730
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	34,974,730
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			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	34,974,730

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

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

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	EARNINGS FROM THE ENDOWMENT MUST BE USED TO SUPPORT RESEARCH ACTIVITIES UPON EXPIRATION O F THE TERM ENDOWMENT, THE CORPUS MAY ALSO BE USED TO SUPPORT RESEARCH ACTIVITIES

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS 24,672 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -63,508

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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

2016

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
(1) EUROPE	0	0	GRANTS	RESEARCH	654,684
(2) NORTH AMERICA	0	0	GRANTS	RESEARCH	105,021
(3) MIDDLE EAST & NORTH AFRICA	0	0	GRANTS	RESEARCH	20,000
(4) EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	40,000
(5) SOUTH AMERICA	0	0	GRANTS	RESEARCH	45,000
3a Sub-total	0	0			864,705
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	0	0			864,705

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

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)	See Add'l Data								
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ 21

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

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

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

Part IV Foreign Forms

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

Part V Supplemental Information

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

990 Schedule F, Supplemental Information

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

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	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	240,000	CHECK & WIRE TRANSFER			
		EUROPE	LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANTS	54,725	CHECK & WIRE TRANSFER			
		EUROPE	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	75,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	3,177	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	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	25,000	CHECK & WIRE TRANSFER			
		MIDDLE EAST & NORTH AFRICA	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		EAST ASIA & THE PACIFIC	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	CHECK & WIRE TRANSFER			
		SOUTH AMERICA	TRADITIONAL-INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SOUTH AMERICA	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	25,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANTS	76,844	CHECK & WIRE TRANSFER			
		EUROPE	CLINICAL MANAGEMENT	100,000	CHECK & WIRE TRANSFER			
		EUROPE	LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANTS	79,959	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	CLINICAL PILOT TRIAL	75,000	CHECK & WIRE TRANSFER			
		EUROPE	CREATE	30,000	CHECK & WIRE TRANSFER			

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1 NNE MARKETING 105 PAUL REVERE RD CONCORD, MA 01742	FUNDRAISING COUNSEL		No	4,618,842	345,000	4,273,842
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total			▶	4,618,842	345,000	4,273,842

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

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

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

Revenue		(a) Event #1 WALK NNE CONCORD, NH (event type)	(b) Event #2 WALK OKLAHOMA (event type)	(c) Other events 12 (total number)	(d) Total events (add col (a) through col (c))
	1 Gross receipts	121,384	97,602	356,622	575,608
	2 Less Contributions	121,384	97,602	356,622	575,608
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,656	1,376	4,530	7,562
	6 Rent/facility costs	325	1,214	4,613	6,152
	7 Food and beverages			468	468
	8 Entertainment				
	9 Other direct expenses	5,331	2,793	35,688	43,812
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				57,994
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-57,994

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ 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 conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activity conducted in

a The organization's facility	**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 I, LINE 2B, COLUMN (V)	THE ASSOCIATION RECEIVES ALL OR 100% OF THE PROCEEDS FROM OUR DIRECT MAIL APPEALS PROGRAM INCLUDING TELEMARKETING HOWEVER, THE ASSOCIATION IS RESPONSIBLE TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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," on 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

2016

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 152

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) DURABLE MEDICAL EQUIPMENT	5		7,746	FMV	WHEELCHAIR POWER LIFT SEATS
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVANTAGE HEALTH ST MARY'S MEDICAL GROUP 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503	27-2491974	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALLEGHENY SINGER RESEARCH INSTITUTE 320 EAST NORTH AVENUE PITTSBURGH, PA 15212	25-1320493	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALS CENTER 330 S NINTH ST PHILADELPHIA, PA 19107	23-2743545	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS CENTER AT MAYO CLINIC ARIZONA ATTN PETER BOSCH MD ALS CLINIC - NEUROLOGY 13400 EAST SHEA BOULEVARD SCOTTSDALE, AZ 852595404	86-0800150	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	145,000				TREAT ALS CLINICAL SCIENTIST
AMYLYX PHARMACEUTICALS INC 210 BROADWAY NO 201 CAMBRIDGE, MA 02139	46-4600503	501(C)3	150,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AQUINNAH PHARMACEUTICALS INC 700 MAIN ST CAMBRIDGE, MA 02139	46-5070024	501(C)3	197,785				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE ST SUITE 9A HOUSTON, TX 770304202	74-1613878	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BETH ISRAEL MEDICAL CENTER ALS CLINIC ONE GUSTAVE L LEVY PL BOX NEW YORK, NY 10029	04-2103881	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BLUESKY DESIGNS INC 2637 27TH AVE S STE 209 MINNEAPOLIS, MN 55406	41-1891890	501(C)3	50,000				CLINICAL MANAGEMENT
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARL STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	160,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
BOARD OF TRUSTEES OF SOUTHERN ILLINOIS UNIVERSITY OFFICE OF SPONSORED PROJECTS ADMINISTRATION 900 S NORMAL AVE WOO CARBONDALE, IL 62901	37-6005961	501(C)3	20,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
BOSTON CHILDRENS HOSPITAL ATTN RESEARCH FINANCE PO BOX 414413 414413 BOSTON, MA 02241	04-2774441	501(C)3	50,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT
BROWN UNIVERSITY BOX 1911 PROVIDENCE, RI 02912	05-0258809	501(C)3	145,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD 6500 WIL SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	673,800				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD 6500 WIL SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)3	503,969				TREAT ALS
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CHILDRENS HOSPITAL CORPORATION DBA BOSTON CHILDRENS HOSP 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)3	50,000				CLINICAL MANAGEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02215	04-2774441	501(C)3	150,000				PRESERVE A VOICE, PROTECT A LEGACY
CLEVELAND CLINIC FOUNDATION EUCLID AVENUE CLEVELAND, OH 441950001	34-0714585	501(C)3	76,061				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
COMMUNITY FOUNDATION OF HUNTSVILLEMADISON COUNTY PO BOX 332 HUNTSVILLE, AL 35804	26-3750673	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CPMC RESEARCH INSTITUTE 475 BRANNAN STREET SUITE 220 SAN FRANCISCO, CA 94107	94-0562680	501(C)3	133,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP331 BOSTON, MA 02215	04-2263040	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIGNITY HEALTH - ST JOSEPHS HOSPITAL AZ 350 WEST THOMAS ROAD LOS ANGELES, CA 90074	86-0096787	501(C)3	105,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
DIGNITY HEALTH - ST JOSEPHS HOSPITAL AZ 350 WEST THOMAS ROAD LOS ANGELES, CA 90074	86-0096787	501(C)3	181,051				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
DIGNITY HEALTH - ST JOSEPHS HOSPITAL AZ 350 WEST THOMAS ROAD LOS ANGELES, CA 90074	86-0096787	501(C)3	50,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DIGNITY HEALTH DBA ST JOSEPH'S HOSPITAL AND MEDICAL CTR ST JOSEPHS HOSPITAL AZ FILE 57431 LOS ANGELES, CA 90074	86-0096787	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
DREXEL UNIVERSITY TD BANK P O BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
DREXEL UNIVERSITY TD BANK P O BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)3	80,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
DUKE UNIVERSITY MEDICAL CENTER 932 MORREENE ROAD DURHAM, NC 27705	56-0532129	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 303224250	58-0566256	501(C)3	50,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
EMORY UNIVERSITY PO BOX 935084 ATLANTIS, GA 31193	58-0566256	501(C)3	64,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-2728423	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GENERAL ELECTRIC COMPANY 500 1ST AVE PITTSBURGH, PA 15219	14-0689340	501(C)3	110,399				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
GEORGIA HEALTH SCIENCES FOUNDATION INC ALS FUND 1078 1120 15TH STREET FL-1033 AUGUSTA, GA 30912	35-2310573	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HENNEPIN COUNTY MEDICAL CENTER (HCMC) 825 SOUTH EIGHTH STREET SUITE 250 MINNEAPOLIS, MN 55404	38-1357020	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 482022689	38-1357020	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOPE LOVES COMPANY INC C/O JODI ODONNELL-AMES P O BOX 931 PENNINGTON, NJ 08534	20-8418402	501(C)3	12,000				CAMP HLC OUTREACH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOUSTON METHODIST HOSPITAL FOUNDATION 6565 FANNIN STREET 802 HOUSTON, TX 77030	76-0094743	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY ALS CENTER 355 WEST 16TH STREET ROOM 3222 INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE BALTIMORE, MD 21201	52-0595110	501(C)3	125,000				DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE BALTIMORE, MD 21201	52-0595110	501(C)3	658,310				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE BALTIMORE, MD 21201	52-0595110	501(C)3	446,535				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTION CENTER DRIVE BALTIMORE, MD 21201	52-0595110	501(C)3	25,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT
KANSAS CITY UNIVERSITY OF MEDICINE AND BIOSCIENCES 1750 INDEPENDENCE AVENUE KANSAS CITY MO 64106 KANSAS CITY, MO 64106	44-0545280	501(C)3	40,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LAHEY CLINIC INC DBA CURT & SHONDA SCHILLING ALS CLINIC 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
LANKENAU INSTITUTE FOR MEDICAL RESEARCH 100 LANCASTER AVENUE WYNNEWOOD, PA 19096	23-2175659	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAUREN SCIENCES LLC 345 EAST 94TH ST SUITE 18A NEW YORK, NY 10128	27-3076076	501(C)3	100,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER PO BOX 33932 1501 KINGS HIGHWAY SHREVEPORT, LA 71130	72-0702002	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
LOUISIANA STATE UNIVERSITY HEALTH SCIENCE CENTER PO BOX 33932 1501 KINGS HIGHWAY SHREVEPORT, LA 71130	72-0702002	501(C)3	50,000				TREAT ALS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DRIVE MC-0660 LA JOLLA, CA 92093	23-7121131	501(C)3	533,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
MARY HITCHCOCK MEMORIAL HOSPITAL DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDIVAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL CNY-BUILDING 120 110 6TH ST CHARLESTOWN, MA 02129	04-2697983	501(C)3	250,000				ALS ONE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL CNY-BUILDING 120 110 6TH ST CHARLESTOWN, MA 02129	04-2697983	501(C)3	30,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL CNY-BUILDING 120 110 6TH ST CHARLESTOWN, MA 02129	04-2697983	501(C)3	279,849				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
MASSACHUSETTS GENERAL HOSPITAL CNY-BUILDING 120 110 6TH ST CHARLESTOWN, MA 02129	04-2697983	501(C)3	50,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL CNY-BUILDING 120 110 6TH ST CHARLESTOWN, MA 02129	04-2697983	501(C)3	1,065,132				TREAT ALS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	240,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	38,433				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	50,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	250,000				TREAT ALS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S JACKSONVILLE, FL 322241865	59-3337028	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MAYO MEDICAL CLINIC 200 FIRST STREET SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MEDICAL FACULTY ASSOCIATES- NEUROLOGY DEPARTMENT 2150 PENNSYLVANIA AVE NW WASHINGTON, DC 20037	52-2220700	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MIRAGEN THERAPEUTICS INC 6200 LOOKOUT ROAD BOULDER, CO 80301	47-1187261	501(C)3	424,725				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NEBRASKA MEDICINE ATTN TOVA SAFFORD 988440 NEBRASKA MEDICINE OMAHA, NE 681988440	91-1858433	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEUROLOGY ASSOCIATES OF STONY BROOK HSC LEVEL 12 ROOM 020 STONY BROOK, NY 117948121	11-2587430	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NEW YORK UNIVERSITY SCHOOL OF MEDICINE 550 FIRST AVENUE NEW YORK, NY 10016	13-5562308	501(C)3	190,740				TREAT ALS

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
NINDS 31 CENTER DR MSC 2540 BETHESDA, MD 208922540	52-0858115	501(C)3	250,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
NORTHEAST ALS CONSORTIUM (NEALS) 165 CAMBRIDGE STREET BOSTON, MA 02114	56-2547779	501(C)3	51,499				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
NORTHWESTERN UNIVERSITY 750 N LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	220,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
OHIO STATE UNIVERSITY RESEARCH FOUNDATION 1960 KENNY ROAD COLUMBUS, OH 432101063	31-6401599	501(C)3	32,500				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
OREGON STATE UNIVERSITY B308 KERR ADMINSTRATION BUILDING CORVALLIS, OR 97331	48-1278540	501(C)3	75,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
ORIGENT DATA SCIENCES INC 8245 BOONE BLVD SUITE 600 VIENNA, VA 22182	38-3916182	501(C)3	90,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ORIGENT DATA SCIENCES INC 8245 BOONE BLVD SUITE 600 VIENNA, VA 22182	38-3916182	501(C)3	300,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
PHOENIX NEUROLOGICAL ASSOCIATES 5090 40TH STREET SUITE 250 PHOENIX, AZ 85018	86-0217237	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)3	39,036				CLINICAL MANAGEMENT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRESIDENT AND FELLOWS OF HARVARD COLLEGE PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)3	138,750				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
PRIZE4LIFE INC PO BOX 5755 BERKELEY BERKELEY, CA 94705	20-5055664	501(C)3	108,500				TREAT ALS
PROVIDENCE ALS CENTER 5050 NE HOYT STE 315 PORTLAND, OR 97213	93-0386929	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF CALIFORNIA 405 HILGARD AVENUE LOS ANGELES, CA 900959000	95-6006144	501(C)3	130,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
RICHARD BEDLACK 9 LOGGING TRAIL DURHAM, NC 27707	04-9543372	501(C)3	60,000				CLINICAL MANAGEMENT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
RWJ UNIVERSITY HOSPITAL FOUNDATION 10 PLUM STREET SUITE 910 NEW BRUNSWICK, NJ 08901	22-2378007	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
ST JUDE CHILDREN'S RESEARCH HOSPITAL PO BOX 1000 DEPT 949 MEMPHIS, TN 381480949	62-0646012	501(C)3	167,187				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS UNIVERSITY HOSPITAL 1438 SOUTH GRAND BLVD MONTELEONE HALL ST LOUIS, MO 63104	43-0654872	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
STANFORD UNIVERSITY P O BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	75,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT
SYRACUSE UNIVERSITY 102 ARCHBOLD NORTH SYRACUSE UNIVERSITY SYRACUSE, NY 13244	15-0532081	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
TACONIC BIOSCIENCES INC 273 HANOVER AVENUE GERMANTOWN, NY 12526	14-1381104	501(C)3	80,543				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
THE ALS ASSOCIATION-MASSACHUSETTS CHAPTER C/O LYNN AARONSON 315 NORWOOD PARK SOUTH 1ST FLOOR NORWOOD, MA 02062	04-3085718	501(C)3	100,000				ASSISTIVE TECHNOLOGY GRANT FOR REGIONAL OUTREACH PROGRAM
THE ALS ASSOCIATION-MICHIGAN CHAPTER 675 E BIG BEAVER STE 207 TROY, MI 48083	38-2190726	501(C)3	100,000				TELEHEALTH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ALS ASSOCIATION-NEVADA CHAPTER ATTENTION APRIL MASTROLUCA 3191 E WARM SPRINGS RD LAS VEGAS, NV 89120	20-1531344	501(C)3	18,972				CHAPTER SUPPORT GRANT
THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER 10855 DOVER ST SUITE 500 WESTMINSTER, CO 80021	84-1337868	501(C)3	60,000				CHAPTER SUPPORT GRANT
THE ALS ASSOCIATION-TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING, TX 75038	74-2678974	501(C)3	25,000				OUTREACH GRANT-DR STANLEY APPEL'S ALS CLINIC

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	04-3462719	501(C)3	450,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
THE CURATORS OF THE UNIVERSITY OF MISSOURI PO BOX 807012 KANSAS CITY, MO 64180	43-6003859	501(C)3	78,879				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
THE EMORY CLINIC INC EMORY ALS CENTER 12 EXECUTIVE PARK DR NE ROOM 433 ATLANTA, GA 30329	58-2030692	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)3	37,500				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)3	40,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
THE MEDICAL COLLEGE OF WISCONSIN INC 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)3	242,492				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
THE PENNSYLVANIA STATE UNIV TRESSA JILEK COLLEGE OF MEDICINE CONTROLLERS OFFICE G230 500 UNIVERS HERSHEY, PA 17033	24-6000376	501(C)3	97,812				CLINICAL MANAGEMENT
THE PENNSYLVANIA STATE UNIV TRESSA JILEK COLLEGE OF MEDICINE CONTROLLERS OFFICE G230 500 UNIVERS HERSHEY, PA 17033	24-6000376	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
THE PENNSYLVANIA STATE UNIV ATTN DEBBIE MUSSER CONTROLLER G230 PO BOX 850 HERSHEY, PA 17033	24-6000376	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UCSF CONTROLLERS OFFICE 1855 FOLSOM STREET MCB 425 BOX 0897 SAN FRANCISCO, CA 94143	94-6036493	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)3	141,562				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF THE UNIVERSITY OF MICHIGAN MELLON BANK BOX 223131 PITTSBURGH, PA 152512131	38-6006309	501(C)3	10,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK P O BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)3	130,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK P O BOX 29789 NEW YORK, NY 10087	13-5598093	501(C)3	1,309,652				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF CHICAGO 6030 SOUTH ELLIS AVENUE ROOM ED114 CHICAGO, IL 60637	36-2177139	501(C)3	120,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
THE UNIVERSITY OF CHICAGO MEDICINE 5801 SOUTH ELLIS AVENUE CHICAGO, IL 606375418	36-2177139	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE UNIVERSITY OF SOUTH FLORIDA BOARD OF TRUSTEES PO BOX 864568 ORLANDO, FL 32886	59-3102112	501(C)3	20,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3451 WALNUT STREET PHILADELPHIA, PA 19104	23-1352685	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)3	14,328				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UC DAVIS MULTIDISCIPLINARY ALS CLINIC ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UMASS MEDICAL SCHOOL BURSARS OFFICE S1-802 55 LAKE AVE N N WORCESTER, MA 01655	04-3167352	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF ARIZONA 1303 E UNIVERSITY BLVD BOX 3 TUSCON, AZ 85719	74-2652689	501(C)3	20,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF CALIFORNIA CASHIERS OFFICE 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)3	130,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF CHICAGO 6030 S ELLIS AVENUE CHICAGO, IL 60637	36-2177139	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF COLORADO DENVER 13001 E 17TH PL AURORA, CO 80045	84-6000555	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF FLORIDA 123 GRINTER HALL PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)3	99,999				CLINICAL MANAGEMENT
UNIVERSITY OF FLORIDA 123 GRINTER HALL PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)3	155,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC 1801 W TAYLOR ST SUITE 4E CHICAGO, IL 60612	37-6000511	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MARYLAND BALTIMORE 620 W LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21208	52-6002033	501(C)3	50,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF MARYLAND BALTIMORE 110 SOUTH PACA ST 3RD FLOOR BALTIMORE, MD 21202	52-6002033	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 01655	04-3167352	501(C)3	250,000				ALS ONE

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 016550002	04-3167352	501(C)3	130,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 016550002	04-3167352	501(C)3	584,656				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 016550002	04-3167352	501(C)3	125,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL 55 LAKE AVE N WORCESTER, MA 016550002	04-3167352	501(C)3	27,750				STRATEGIC INITIATIVE
UNIVERSITY OF MIAMI P O BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)3	100,000				TREAT ALS
UNIVERSITY OF MIAMI 1120 NW 14TH ST SUITE 1311 MIAMI, FL 33136	59-2579826	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF MICHIGAN ALS CLINIC 1500 E MEDICAL CENTER DRIVE ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	41-6042488	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH 123 UNIVERSITY PLACE B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	25,000				POST DOCTORAL FELLOWSHIP RESEACH GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF ROCHESTER 518 HYLAND BUILDING ROCHESTER, NY 14627	16-0743209	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT
UNIVERSITY OF SOUTH FLORIDA FOUNDATION INC 4202 E FOWLER AVE ALC 100 TAMPA, FL 33620	59-0879015	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF VERMONT DEPARTMENT OF NEUROLOGICAL SCIENCES ATTN JOANNE STETSON COLLEGE OF MEDICINE 89 BEAUMONT DR GIVEN C225 BURLINGTON, VT 05405	03-0179440	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF WASHINGTON 12455 COLLECTIONS DR CHICAGO, IL 606930001	91-6001537	501(C)3	225,000				TREAT ALS
UNIVERSITY OF WISCONSIN-MILWAUKEE BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 MILWAUKEE, WI 53201	39-6006492	501(C)3	16,834				YOUTH EDUCATION MATERIALS
UTHSCSA CERTIFIED TREATMENT CENTER OF EXCELLENCE 8300 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO, TX 782293900	74-1586031	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
VIRGINIA MASON MEDICAL CENTER ALS CLINIC PO BOX 900 M/S X7 NEU SEATTLE, WA 98111	91-0565539	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WAKE FOREST BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD WINSTONSALEM, NC 27157	22-3849199	501(C)3	25,000				ALS ASSOCIATION CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WASHINGTON UNIVERSITY 700 ROSEDALE AVE BOX 1034 ST LOUIS, MO 63112	43-0653611	501(C)3	81,666				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANT

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)3	100,000				ALS ACT
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LEXINGTON AVENUE 9TH FLOOR NEW YORK, NY 10022	13-3376695	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED RESEARCH GRANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2016

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 on 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 on 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**	Yes	
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), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," on line 6a or 6b, describe in Part III			
7	For persons listed on 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 on 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" on 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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name and Title	**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation in column(B) reported as deferred on prior Form 990
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT
PART I, LINE 4A	STEVAN W GIBSON - SEVERANCE - 110,670 KATHI J KROMER - SEVERANCE - 64,375

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1BARBARA NEWHOUSE PRESIDENT AND CEO	(I)	302,336	4,688	0	7,747	11,979	326,750	0
	(II)	0	0	0	0	0	0	0
1GREGORY MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATI	(I)	214,338	0	2,450	6,287	1,113	224,188	0
	(II)	0	0	0	0	0	0	0
2BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION & DEVELO	(I)	188,862	0	1,619	5,486	875	196,842	0
	(II)	0	0	0	0	0	0	0
3CARRIE MUNK VP, COMMUNICATIONS	(I)	182,267	0	1,306	5,539	855	189,967	0
	(II)	0	0	0	0	0	0	0
4 KIMBERLY HARDINGMAGINNIS SENIOR VP, CARE SERVICES	(I)	172,800	0	1,496	5,071	12,706	192,073	0
	(II)	0	0	0	0	0	0	0
5LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GO	(I)	201,361	0	1,746	5,916	10,972	219,995	0
	(II)	0	0	0	0	0	0	0
6STEVAN W GIBSON CHIEF PUBLIC POLICY OFFICER	(I)	85,334	0	148,466	3,186	5,316	242,302	0
	(II)	0	0	0	0	0	0	0
7PATRICK W WILDMAN SR VP PUBLIC POLICY	(I)	132,713	0	36,916	4,699	13,012	187,340	0
	(II)	0	0	0	0	0	0	0
8MARY BRUNEY VP, CHAPTER RELATIONS	(I)	141,131	0	873	4,143	12,515	158,662	0
	(II)	0	0	0	0	0	0	0
9TERESSA HARRIS VP, FINANCE	(I)	134,079	0	1,313	4,212	18,521	158,125	0
	(II)	0	0	0	0	0	0	0
10DAVID J HAMPTON II SR VP DEVELOPMENT	(I)	156,360	0	6,070	4,687	7,416	174,533	0
	(II)	0	0	0	0	0	0	0

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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

2016

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				
5	Clothing and household goods				
6	Cars and other vehicles	X	110	55,487	FMV
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	20	91,734	AVG HIGH/LOW AT DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493164001147

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 990-EZ 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

2016

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	EACH YEAR, EVERY BOARD MEMBER AND OFFICER OF THE ASSOCIATION MUST COMPLETE THE CONFLICT OF INTEREST POLICY FORM AND SUBMIT IT TO THE CHAIRMAN TO REVIEW AND MAKE ANY NECESSARY DECIS IONS 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/COMMI TTEE WILL DETERMINE THE APPROPRIATENESS OF THE CONFLICT IF IT IS AN ACCEPTABLE CONFLICT A S 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 INVOLV ED

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	APPEAL EXPENSES PROGRAM SERVICE EXPENSES 148,101 MANAGEMENT AND GENERAL EXPENSES 0 FUND RAISING EXPENSES 835,143 TOTAL EXPENSES 983,244 OTHER PROFESSIONAL EXPENSES PROGRAM SER VICE EXPENSES 1,910,145 MANAGEMENT AND GENERAL EXPENSES 160,095 FUNDRAISING EXPENSES 828 ,162 TOTAL EXPENSES 2,898,402

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AND PERPETUAL TRUSTS -38,836