

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
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 02-01-2017, and ending 01-31-2018

- 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

F Name and address of principal officer
CALANEET BALAS
1275 K STREET NW
WASHINGTON, DC 20005

D Employer identification number
13-3271855

E Telephone number
(202) 407-8580

G Gross receipts \$ 36,510,448

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

J Website: ▶ WWW ALSA ORG

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

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)	23
4 Number of independent voting members of the governing body (Part VI, line 1b)	23
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	102
6 Total number of volunteers (estimate if necessary)	26
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	27,407,957	23,216,448
9 Program service revenue (Part VIII, line 2g)	100,392	72,600
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,380,924	1,546,338
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,206	-165,651
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,879,067	24,669,735
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	18,551,544	22,156,243
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)	7,901,975	7,936,521
16a Professional fundraising fees (Part IX, column (A), line 11e)	345,000	290,500
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 4,257,115		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,176,211	7,434,947
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	34,974,730	37,818,211
19 Revenue less expenses Subtract line 18 from line 12	-4,095,663	-13,148,476
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	110,397,924	99,633,005
21 Total liabilities (Part X, line 26)	5,929,328	3,185,115
22 Net assets or fund balances Subtract line 21 from line 20	104,468,596	96,447,890

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

Signature of officer
Date 2018-06-12

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

Paid Preparer Use Only

Print/Type preparer's name HEMALI PATEL	Preparer's signature HEMALI PATEL	Date	Check <input type="checkbox"/> if self-employed	PTIN P01337292
Firm's name ▶ CLIFTONLARSONALLEN LLP			Firm's EIN ▶ 41-0746749	
Firm's address ▶ 901 N GLEBE ROAD SUITE 200 ARLINGTON, VA 22203			Phone no (571) 227-9500	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH 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 \$ 19,224,349 including grants of \$ 18,536,701) (Revenue \$)
 See Additional Data

4b (Code) (Expenses \$ 9,291,687 including grants of \$ 3,617,339) (Revenue \$)
 See Additional Data

4c (Code) (Expenses \$ 3,025,301 including grants of \$ 2,203) (Revenue \$ 72,600)
 See Additional Data

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

4e Total program service expenses ▶ 31,541,337

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	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? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		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	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (23); 1b Enter the number of voting members included in line 1a, above, who are independent (23); 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? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (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 (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (Yes); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (Yes); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (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? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (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: [X] Own website, [] Another's website, [X] 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)	2,100,786	0	152,772

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 **▶ 12**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NNE MARKETING 1666 MASSACHUSETTS AVENUE SUITE 14 LEXINGTON, MA 02420	DIRECT MARKETING SERVICES	290,500
LUCIE BRUIJN, PO BOX 670236 CHUGIAK, AK 99567	SCIENTIFIC OFFICER RESEARCH OVERSIGHT	290,000
MCDERMOTT WILL & EMERY PO BOX 6043 CHICAGO, IL 60680	ATTORNEY SERVICES	165,920
FAEGRE BAKER DANIELS LLP 1050 K STREET NW SUITE 400 WASHINGTON, DC 20001	CONSULTANT CDC GRANT & PUBLIC POLICY SER	131,462
BURKE WILLIAMS SORENSEN LLP 444 SOUTH FLOWER STREET SUITE 400 LOS ANGELES, CA 90071	ATTORNEY SERVICES	127,405

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 **▶ 7**

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	196,078				
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c	1,177,565				
	d Related organizations	1d					
	e Government grants (contributions)	1e	370,724				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	21,472,081				
	g Noncash contributions included in lines 1a-1f \$ _____		163,279				
	h Total. Add lines 1a-1f			23,216,448			
Program Service Revenue			Business Code				
	2a CONFERENCE FEES		900099	72,600	72,600		
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
g Total. Add lines 2a-2f			72,600				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,156,702		2,156,702	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less cost or other basis and sales expenses		11,021,051			
		c Gain or (loss)		11,631,415			
		d Net gain or (loss)		-610,364			-610,364
	8a Gross income from fundraising events (not including \$ 1,177,565 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses	b	0			
		c Net income or (loss) from fundraising events		209,298			-209,298
	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						
11a Miscellaneous Revenue		Business Code					
b _____							
c _____							
d All other revenue				43,647		43,647	
e Total. Add lines 11a-11d				43,647			
12 Total revenue. See Instructions				24,669,735	72,600	0	
						1,380,687	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	20,208,512	20,208,512		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	10,074	10,074		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	1,937,657	1,937,657		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,545,120	993,393	479,423	72,304
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.	5,339,070	3,512,111	270,486	1,556,473
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	129,720	87,598	1,779	40,343
9 Other employee benefits.	403,269	269,414	24,571	109,284
10 Payroll taxes.	519,342	339,485	55,546	124,311
11 Fees for services (non-employees)				
a Management.				
b Legal.	193,321	40,545	152,776	
c Accounting.	39,959		39,959	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	290,500			290,500
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).	2,907,442	1,392,686	39,760	1,474,996
12 Advertising and promotion.	598,108	574,673	878	22,557
13 Office expenses.	294,566	155,788	93,392	45,386
14 Information technology.	192,396		192,396	
15 Royalties.				
16 Occupancy.	737,037	479,567	73,313	184,157
17 Travel.				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	1,584,039	1,176,078	228,756	179,205
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	193,426	119,143	37,380	36,903
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 TELECOMMUNICATIONS	247,775	198,185	16,861	32,729
b CREDIT CARD & DATA FEES	214,123	46,428	88,109	79,586
c CHAPTER SUPPORT	148,564		140,183	8,381
d BAD DEBT EXPENSE	84,191		84,191	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	37,818,211	31,541,337	2,019,759	4,257,115
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 <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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	8,646,096	1	5,250,358
	2 Savings and temporary cash investments	839,878	2	520,372
	3 Pledges and grants receivable, net	7,563,559	3	5,417,228
	4 Accounts receivable, net	284,689	4	98,291
	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	161,555	9	27,479
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 967,613		
	b Less accumulated depreciation	10b 841,424	256,867	10c 126,189
	11 Investments—publicly traded securities	88,965,198	11	84,273,526
	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	3,680,082	15	3,919,562
16 Total assets. Add lines 1 through 15 (must equal line 34)	110,397,924	16	99,633,005	
Liabilities	17 Accounts payable and accrued expenses	1,516,343	17	2,077,642
	18 Grants payable	3,453,065	18	174,741
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	959,920	25	932,732
	26 Total liabilities. Add lines 17 through 25	5,929,328	26	3,185,115
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	82,712,789	27	83,168,855
	28 Temporarily restricted net assets	20,794,826	28	12,271,237
	29 Permanently restricted net assets	960,981	29	1,007,798
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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	104,468,596	33	96,447,890	
34 Total liabilities and net assets/fund balances	110,397,924	34	99,633,005	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,669,735
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,818,211
3	Revenue less expenses Subtract line 2 from line 1	3	-13,148,476
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	104,468,596
5	Net unrealized gains (losses) on investments	5	5,049,747
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	78,023
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	96,447,890

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 (2017)

Form 990, Part III, Line 4a:

RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DURING THE YEAR ENDING JANUARY 31, 2018, RESEARCH GRANTS WERE \$18,536,701 THIS LEVEL OF SPENDING IS MADE POSSIBLE WITH THE HELP OF FUNDING FROM THE ICE BUCKET CHALLENGE (IBC), AN ORGANIC FUNDRAISING EVENT THAT 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 THE ASSOCIATION'S GOAL IS TO FURTHER INCREASE RESEARCH FUNDING IN ENSUING YEARS WITH THE GOAL OF SPENDING OVER \$20 MILLION ANNUALLY ON RESEARCH

Form 990, Part III, Line 4b:

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

Form 990, Part III, Line 4c:

PUBLIC AND PROFESSIONAL EDUCATION - THE ASSOCIATION'S PUBLIC POLICY DEPARTMENT DEVELOPS AWARENESS AND UNDERSTANDING OF ALS AND THE WORK OF THE ASSOCIATION AMONG THE GENERAL PUBLIC, HEALTHCARE PROFESSIONALS, THE SCIENTIFIC COMMUNITY, AND ELECTED AND OTHER GOVERNMENT OFFICIALS FOR THE YEAR ENDING JANUARY 31, 2018, 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

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			
CAMERON WARD JD TRUSTEE	2 00	X						0	0	0
CHARLES J ROBINSON DSC PE TRUSTEE	2 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
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
JUDY PRATT DMD TRUSTEE	2 00	X						0	0	0
LAWRENCE R BARNETT ESQ 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			
LOU LIBBY MD TRUSTEE	2 00	X						0	0	0
MARK CALMES TRUSTEE	2 00	X						0	0	0
MARK STANCIL TREASURER	4 00	X		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 CHAIRMAN	5 00	X		X				0	0	0
STUART OBERMANN TRUSTEE	2 00	X						0	0	0
SUE GORMAN VICE CHAIRMAN	5 00	X		X				0	0	0
THOMAS D KETTLER 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			
TOM CARROLL TRUSTEE	2 00	X						0	0	0
WARREN NELSON TRUSTEE	2 00	X						0	0	0
WILLIAM SOFFEL TRUSTEE	2 00	X						0	0	0
WILLIAM THOET TRUSTEE	2 00	X						0	0	0
CALANEET BALAS CEO (12/4/17)	37 50			X				208,761	0	14,385
BARBARA NEWHOUSE PRESIDENT/CEO (UNTIL 12/4/17)	37 50			X				303,316	0	19,863
GREGORY MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATION	37 50			X				218,987	0	6,481
LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GOVERNANCE	37 50				X			199,203	0	19,490
BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION & DEVELOPMENT	37 50				X			186,022	0	7,259
KIMBERLY HARDING-MAGINNIS SENIOR VP, CARE SERVICES	37 50				X			176,961	0	13,109

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			
KATHLEEN SHEEHAN VP, PUBLIC POLICY & ADVOCACY	37 50				X			156,464	0	14,820
MARY BRUNEY VP, CHAPTER RELATIONS	37 50					X		144,539	0	11,775
TERESSA HARRIS VP, FINANCE	37 50					X		140,656	0	16,924
MONICA SANTA CRUZ VP, HUMAN RESOURCES & TALENT MANAGEMENT	37 50					X		136,543	0	5,315
TINA ZEFF VP, DEVELOPMENT	37 50					X		124,446	0	19,113
STEPHEN GOEWEY VP, COMMUNICATIONS	37 50					X		104,888	0	4,238

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number

13-3271855

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	23,550,946	137,917,563	23,487,328	27,407,957	23,216,448	235,580,242
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	23,550,946	137,917,563	23,487,328	27,407,957	23,216,448	235,580,242
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)						902,467
6 Public support. Subtract line 5 from line 4						234,677,775

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	23,550,946	137,917,563	23,487,328	27,407,957	23,216,448	235,580,242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,732	221,293	1,466,148	2,633,793	2,156,702	6,657,668
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.)	15,926	29,343	2,042	47,788	43,647	138,746
11 Total support. Add lines 7 through 10						242,376,656

12 Gross receipts from related activities, etc (see instructions) **12** 450,528

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 2017 (line 6, column (f) divided by line 11, column (f))	14	96.820 %
15 Public support percentage for 2016 Schedule A, Part II, line 14	15	97.540 %

16a 33 1/3% support test—2017. 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—2016. 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—2017. 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—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

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 2017 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-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2017
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN	Employer identification number 13-3271855
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	15,724	0
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	450,757	
c	Total lobbying expenditures (add lines 1a and 1b)	466,481	0
d	Other exempt purpose expenditures	37,351,730	
e	Total exempt purpose expenditures (add lines 1c and 1d)	37,818,211	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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	422,780	546,049	529,987	466,481	1,965,297
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	53,629	48,109	33,626	15,724	151,088

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)		(b)
	Yes	No	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
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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
2017
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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,516,315	6,333,662	6,516,315	5,990,000	240,000
b Contributions				526,315	5,750,000
c Net investment earnings, gains, and losses	482,577	386,180	-182,653	313,081	21,965
d Grants or scholarships					
e Other expenditures for facilities and programs	482,577	203,527		313,081	21,965
f Administrative expenses					
g End of year balance	6,516,315	6,516,315	6,333,662	6,516,315	5,990,000

- 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		146,535	117,705	28,830
d Equipment		424,776	337,918	86,858
e Other		396,302	385,801	10,501
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				126,189

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	851,460
DEFERRED RENT	81,272
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	932,732

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	29,797,505
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	5,049,747
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	78,023
e	Add lines 2a through 2d	2e	5,127,770
3	Subtract line 2e from line 1	3	24,669,735
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	24,669,735

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	37,818,211
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	37,818,211
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	37,818,211

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Supplemental Information

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

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ASSOCIATION 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 46,817 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS 31,206

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

OMB No 1545-0047
2017
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** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			1,937,567
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,937,567

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)								Schedule F (Form 990) 2017	
(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 ▶ _____ 14

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, do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* Yes No

Part V Supplemental Information

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE	0	0	GRANTS	RESEARCH	1,361,833
NORTH AMERICA	0	0	GRANTS	RESEARCH	495,734

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	30,000
SOUTH AMERICA	0	0	GRANTS	RESEARCH	50,000

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	40,000	CHECK & WIRE TRANSFER			
		EUROPE	LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANTS	119,094	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	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	25,000	CHECK & WIRE TRANSFER			
		EUROPE	STRATEGIC CHALLENGE RESEARCH GRANTS	300,000	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	50,000	CHECK & WIRE TRANSFER			
		EUROPE	STRATEGIC INITIATIVE RESEARCH GRANTS	95,626	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)
		EAST ASIA & THE PACIFIC	STRATEGIC INITIATIVE RESEARCH GRANTS	30,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	LOU GEHRIG CHALLENGE ALS ASSOC INITIATED RESEARCH GRANTS	247,523	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	TREAT ALS	248,211	CHECK & WIRE TRANSFER			
		EUROPE	DRUG DEVELOPMENT CONTRACT	33,333	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 MANAGEMENT	150,000	CHECK & WIRE TRANSFER			
		EUROPE	INVESTIGATOR INITIATED AWARD	100,000	CHECK & WIRE TRANSFER			

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

(a) Name of organization	(b) IRS code section and EIN(if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE	CLINICAL PILOT TRIAL	468,780	CHECK & WIRE TRANSFER			
		EUROPE	CREATE	30,000	CHECK & WIRE TRANSFER			

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

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

OMB No 1545-0047

2017

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?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 NNE MARKETING 105 PAUL REVERE RD CONCORD, MA 01742	FUNDRAISING COUNSEL		No	3,572,889	290,500	3,282,389
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				3,572,889	290,500	3,282,389

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

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		WALK MI - DETROIT, MI (event type)	GREENVILLE POLO CLASSIC (event type)	16 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	171,384	137,754	868,427	1,177,565
2	Less Contributions	171,384	137,754	868,427	1,177,565
3	Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	18,172	100,368	21,936	140,476
	7 Food and beverages			658	658
	8 Entertainment	150		600	750
	9 Other direct expenses	6,099	156	61,159	67,414
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				209,298
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-209,298

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

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

Name ▶

Address ▶

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party
- Name ▶
- Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

- 17** Mandatory distributions
- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE ASSOCIATION RECEIVES ALL OR 100% OF THE PROCEEDS FROM OUR DIRECT MAIL APPEALS PROGRAM INCLUDING TELEMARKETING HOWEVER, THE ASSOCIATION IS RESPONSIBLE TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND PRODUCTION OF ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS

Schedule I (Form 990)

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number: 13-3271855

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DURABLE MEDICAL EQUIPMENT	5		10,074	FMV	WHEELCHAIR POWER LIFT SEATS
(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 SAINT MARY'S MEDICAL GROUP 200 JEFFERSON AVE SE GRAND RAPIDS, MI 49503	27-2491974	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALLEGHANY HEALTH NETWORK 320 E NORTH AVE PITTSBURGH, PA 15212	25-1320493	501(C)3	25,000				ALS 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
ALLEGHENY SINGER RESEARCH INSTITUTE 320 EAST NORTH AVE PITTSBURGH, PA 15212	25-1320493	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
ALS CENTER AT MAYO CLINIC ARIZONA 13400 EAST SHEA BLVD SCOTTSDALE, AZ 852595404	86-0800150	501(C)3	25,000				ALS 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
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	86,667				CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	53,333				CLINICIAN SCIENTIST DEVELOPMENT AWARD

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
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVE MINNEAPOLIS, MN 554151126	41-0726167	501(C)3	50,000				SHEILA ESSEY AWARD
AMERICAN ACADEMY OF NEUROLOGY INSTITUTE 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-0726167	501(C)3	145,000				TREAT ALS CLINICAL SCIENTIST

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
AMYLYX PHARMACEUTICALS INC 210 BROADWAY NO 201 CAMBRIDGE, MA 02139	46-4600503	501(C)3	450,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
BALL STATE UNIVERSITY 2000 W UNIVERSITY AVE IN 47304 MUNICE, IN 47304	35-6000221	501(C)3	25,000				INVESTIGATOR INITIATED AWARD

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
BAYLOR COLLEGE OF MEDICINE 7200 CAMBRIDGE ST SUITE 9A HOUSTON, TX 770304202	74-1613878	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	49,366				INVESTIGATOR INITIATED AWARD

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
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM 21 N PARK STREET SUITE 6401 MADISON, WI 53715	39-6006492	501(C)3	145,000				TRADITIONAL INVESTIGATOR INITIATED
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 UNIVERSITY OF WISCONSIN MILWAUKEE, WI 53201	39-1805963	501(C)3	15,000				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
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM PO BOX 500 UNIVERSITY OF WISCONSIN MILWAUKEE, WI 53201	39-1805963	501(C)3	7,500				YOUTH EDUCATIONAL MATERIALS GRANT
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000				ALS 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
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 900481865	95-1644600	501(C)3	140,800				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 900481865	95-1644600	501(C)3	500,000				STRATEGIC INITIATIVE

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
CHELSEA JEWISH LIFECARE INC 165 CAPTAINS ROW CHELSEA, MA 02150	51-0141617	501(C)3	15,000				OUTREACH GRANT
CHILDREN'S HOSPITAL CORPORATION 300 LONGWOOD AVE BOSTON, MA 02215	04-2774441	501(C)3	150,000				PRESERVE A VOICE, PROTECT A LEGACY

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
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE CLEVELAND, OH 44195	34-0714585	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 441950001	34-0714585	501(C)3	79,537				TRADITIONAL INVESTIGATOR INITIATED

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 GREATER HUNTSVILLE PO BOX 332 HUNTSVILLE, AL 35804	26-3750673	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
CYTOKINETICS INC 280 E GRAND AVE STE 1 SOUTH SAN FRANCISCO, CA 940804808	94-3291317	501(C)3	800,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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
DANA-FARBER CANCER INSTITUTE INC 450 BROOKLINE AVENUE BP331 BOSTON, MA 02215	04-2263040	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED
DARTMOUTH COLLEGE 11 ROPE FERRY ROAD HANOVER, NH 03755	02-0222111	501(C)3	50,000				INVESTIGATOR INITIATED AWARD

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
DARTMOUTH HITCHCOCK FOUNDATION LEBANON CLINIC ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)3	12,500				NNE ALS CENTER GRANT
DIGNITY HEALTH ST JOSEPH'S HOSPITAL & MEDICAL CENTER ST JOSEPHS HOSPITAL AZ FILE 57431 LOS ANGELES, CA 90074	86-0096787	501(C)3	25,000				ALS 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
DIGNITY HEALTH-ST JOSEPH'S HOSPITAL AZ DIGNITY HEALTH-ST JOSEPHS HOSPITAL AZ LOS ANGELES, CA 90074	86-0096787	501(C)3	87,150				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
DIGNITY HEALTH-ST JOSEPH'S HOSPITAL AZ 350 WEST THOMAS ROAD PHOENIX, AZ 85013	86-0096787	501(C)3	105,000				TRADITIONAL INVESTIGATOR INITIATED

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 JOSEPH'S HOSPITAL AZ 3033 NORTH THIRD AVE PHOENIX, AZ 85013	86-0096787	501(C)3	678,308				TREAT ALS
DREXEL UNIVERSITY TD BANK P O BOX 95000-1090 PHILADELPHIA, PA 19195	23-1352630	501(C)3	-32,259				TRADITIONAL INVESTIGATOR INITIATED

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 DUMC BOX 2900 DURHAM, NC 27710	56-0532129	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
EMORY UNIVERSITY 1784 N DECATUR RD NE ATLANTA, GA 303221048	58-0566256	501(C)3	102,489				STRATEGIC INITIATIVE

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
EMORY UNIVERSITY 1784 N DECATUR RD NE ATLANTA, GA 303221048	58-0566256	501(C)3	62,329				TRADITIONAL INVESTIGATOR INITIATED
FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	94-2728423	501(C)3	25,000				ALS 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
GEORGIA HEALTH SCIENCES FOUNDATION INC 1120 15TH ST FL-1047 AUGUSTA, GA 30912	35-2310573	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
GREENVILLE HEALTH SYSTEMS 300 EAST MCBEE AVE SUITE 503 GREENVILLE, SC 296012842	81-1723202	501(C)3	9,000				SC ALS CENTER 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) 701 PARK AVE MINNEAPOLIS, MN 55415	38-1357020	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BLVD DETROIT, MI 482022689	38-1357020	501(C)3	25,000				ALS 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
HOPE LOVES COMPANY INC C/O JODI ODONNELL-AMES P O BOX 931 PENNINGTON, NJ 08534	20-8418402	501(C)3	50,000				CHILDREN'S CAMP OUTREACH GRANT
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000				ALS 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
HOSPITAL FOR SPECIAL SURGERY 535 EAST 70TH ST NEW YORK, NY 10021	13-1624135	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
HOUSTON METHODIST HOSPITAL FOUNDATION 6565 FANNIN ST 802 HOUSTON, TX 77030	76-0094743	501(C)3	25,000				ALS 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 355 WEST 16TH ST INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
IZUMI BIOSCIENCES INC 23 BLUEBERRY LN SUITE 100 LEXINGTON, MA 02420	47-2572265	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT

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 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)3	580,000				DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)3	100,000				INVESTIGATOR INITIATED AWARD

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 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	52-0595110	501(C)3	519,913				TRADITIONAL INVESTIGATOR INITIATED
KU ENDOWMENT ASSOCIATION 3901 RAINBOW BLVD KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000				ALS 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
LAHEY CLINIC INC DBA CURT & SHONDA SCHILLING ALS CLINIC 41 MALL RD BURLINGTON, MA 01805	04-2704683	501(C)3	25,000				ALS 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

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
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NO 433 BOLIVAR STREET 8TH FLOOR NEW ORLEANS, LA 70112	72-0702002	501(C)3	50,000				INVESTIGATOR INITIATED AWARD
LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER - NO 433 BOLIVAR STREET 8TH FLOOR NEW ORLEANS, LA 70112	72-0702002	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED

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 3262 HOLIDAY COURT STE 201 LA JOLLA, CA 92037	23-7121131	501(C)3	50,000				INVESTIGATOR INITIATED AWARD
LUDWIG INSTITUTE FOR CANCER RESEARCH 3262 HOLIDAY COURT STE 201 LA JOLLA, CA 92037	23-7121131	501(C)3	530,000				STRATEGIC INITIATIVE

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 3262 HOLIDAY COURT STE 201 LA JOLLA, CA 92093	23-7121131	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP
MARY HITCHCOCK MEMORIAL HOSPITAL ONE MEDIVAL CENTER DRIVE LEBANON, NH 03756	02-0222140	501(C)3	40,000				TRADITIONAL INVESTIGATOR INITIATED

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 PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)3	425,000				ALS ONE
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 022414876	04-2697983	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
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)3	559,697				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
MASSACHUSETTS GENERAL HOSPITAL PO BOX 414876 CHARLESTOWN, MA 02129	04-2697983	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP

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 PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)3	1,096,507				TREAT ALS
MASSACHUSETTS INSTITUTE OF TECHNOLOGY 77 MASSACHUSETTS AVE ROOM NE49-3000 NE49-3000 CAMBRIDGE, MA 02139	04-2103594	501(C)3	25,000				INVESTIGATOR INITIATED AWARD

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 - ALS CLINIC NEUROLOGY 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
MAYO CLINIC FLORIDA 4500 SAN PABLO RD S JACKSONVILLE, FL 322241865	59-3337028	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000				INVESTIGATOR INITIATED AWARD
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	45,542				POSTDOCTORAL FELLOWSHIP

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MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)3	237,671				TRADITIONAL INVESTIGATOR INITIATED
MAYO MEDICAL CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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MAYO MEDICAL CLINIC 200 FIRST ST SW ROCHESTER, MN 55905	41-6011702	501(C)3	25,000				ALS 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 CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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MEDICAL UNIVERSITY HOSPITAL AUTHORITY 169 ASHLEY AVE CHARLESTON, SC 29425	57-1098556	501(C)3	24,859				OUTREACH GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINA 19 HAGOOD AVENUE SUITE 606 CHARLESTON, SC 29403	57-6000722	501(C)3	25,000				INVESTIGATOR INITIATED AWARD

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MOUNT SINAI HEALTH SYSTEM ONE GUSTAVE L LEVY PLACE NEW YORK, NY 10029	13-5564934	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS 31 CENTER DRIVE MSC 2540 BETHESDA, MD 208922540	52-0858115	501(C)3	550,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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NEBRASKA MEDICINE 988440 NEBRASKA MEDICINE OMAHA, NE 681988440	91-1858433	501(C)3	25,000				ALS 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 CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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

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NORTHEASTERN UNIVERSITY 360 HUNTINGTON AVE BOSTON, MA 021155000	04-1679980	501(C)3	50,000				INVESTIGATOR INITIATED AWARD
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DRIVE CHICAGO, IL 60611	36-2167817	501(C)3	160,000				TRADITIONAL INVESTIGATOR INITIATED

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

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OPTIKIRA LLC 20600 CHAGRIN BLVD SUITE 210 CLEVELAND, OH 44122	47-2271820	501(C)3	498,500				DRUG DEVELOPMENT CONTRACT
OREGON STATE UNIVERSITY 312 KERR ADMINISTRATION BUILDING CORVALLIS, OR 97331	48-1278540	501(C)3	150,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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ORIGENT DATA SCIENCES INC 8245 BOONE BLVD VIENNA, VA 22182	38-3916182	501(C)3	150,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
ORIGENT DATA SCIENCES INC 8245 BOONE BLVD VIENNA, VA 22182	38-3916182	501(C)3	45,000				TRADITIONAL INVESTIGATOR INITIATED

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PENN STATE HERSHEY MEDICAL CENTER 30 HOPE DR HERSHEY, PA 17033	24-6000376	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
PISON TECHNOLOGY INC 258 HARVARD STREET BROOKLINE, MA 02446	81-3603539	501(C)3	100,000				STRATEGIC CHALLENGE

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PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE 6TH FLOOR FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	137,500				INVESTIGATOR INITIATED AWARD
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 1350 MASSACHUSETTS AVENUE 6TH FLOOR FLOOR CAMBRIDGE, MA 02138	04-2103580	501(C)3	100,000				TRADITIONAL INVESTIGATOR INITIATED

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

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PRIZE4LIFE INC PO BOX 5755 BERKELEY, CA 94705	20-5055664	501(C)3	108,500				TREAT ALS
PROVIDENCE HEALTH & SERVICES-OREGON PO BOX 5977 PORTLAND, OR 972285977	93-0386929	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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REGENTS OF THE UNIVERSITY OF CALIFORNIA (200 S MANCHESTER) 200 S MANCHESTER ORAGNE, CA 92868	95-2226406	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA DAVIS 1855 FOLSOM ST MCB 425 BOX 0897 SAN FRANCISCO, CA 94143	94-6036494	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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RICHARD BEDLACK 9 LOGGING TRAIL DURHAM, NC 27707	04-9543372	501(C)3	60,000				CLINICAL MANAGEMENT
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL FOUNDATION 10 PLUM ST NEW BRUNSWICK, NJ 08901	20-1785267	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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SCRIPPS FLORIDA 130 SCRIPPS WAY JUPITER, FL 33458	33-0435954	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	50,000				INVESTIGATOR INITIATED AWARD

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	167,187				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 38105	62-0646012	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP

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ST JUDE CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MAIL STOP 733 MEMPHIS, TN 381480949	62-0646012	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED
ST LOUIS UNIVERSITY 1438 SOUTH GRAND BLVD ST LOUIS, MO 63104	43-0654872	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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STANFORD UNIVERSITY P O BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	125,000				POSTDOCTORAL FELLOWSHIP
SWEDISH NEUROSCIENCE INSTITUTE 550 17TH AVE SUITE 400 SEATTLE, WA 98122	91-2073120	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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SYRACUSE UNIVERSITY BURSARS OFFICE SYRACUSE, NY 13244	15-0532081	501(C)3	50,000				INVESTIGATOR INITIATED AWARD
SYRACUSE UNIVERSITY BURSARS OFFICE SYRACUSE, NY 13244	15-0532081	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED

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TACONIC BIOSCIENCES INC 273 HOVER AVE GERMANTOWN, NY 125265320	14-1381104	501(C)3	93,692				STRATEGIC INITIATIVE
THE ALS ASSOCIATION- FLORIDA CHAPTER 3242 PARKSIDE CENTER CIRCLE TAMPA, FL 33619	94-3124732	501(C)3	54,619				DISASTER RELIEF FUND GRANT

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THE ALS ASSOCIATION- GREATER SACRAMENTO CHAPTER 2717 COTTAGE WAY SUITE 8 SACRAMENTO, CA 95825	68-0152992	501(C)3	10,000				OUTREACH GRANT- CHAPTER RESEARCH AMBASSADOR TRAINING
THE ALS ASSOCIATION- LOUISIANAMISSISSIPPI CHAPTER 11725 INDUSTRIPLEX BLVD SUITE 3 BATON ROUGE, LA 708095190	20-1742120	501(C)3	8,000				CHAPTER SUPPORT GRANT

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THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	100,000				ASSISTIVE TECHNOLOGY GRANT REGIONAL OUTREACH PROGRAM
THE ALS ASSOCIATION- MASSACHUSETTS CHAPTER 685 CANTON STREET SUITE 103 NORWOOD, MA 02062	04-3085718	501(C)3	831,629				PETE FRATES HOME HEALTH INITIATIVE GRANTS

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THE ALS ASSOCIATION-MID AMERICA CHAPTER 6950 SQUIBB ROAD STE 210 MISSION, KS 66202	48-1021611	501(C)3	15,000				HEART TO HEART GRANT 2017
THE ALS ASSOCIATION-ROCKY MOUNTAIN CHAPTER 10855 DOVER ST SUITE 500 WESTMINSTER, CO 80021	84-1337868	501(C)3	40,000				CHAPTER SUPPORT GRANT

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THE ALS ASSOCIATION-TEXAS CHAPTER 5830 GRANITE PWKY 100-320 PLANO, TX 75024	74-2678974	501(C)3	84,162				DISASTER RELIEF FUND GRANT
THE ALS THERAPY DEVELOPMENT INSTITUTE 300 TECHNOLOGY SQUARE CAMBRIDGE, MA 02139	04-3462719	501(C)3	200,000				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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THE CURATORS OF THE UNIVERSITY OF MISSOURI UNIVERSITY OF MISSOURI AR KANSAS CITY, MO 64180	43-6003859	501(C)3	78,879				TRADITIONAL INVESTIGATOR INITIATED
THE EMORY CLINIC INC 12 EXECUTIVE PARK DR NE ATLANTA, GA 30329	58-2030692	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DR LEBANON, NH 037560001	02-0222139	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE HITCHCOCK FOUNDATION C/O DEPT OF NEUROLOGY ATTENTION KEVIN WILLIAMS ONE MEDICAL CENTER D LEBANON, NH 03756	02-0222139	501(C)3	12,500				NNE ALS CENTER GRANT

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THE J DAVID GLADSTONE INSTITUTE VINCENT MOSELEY SAN FRANCISCO, CA 94158	23-7203666	501(C)3	500,000				STRATEGIC INITIATIVE
THE MEDICAL COLLEGE OF WISCONSIN INC 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE NORTHEAST ALS CONSORTIUM (NEALS) 165 CAMBRIDGE STREET BOSTON, MA 02114	56-2547779	501(C)3	53,045				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
THE OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	34-6401599	501(C)3	257,508				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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THE PENNSYLVANIA STATE UNIV ATTN TRESSA JILEK COLLEGE OF MEDICINE CONTROLLERS OFFICE G230 50 HERSHEY, PA 17033	24-6000376	501(C)3	99,739				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

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DR LA JOLLA, CA 920935004	95-6006144	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO 900 GILMAN DRIVE MC 0954 LA JOLLA, CA 92093	94-6036493	501(C)3	47,250				DRUG DEVELOPMENT CONTRACT

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THE REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF CONTROLLERS OFFICE CONTRACTS AND GRANTS ACCOUNTING SAN FRANCISCO, CA 94143	94-6036493	501(C)3	100,000				TRADITIONAL INVESTIGATOR INITIATED
THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET PITTSBURGH, PA 15251	38-6006309	501(C)3	50,000				CLINICAL MANAGEMENT AWARD

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THE REGENTS OF THE UNIVERSITY OF MICHIGAN 3003 SOUTH STATE STREET ANN ARBOR, MI 48109	38-6006309	501(C)3	190,128				TRADITIONAL INVESTIGATOR INITIATED
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS ST SYRACUSE, NY 13210	14-1368361	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT

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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK 630 W 168TH ST 49 NEW YORK, NY 100323725	13-5598093	501(C)3	294,672				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK SPONSORED PROJECTS FINANCE NEW YORK, NY 10087	13-5598093	501(C)3	100,000				TRADITIONAL INVESTIGATOR INITIATED

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THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE DEPT OF CHICAGO, IL 60637	36-2177139	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT
THE UNIVERSITY OF CHICAGO MICHAEL LUDWIG CHICAGO, IL 60637	36-2177139	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED

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 MEDICINE 5235 S HARPER CT 4TH FLOOR CHICAGO, IL 60615	36-2177139	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
THE UNIVERSITY OF VERMONT UNIVERSITY EVENT SERVICES ATTN RENEE BOURASSA THE VILLA 220 COLCHE BURLINGTON, VT 05405	03-0179440	501(C)3	25,000				NNE ALS CENTER 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
THERA NEUROPHARMA 538 NEWTOWN ROAD BERWYN, PA 19312	81-2014147	501(C)3	75,000				INVESTIGATOR INITIATED AWARD
TRANSLATIONAL GENOMICS RESEARCH INSTITUTE 445 N FIFTH STREET PHOENIX, AZ 85004	75-3065445	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED

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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA 3600 SPRUCE STREET MALONEY BUILDING 3RD FLOOR PHILADELPHIA, PA 19107	23-1352685	501(C)3	25,000				INVESTIGATOR INITIATED AWARD
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA PO BOX 785541 PHILADELPHIA, PA 19178	23-1352685	501(C)3	14,743				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICES PHILADELPHIA, PA 19104	23-1352685	501(C)3	40,000				TRADITIONAL INVESTIGATOR INITIATED
UC DAVIS MULTIDISCIPLINARY ALS CLINIC ONE SHIELDS AVE DAVIS, CA 95616	94-6036494	501(C)3	25,000				ALS 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
UC DAVIS MULTIDISCIPLINARY ALS CLINIC 4860 Y ST SACRAMENTO, CA 95817	94-6036494	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MSC 7883 SAN ANTONIO, TX 782293900	74-1586031	501(C)3	25,000				ALS 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 CALIFORNIA SAN DIEGO CASHIERS OFFICE 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)3	50,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF CALIFORNIA SAN DIEGO CASHIERS OFFICE 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093	95-6006144	501(C)3	180,000				TRADITIONAL INVESTIGATOR INITIATED

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 COLORADO DENVER MS F428 AMC BLDG 500 13001 E 17TH PL RM W1124 AURORA, CO 80045	84-6000555	501(C)3	25,000				TRADITIONAL INVESTIGATOR INITIATED
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES 123 GRINTER HALL PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)3	99,973				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
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES CONTRACTS GRANTS GAINESVILLE, FL 32611	59-6002052	501(C)3	25,000				INVESTIGATOR INITIATED AWARD
UNIVERSITY OF FLORIDA BOARD OF TRUSTEES CONTRACTS GRANTS GAINESVILLE, FL 32611	59-6002052	501(C)3	125,000				TRADITIONAL INVESTIGATOR INITIATED

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 ILLINOIS AT CHICAGO ALS CLINIC 1801 W TAYLOR ST SUITE 4E CHICAGO, IL 60612	37-6000511	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF KENTUCKY 740 SOUTH LIMESTONE ST LEXINGTON, KY 40536	61-6001218	501(C)3	25,000				ALS 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 110 SOUTH PACA ST 3RD FLOOR BALTIMORE, MD 21202	52-6002033	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
UNIVERSITY OF MARYLAND BALTIMORE 620 W LEXINGTON STREET 4TH FLOOR BALTIMORE, MD 21208	52-6002033	501(C)3	50,000				TRADITIONAL INVESTIGATOR INITIATED

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 OFFICE OF THE BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	425,000				ALS ONE
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL YI CHEN BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	50,000				DRUG DEVELOPMENT CONTRACT

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

(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 JANICE LAGACE WORCESTER, MA 01655	04-3167352	501(C)3	50,000				INVESTIGATOR INITIATED AWARD
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL YI CHEN BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	234,839				LOU GEHRIG CHALLENGE ALS ASSOC INITIATED

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 OFFICE OF THE BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	150,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL OFFICE OF THE BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	604,326				STRATEGIC INITIATIVE

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 YI CHEN BURSAR WORCESTER, MA 01655	04-3167352	501(C)3	90,000				TRADITIONAL INVESTIGATOR INITIATED
UNIVERSITY OF MIAMI 1120 NW 14TH ST SUITE 1318 MIAMI, FL 33136	59-2579826	501(C)3	25,000				ALS 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 MIAMI P O BOX 405803 ATLANTA, GA 30384	59-2579826	501(C)3	100,000				TREAT ALS
UNIVERSITY OF MICHIGAN ALS CLINIC 1500 E MEDICAL CENTER DR ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000				ALS 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 MINNESOTA NW 5957 P O BOX 1450 MINNEAPOLIS, MN 55485	41-6007513	501(C)3	33,598				CLINICAL MANAGEMENT AWARD
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 554860266	41-6042488	501(C)3	25,000				ALS 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 PITTSBURGH OFFICE OF RESEARCH 123 UNIVERSITY PLACE B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	25,000				POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF PITTSBURGH OFFICE OF RESEARCH 123 UNIVERSITY PLACE B21 PITTSBURGH, PA 15213	12-5096559	501(C)3	25,000				STRATEGIC INITIATIVE

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 UNIVERSITY OF ROCHESTER MEDICAL CENTER ROCHESTER, NY 14642	16-0743209	501(C)3	56,310				STRATEGIC INITIATIVE
UNIVERSITY OF ROCHESTER ATTN CHERYL WILLIAMS SR RES ADMIN ROCHESTER, NY 14627	16-0743209	501(C)3	80,000				TRADITIONAL INVESTIGATOR INITIATED

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 SOUTHERN CALIFORNIA 3720 SOUTH FLOWER STREET LOS ANGELES, CA 90089	95-1642394	501(C)3	25,000				INVESTIGATOR INITIATED AWARD
UNIVERSITY OF VERMONT MEDICAL CENTER 1 SOUTH PROSPECT ST BURLINGTON, VT 05401	03-0219309	501(C)3	25,000				ALS 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 GRANT AND CONTRACT ACCOUNTING CHICAGO, IL 606930001	91-6001537	501(C)3	25,000				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	22,500				YOUTH EDUCATIONAL MATERIALS 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
VA PUGET SOUND HEALTH CARE SYSTEM 1660 SOUTH COLUMBIAN WAY SEATTLE, WA 98108	74-1612229	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
VOYAGER THERAPEUTICS INC 75 SIDNEY STREET CAMBRIDGE, MA 02139	46-3003182	501(C)3	194,236				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
WAKE FOREST BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD WINSTONSALEM, NC 271571078	22-3849199	501(C)3	25,000				ALS CERTIFIED TREATMENT CENTER OF EXCELLENCE GRANT
WASHINGTON UNIVERSITY IN ST LOUIS CAMPUS BOX 1034 700 ROSEDALE AVENUE AVENUE ST LOUIS, MO 63112	43-0653611	501(C)3	250,000				ALS ACT

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	77,750				DRUG DEVELOPMENT CONTRACT
WASHINGTON UNIVERSITY IN ST LOUIS 700 ROSEDALE AVE CAMPUS BOX 1056 SAINT LOUIS, MO 631121408	43-0653611	501(C)3	25,000				INVESTIGATOR INITIATED AWARD

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
WEILL MEDICAL COLLEGE OF CORNELL UNIVERSITY 575 LEXINGTON AVENUE NEW YORK, NY 10022	13-3376695	501(C)3	39,785				TRADITIONAL INVESTIGATOR INITIATED

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

2017

Open to Public Inspection

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b				
<p>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?</p>	2	Yes			
<p>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</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4a		No		
	4b		No		
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a		No		
	5b		No		
<p>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</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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				
1 CALANEET BALAS CEO (12/4/17)	(i)	208,761	0	0	6,680	7,705	223,146	0
	(ii)	0	0	0	0	0	0	0
2 BARBARA NEWHOUSE PRESIDENT/CEO (UNTIL 12/4/17)	(i)	297,371	5,945	0	11,514	8,349	323,179	0
	(ii)	0	0	0	0	0	0	0
3 GREGORY MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATI	(i)	218,987	0	0	6,481	0	225,468	0
	(ii)	0	0	0	0	0	0	0
4 LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GO	(i)	199,203	0	0	6,322	13,168	218,693	0
	(ii)	0	0	0	0	0	0	0
5 BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION & DEVELO	(i)	186,022	0	0	5,842	1,417	193,281	0
	(ii)	0	0	0	0	0	0	0
6 KIMBERLY HARDING- MAGINNIS SENIOR VP, CARE SERVICES	(i)	176,961	0	0	5,439	7,670	190,070	0
	(ii)	0	0	0	0	0	0	0
7 KATHLEEN SHEEHAN VP PUBLIC POLICY & ADVOCACY	(i)	156,464	0	0	4,760	10,060	171,284	0
	(ii)	0	0	0	0	0	0	0
8 MARY BRUNEY VP, CHAPTER RELATIONS	(i)	144,539	0	0	4,448	7,327	156,314	0
	(ii)	0	0	0	0	0	0	0
9 TERESSA HARRIS VP, FINANCE	(i)	140,656	0	0	4,391	12,533	157,580	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 3	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO DETERMINE THE REASONABLENESS OF THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT.

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CALANEET BALAS CEO (12/4/17)	(i)	208,761	0	0	6,680	7,705	223,146	0
	(ii)	0	0	0	0	0	0	0
1 BARBARA NEWHOUSE PRESIDENT/CEO (UNTIL 12/4/17)	(i)	297,371	5,945	0	11,514	8,349	323,179	0
	(ii)	0	0	0	0	0	0	0
2 GREGORY MITCHELL EXECUTIVE VP, FINANCE & ADMINISTRATI	(i)	218,987	0	0	6,481	0	225,468	0
	(ii)	0	0	0	0	0	0	0
3 LANCE SLAUGHTER EXECUTIVE VP, CHAPTER RELATIONS & GO	(i)	199,203	0	0	6,322	13,168	218,693	0
	(ii)	0	0	0	0	0	0	0
4 BRIAN FREDERICK EXECUTIVE VP, COMMUNICATION & DEVELO	(i)	186,022	0	0	5,842	1,417	193,281	0
	(ii)	0	0	0	0	0	0	0
5 KIMBERLY HARDING- MAGINNIS SENIOR VP, CARE SERVICES	(i)	176,961	0	0	5,439	7,670	190,070	0
	(ii)	0	0	0	0	0	0	0
6 KATHLEEN SHEEHAN VP PUBLIC POLICY & ADVOCACY	(i)	156,464	0	0	4,760	10,060	171,284	0
	(ii)	0	0	0	0	0	0	0
7 MARY BRUNEY VP, CHAPTER RELATIONS	(i)	144,539	0	0	4,448	7,327	156,314	0
	(ii)	0	0	0	0	0	0	0
8 TERESSA HARRIS VP, FINANCE	(i)	140,656	0	0	4,391	12,533	157,580	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2017

▶ **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**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	156	84,022	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	12	79,257	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?		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 nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER UPON SATISFACTION OF ANY ISSUES, THE FINAL COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS THEN, THE ENTITY WILL FILE THE FINAL COPY WITH THE IRS AND APPROPRIATE STATE AGENCIES

990 Schedule O, Supplemental Information

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

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 DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT THE COMPENSATION FOR OTHER KEY EMPLOYEES 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 OF 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 AS WELL

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN SPLIT INTEREST AND PERPETUAL TRUSTS 78,023