



# Instructions

Included in this DocuSign are the assembled copies of the filings for the organization's records as follows:

1. **Internal Copy:** Includes all letters, instructions, and return pages without any redaction. Please review this file, sign, and date where indicated and submit back to CLA.
2. **Public Inspection Copy:** Redacted to just the information that is required for public inspection. If anyone from the public were to request a copy of the return or if the return were to be posted, the Public Inspection Copy should be used.

Please note:

After the documents have been e-signed and you click 'Finish' - DocuSign will give you the option to log-in - you can log-in at that time and download the executed documents; alternatively, DocuSign will send you another email indicating that the documents have been 'finished' and you can click that link to download and/or print the documents. **Downloading is important as you will not be receiving a paper copy. You have 120 days to download.**

CLA cannot e-file any return until its' signed e-file authorization is returned to CLA.

CLA does recommend all returns included in each PDF be signed and dated for your records.

CLA is not making any payments as part of the e-file or submitting any paper returns on your behalf.

Please initial to indicate that you have read and understand the above:

DS  
GM

[CLAconnect.com](https://CLAconnect.com)

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See [CLAglobal.com/disclaimer](https://CLAglobal.com/disclaimer).

Investment advisory services are offered through CliftonLarsonAllen Wealth Advisors, LLC, an SEC-registered investment advisor.





CliftonLarsonAllen LLP  
CLAconnect.com

December 13, 2023

Amyotrophic Lateral Sclerosis Assn.  
1300 Wilson Blvd 600  
Arlington, VA 22209

Dear Mr. Mitchell,

Enclosed is the organization's 2022 Exempt Organization return.

Specific filing instructions are as follows.

### **FORM 990 RETURN:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Please return Form 8879-TE to us as soon as possible, but no later than by December 15, 2023 the filing deadline.

In addition, tax-exempt organizations must make available for public inspection a copy of their annual returns for the preceding three years and exemption application, if applicable. An organization generally must furnish filings to anyone who requests them in person or in writing. An exempt organization may meet this requirement by posting all the documents on its website or at another organizations site as part of a database of similar materials. Specific requirements must be met to meet this exception.

### **A few final reminders relating to your tax return filings:**

- There are substantial penalties for failure to properly disclose and report foreign financial accounts and foreign activity. Please make sure you have informed us of any foreign financial accounts or foreign activity so that we have the necessary information to complete any required disclosures or filings.
- Be sure to review the returns prior to signing as you have final responsibility for all information included in the returns. Please contact us if you have any questions or concerns.
- We recommend you keep a paper or electronic copy of your tax returns permanently. Supporting documentation should be kept for a minimum of seven years based on IRS guidance.

CLA exists to create opportunities – for our clients, our people, and our communities. We value our relationship with you and thank you for your trust and confidence in allowing us to serve you. If we can assist you in making strategic, informed decisions in areas of tax or beyond, please contact us as questions arise throughout the year.

Sincerely,

CliftonLarsonAllen LLP



CliftonLarsonAllen LLP  
CLAconnect.com

**AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

**FORM 990 INCOME TAX RETURN**

**FOR YEAR ENDED JANUARY 31, 2023**

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning **FEB 1**, 2022, and ending **JAN 31**, 20**23****2022**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**

Name of filer

**AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

EIN or SSN

**13-3271855**Name and title of officer or person subject to tax **GREGORY MITCHELL**  
**CHIEF FINANCIAL OFFICER****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <b>55,567,608.</b>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9)	<b>2b</b>
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22)	<b>3b</b>
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5)	<b>4b</b>
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c)	<b>5b</b>
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4)	<b>6b</b>
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1)	<b>7b</b>
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	<b>8b</b>
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19)	<b>9b</b>
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22)	<b>10b</b>

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

☒ I authorize **CLIFTONLARSONALLEN LLP** to enter my PIN **20005**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*Gregory Mitchell*Date **12/13/2023****Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**54434922203****Do not enter all zeros**

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **CLIFTONLARSONALLEN LLP**Date **12/13/23**

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form **8868**  
(Rev. January 2022)Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	Taxpayer identification number (TIN)  <b>13-3271855</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1300 WILSON BLVD, 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22209</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**GREGORY MITCHELL, CHIEF FINANCIAL OFFICER**

- The books are in the care of ► **1300 WILSON BLVD, 600 - ARLINGTON, VA 22209**

Telephone No. ► **202-407-8580**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **DECEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **FEB 1, 2022**, and ending **JAN 31, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

Form <b>990</b> Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b> 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. Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	OMB No. 1545-0047 <div style="border: 2px solid black; padding: 5px; font-size: 24pt; font-weight: bold;">2022</div> Open to Public Inspection
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**A For the 2022 calendar year, or tax year beginning FEB 1, 2022 and ending JAN 31, 2023**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b> <b>Doing business as THE ALS ASSOCIATION</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>1300 WILSON BLVD 600</b> City or town, state or province, country, and ZIP or foreign postal code <b>ARLINGTON, VA 22209</b> <b>F Name and address of principal officer: CALANEET BALAS</b> <b>SAME AS C ABOVE</b>	<b>D Employer identification number</b> <b>13-3271855</b> <b>E Telephone number</b> <b>202-407-8580</b> <b>G Gross receipts \$ 77,468,178.</b> <b>H(a) Is this a group return for subordinates? ....</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c) Group exemption number 4119</b>
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website: WWW.ALS.ORG</b>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
<b>L Year of formation: 1985</b>		
<b>M State of legal domicile: DE</b>		

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>LEADING THE FIGHT TO CURE AND TREAT ALS THROUGH RESEARCH, ADVOCACY AND CARE SERVICES.</b>		
<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>31</b>
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>31</b>
<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>547</b>
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>31</b>
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>8</b>	<b>37,557,524.</b>
<b>9</b>	Program service revenue (Part VIII, line 2g)	<b>9</b>	<b>0.</b>
<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10</b>	<b>2,213,860.</b>
<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>11</b>	<b>21,419.</b>
<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>12</b>	<b>39,792,803.</b>
<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>13</b>	<b>15,323,942.</b>
<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<b>14</b>	<b>0.</b>
<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>15</b>	<b>13,877,954.</b>
<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<b>16a</b>	<b>333,300.</b>
<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	<b>b</b>	<b>22,059,606.</b>
<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>17</b>	<b>15,317,102.</b>
<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>18</b>	<b>44,852,298.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<b>19</b>	<b>-5,059,495.</b>
<b>20</b>	Total assets (Part X, line 16)	<b>20</b>	<b>98,343,083.</b>
<b>21</b>	Total liabilities (Part X, line 26)	<b>21</b>	<b>7,253,250.</b>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<b>22</b>	<b>91,089,833.</b>

**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.

<b>Sign Here</b>	Signature of officer: <i>Gregory Mitchell</i> Signature of preparer: _____	Date: <b>12/13/2023</b>
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: <b>ROBERT WILLIAMS</b> Preparer's signature: <b>ROBERT WILLIAMS</b> Date: <b>12/13/23</b> Check if self-employed: <input type="checkbox"/> PTIN: <b>P01345960</b> Firm's name: <b>CLIFTONLARSONALLEN LLP</b> Firm's EIN: <b>41-0746749</b> Firm's address: <b>901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203</b> Phone no.: <b>571-227-9500</b>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page **2****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:

**SEE SCHEDULE O FOR THE ASSOCIATION'S MISSION. ALSO SEE SCHEDULE O FOR DISCUSSION ON HOW THE ASSOCIATION RESTRUCTURED INTO A SINGLE CORPORATION.**

**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 \$ 26,960,747. including grants of \$ 4,405,372. ) (Revenue \$ )

**PATIENT AND COMMUNITY SERVICES: THE ASSOCIATION 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**

**4b** (Code: ) (Expenses \$ 15,622,467. including grants of \$ 14,316,768. ) (Revenue \$ )

**RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS).**

**4c** (Code: ) (Expenses \$ 10,549,879. including grants of \$ ) (Revenue \$ )

**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, 2023, 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. IN ADDITION, THE ADVOCACY DEPARTMENT SECURED FUNDING FROM STATE GOVERNMENTS FOR CARE AND SUPPORT OF PEOPLE LIVING WITH ALS.**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses 53,133,093.

Form **990** (2022)

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b> X	
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	



Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 4

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

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 281	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b> 547		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	<b>3b</b>		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>	X	
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>		X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>		X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	<b>17</b>		

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 6

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	31			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		31		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> 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 on Schedule O .....			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on 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, CHIEF FINANCIAL OFFICER - 202-407-8580**  
**1300 WILSON BLVD, 600, ARLINGTON, VA 22209**

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 7

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALANEET BALAS PRESIDENT AND CEO	37.50			X				456,666.	0.	41,099.
(2) TINA ZEFF CHIEF OPERATIONS OFFICER	37.50				X			308,028.	0.	41,556.
(3) GREG MITCHELL CHIEF FINANCIAL OFFICER	37.50			X				306,968.	0.	14,816.
(4) NEIL THAKUR CHIEF MISSION OFFICER	37.50				X			275,627.	0.	44,984.
(5) DEAN FEENER CHIEF INFORMATION AND MARKETING OFFI	37.50				X			247,460.	0.	12,356.
(6) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	37.50				X			247,360.	0.	12,615.
(7) LANCE SLAUGHTER SVP STRATEGIC ALLIANCES AND GOVERNAN	37.50					X		241,396.	0.	22,878.
(8) VICKIE LOBELLO SENIOR VICE PRESIDENT ORGANIZATIONAL	37.50					X		228,324.	0.	19,143.
(9) BRIAN FREDERICK SENIOR VICE PRESIDENT STRATEGIC COMM	37.50					X		224,926.	0.	10,962.
(10) KULDIP DAVE SENIOR VICE PRESIDENT RESEARCH	37.50					X		222,758.	0.	49,556.
(11) KEITH GARY VICE PRESIDENT MISSION ACCELERATION	37.50					X		214,098.	0.	33,590.
(12) SCOTT KAUFFMAN CHAIR	5.00	X		X				0.	0.	0.
(13) FRED M. DEGRANDIS VICE-CHAIR	5.00	X		X				0.	0.	0.
(14) SUE GORMAN IMMEDIATE PAST CHAIR	5.00	X		X				0.	0.	0.
(15) CONNIE HOUSTON TREASURER	4.00	X		X				0.	0.	0.
(16) SANDRA PIERSOL SECRETARY	5.00	X		X				0.	0.	0.
(17) JINSY ANDREWS TRUSTEE	2.00	X						0.	0.	0.

Form 990 (2022)

## AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 8

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EUGENE BRANDON, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(19) DAVID VAN DE RIET TRUSTEE	2.00	X						0.	0.	0.
(20) CLIFTON GOOCH, M.D. TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(21) CHRISTI L. KOLARCIC, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(22) CHARLIE ROBINSON, D, SC., P.E TRUSTEE	2.00	X						0.	0.	0.
(23) J. THOMAS MAY TRUSTEE	2.00	X						0.	0.	0.
(24) JOHN P. KRAVE, JD TRUSTEE	2.00	X						0.	0.	0.
(25) JOHN ROBINSON TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(26) JUDY PRATT, D.M.D TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....								2,973,611.	0.	303,555.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								2,973,611.	0.	303,555.

**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

28

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* .....
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual* .....
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* .....

	Yes	No
3		X
4	X	
5		X

**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
MCDERMOTT, WILL & EMERY P.O. BOX 1675, CAROL STREAM, IL 60132-1675	ATTORNEY (LEGAL SERVICES)	868,347.
BARNES & THORNBURG LLP, 11 SOUTH MERIDIAN ST, INDIANAPOLIS, IN 46204	ATTORNEY (LEGAL SERVICES)	792,577.
MCCORMICK GROUP 20 MAPLE ST, LEXINGTON, MA 02420	CONSULTING SERVICES	404,394.
THROUGHCO COMMUNICATIONS 2109 BROADWAY 10-18, NEW YORK, NY 10023	MARKETING & COMMUNICATIONS SERVI	275,637.
FAEGRE DRINKER BIDDLE & REATH LLP P.O. BOX 536777, PITTSBURGH, PA 15253-5909	PROFESSIONAL SERVICES FOR LEGISLA	161,241.

**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

12

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENNETH MENKHAUS TRUSTEE	2.00	X						0.	0.	0.
(28) KEVIN SPINELLA TRUSTEE (THRU 12/22)	2.00	X						0.	0.	0.
(29) LARRY FALIVENA TRUSTEE	2.00	X						0.	0.	0.
(30) LOU LIBBY, MD TRUSTEE	2.00	X						0.	0.	0.
(31) MARK CALMES TRUSTEE	2.00	X						0.	0.	0.
(32) MARK STANCIL TRUSTEE	2.00	X						0.	0.	0.
(33) MILLIE ARNOLD TRUSTEE	2.00	X						0.	0.	0.
(34) NANCY LEAMOND TRUSTEE	2.00	X						0.	0.	0.
(35) PAUL INGHLT TRUSTEE	2.00	X						0.	0.	0.
(36) TOBIN M. KUCHARSKI TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(37) TOM CARROLL TRUSTEE	2.00	X						0.	0.	0.
(38) WARREN NELSON TRUSTEE	2.00	X						0.	0.	0.
(39) WENDY J. SCHRIBER TRUSTEE	2.00	X						0.	0.	0.
(40) KEN BALTES TRUSTEE (THRU 09/22)	2.00	X						0.	0.	0.
(41) MICHAEL BENATAR TRUSTEE	2.00	X						0.	0.	0.
(42) KATHLEEN BOYCE TRUSTEE	2.00	X						0.	0.	0.
(43) AMY BRACHIO TRUSTEE	2.00	X						0.	0.	0.
(44) JOHN ROCKY DALLUM TRUSTEE	2.00	X						0.	0.	0.
(45) PETER MCKOWN TRUSTEE	2.00	X						0.	0.	0.
(46) REBECCA MOSS TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										



Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 9

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,198,414.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	7,846,854.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,976,304.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	42,654,717.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 542,107.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,849,992.			1849992.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			83.			83.
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		19,066,395.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		19,144,850.			
	<b>d</b> Net gain or (loss) .....			-78,455.			-78,455.
	<b>8 a</b> Gross income from fundraising events (not including \$ 7,846,854. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		2,755,720.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>		2,755,720.			
	<b>c</b> Net income or (loss) from fundraising events .....			0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....		900099	119,699.			119,699.
	<b>e Total.</b> Add lines 11a-11d .....			119,699.			
<b>12 Total revenue.</b> See instructions .....			55,567,608.	0.	0.	1891319.	



Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,641,389.	14,641,389.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	2,012,096.	2,012,096.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,068,655.	2,068,655.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,009,534.	655,782.	1,262,342.	91,410.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	27,608,816.	15,966,274.	2,013,950.	9,628,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,706,558.	945,498.	205,493.	555,567.
<b>9</b> Other employee benefits	2,683,237.	1,535,337.	199,699.	948,201.
<b>10</b> Payroll taxes	2,202,494.	1,251,771.	212,462.	738,261.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,998,496.	11,325.	1,987,171.	
<b>c</b> Accounting	215,467.	4,663.	88,147.	122,657.
<b>d</b> Lobbying	172,117.	172,117.		
<b>e</b> Professional fundraising services. See Part IV, line 17	648,986.			648,986.
<b>f</b> Investment management fees	180,821.		180,821.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,511,839.	2,470,962.	1,175,069.	865,808.
<b>12</b> Advertising and promotion	2,043,993.	694,580.	28,220.	1,321,193.
<b>13</b> Office expenses	2,070,747.	546,300.	71,601.	1,452,846.
<b>14</b> Information technology	5,455,057.	2,207,417.	541,600.	2,706,040.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,541,161.	817,587.	132,799.	590,775.
<b>17</b> Travel	2,549,205.	1,256,172.	474,205.	818,828.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	227,710.	128,857.	41,311.	57,542.
<b>20</b> Interest	28,346.		28,346.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,924,151.	960,944.	184,623.	778,584.
<b>23</b> Insurance	185,917.	85,629.	34,450.	65,838.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CHAPTER SUPPORT	3,534,121.	3,534,121.		
<b>b</b> TELECOMMUNICATIONS	483,048.	245,266.	35,653.	202,129.
<b>c</b> PRINTING AND PUBLICATIONS	421,025.	225,737.	14,108.	181,180.
<b>d</b> DUES AND SUBSCRIPTIONS	295,805.	101,526.	58,911.	135,368.
<b>e</b> All other expenses	779,028.	593,088.	36,139.	149,801.
<b>25</b> Total functional expenses. Add lines 1 through 24e	84,199,819.	53,133,093.	9,007,120.	22,059,606.
<b>26</b> 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)	2,978,000.	441,000.	0.	2,537,000.

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 11

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,640,945.	<b>1</b>	4,617,066.
	<b>2</b> Savings and temporary cash investments .....	924,888.	<b>2</b>	732,559.
	<b>3</b> Pledges and grants receivable, net .....	4,188,908.	<b>3</b>	13,399,732.
	<b>4</b> Accounts receivable, net .....	2,518,929.	<b>4</b>	2,928,243.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,639,445.	<b>9</b>	1,909,791.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,476,709.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,877,931.	<b>10c</b>	4,598,778.
	<b>11</b> Investments - publicly traded securities .....	78,900,690.	<b>11</b>	58,740,613.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,150,423.	<b>15</b>	7,518,240.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	98,343,083.	<b>16</b>	94,445,022.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,519,829.	<b>17</b>	13,447,062.
	<b>18</b> Grants payable .....	1,150,000.	<b>18</b>	3,462,525.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	240,955.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	3,396,470.
	<b>25</b> 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 .....	2,583,421.	<b>25</b>	9,663,545.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,253,250.	<b>26</b>	30,210,557.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	79,396,160.	<b>27</b>	52,105,755.
	<b>28</b> Net assets with donor restrictions .....	11,693,673.	<b>28</b>	12,128,710.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	91,089,833.	<b>32</b>	64,234,465.
	<b>33</b> Total liabilities and net assets/fund balances .....	98,343,083.	<b>33</b>	94,445,022.

Form 990 (2022)

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 12

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,567,608.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	84,199,819.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-28,632,211.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	91,089,833.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,798,204.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	8,575,047.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	64,234,465.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b> 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 on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2022)



Schedule A (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>5</b> 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) .....						503,060.
<b>6 Public support.</b> Subtract line 5 from line 4.						187364497

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2641824.	2782381.	1985828.	2158934.	1850075.	11419042.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	56,636.	57,282.	18,824.	21,419.	119,699.	273,860.
<b>11 Total support.</b> Add lines 7 through 10						199560459
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	293,362.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.89	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	92.30	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			



**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 7

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-3271855

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE ALS ASSOCIATION FLORIDA CHAPTER 3242 PARKSIDE CENTER CIR TAMPA, FL 33619	\$ 1,359,265.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	THE ALS ASSOCIATION INDIANA CHAPTER 9449 PRIORITY WAY W DR #130 INDIANAPOLIS, IN 46240	\$ 1,073,900.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	THE ALS ASSOCIATION ST. LOUIS REGIONAL CHAPTER 1950 CRAIG ROAD #200 ST. LOUIS, MO 63146	\$ 2,065,317.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization	Employer identification number
<b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	<b>13-3271855</b>

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

SCHEDULE C  
(Form 990)

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

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

2 Political campaign activity expenditures ..... \$

3 Volunteer hours for political campaign activities .....

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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990) 2022

LHA

232041 11-08-22



**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		183,829.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		688,506.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		872,335.	
<b>d</b> Other exempt purpose expenditures		52,260,758.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		53,133,093.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	565,604.	220,698.	177,409.	872,335.	1,836,046.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	64,007.	7,109.		183,829.	254,945.

Schedule C (Form 990) 2022

**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
<b>1</b> 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:			
<b>a</b> Volunteers? .....			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ...			
<b>c</b> Media advertisements? .....			
<b>d</b> Mailings to members, legislators, or the public? .....			
<b>e</b> Publications, or published or broadcast statements? .....			
<b>f</b> Grants to other organizations for lobbying purposes? .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....			
<b>i</b> Other activities? .....			
<b>j</b> Total. Add lines 1c through 1i .....			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? .....	<b>3</b>	

**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."

<b>1</b> Dues, assessments and similar amounts from members .....	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year .....	<b>2a</b>	
<b>b</b> Carryover from last year .....	<b>2b</b>	
<b>c</b> Total .....	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....	<b>3</b>	
<b>4</b> 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 expenditures next year? .....	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....	<b>5</b>	

**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.

**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.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**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 (for example, recreation or education) ☐ Preservation of a 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 Tax 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

**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 make 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 program  
 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	
1d	
1e	
1f	

- c Beginning balance .....  
 d Additions during the year .....  
 e Distributions during the year .....  
 f 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 on 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 .....	6,509,730.	6,516,315.	6,516,315.	6,454,731.	6,516,315.
b Contributions .....					
c Net investment earnings, gains, and losses .....	-503,564.	429,109.	669,572.	587,974.	-61,584.
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....	5,305,205.	435,694.	669,572.	526,390.	
f Administrative expenses .....					
g End of year balance .....	700,961.	6,509,730.	6,516,315.	6,516,315.	6,454,731.

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 30.7230 %  
 c Term endowment 69.2770 %

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:

- (i) Unrelated organizations .....  
 (ii) Related organizations .....

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? .....

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 .....		1,327,429.	273,078.	1,054,351.
d Equipment .....		979,173.	630,086.	349,087.
e Other .....		14,170,107.	10,974,767.	3,195,340.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) .....				4,598,778.

Schedule D (Form 990) 2022

**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)		
<b>Total.</b> (Col. (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)		
<b>Total.</b> (Col. (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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	763,677.
(2) CONTRIBUTIONS RECEIVABLE FROM REMAINDER TRUSTS	103,853.
(3) RIGHT OF USE ASSET	6,650,710.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,518,240.

**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	
(2) ANNUITY PAYMENT LIABILITY	959,985.
(3) LEASE LIABILITIES - OPERATING	8,703,560.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,663,545.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 4

**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	70,288,037.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-6,798,204.
b	Donated services and use of facilities	2b	13,105,854.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	-282,893.
e	Add lines 2a through 2d	2e	6,024,757.
3	Subtract line 2e from line 1	3	64,263,280.
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	180,821.
b	Other (Describe in Part XIII.)	4b	-8,876,493.
c	Add lines 4a and 4b	4c	-8,695,672.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	55,567,608.

**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	97,143,405.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	13,105,854.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	18,553.
e	Add lines 2a through 2d	2e	13,124,407.
3	Subtract line 2e from line 1	3	84,018,998.
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	180,821.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	180,821.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	84,199,819.

**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.

**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.

**PART X, LINE 2:**

THE ASSOCIATION DID NOT HAVE ANY UNRELATED TAXABLE INCOME FOR THE YEARS

ENDED JANUARY 31, 2023 AND 2022. ACCORDINGLY, NO PROVISION FOR INCOME

TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS.

THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION

AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS

**Part XIII** Supplemental Information (continued)

TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-172,023.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-282,893.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENTS, NET OF EXPENSES NOT ON AUDITED FINANCIAL STATEMENT	-2,755,720.
EXCESS FAIR VALUE OF ASSETS ACQUIRED	-6,120,773.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-8,876,493.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNUSED GRANTS	18,553.
---------------	---------

**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	224,843.
NORTH AMERICA	0	0	GRANTS	RESEARCH	550,000.
EUROPE	0	0	GRANTS	RESEARCH	1,262,365.
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	50,000.
<b>3 a Subtotal</b> .....	0	0			2,087,208.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,087,208.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022



**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	49,843.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	CLINICAL TRIAL AWARD	125,000.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	DRUG DEVELOPMENT CONTRACT	300,000.	CHECK	0. N/A		N/A
			EUROPE	PREVENTION PROGRAM	200,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	STRATEGIC INITIATIVE	100,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	POST DOCTORAL FELLOWSHIP	75,000.	CHECK	0. N/A		N/A

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 20

**3** Enter total number of other organizations or entities 0

Schedule F (Form 990) 2022

Schedule F (Form 990)		AMYOTROPHIC LATERAL SCLEROSIS ASSN.					13-3271855			Page 2		
Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States.									(Schedule F (Form 990), Part II, line 1)	
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)			
			EUROPE	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0.	N/A	N/A			
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	42,223.	WIRE TRANSFER	0.	N/A	N/A			
			EUROPE	PREVENTION PROGRAM	200,000.	WIRE TRANSFER	0.	N/A	N/A			
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	75,000.	CHECK	0.	N/A	N/A			
			EUROPE	POST DOCTORAL FELLOWSHIP	75,000.	CHECK	0.	N/A	N/A			
			EUROPE	SEED GRANTS PROGRAM	49,987.	WIRE TRANSFER	0.	N/A	N/A			
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	45,155.	WIRE TRANSFER	0.	N/A	N/A			
			EUROPE	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0.	N/A	N/A			
			NORTH AMERICA	DRUG DEVELOPMENT CONTRACT	100,000.	WIRE TRANSFER	0.	N/A	N/A			

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

[illegible]

**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; don't 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; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2022

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.

PART I, LINE 2:

FOREIGN RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, 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 DEPARTMENT.



Schedule G (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 2

**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.

		(a) Event #1 KANSAS CITY WALK	(b) Event #2 WASHINGTON WALK	(c) Other events 4	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	695,373.	519,377.	9,387,824.	10,602,574.
	2 Less: Contributions .....	666,883.	477,341.	6,702,630.	7,846,854.
	3 Gross income (line 1 minus line 2) .....	28,490.	42,036.	2,685,194.	2,755,720.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	9,907.	2,486.	169,268.	181,661.
	6 Rent/facility costs .....	3,966.	20,184.	597,217.	621,367.
	7 Food and beverages .....	460.	178.	109,263.	109,901.
	8 Entertainment .....	135.	2,125.	79,775.	82,035.
	9 Other direct expenses .....	14,022.	17,063.	1,729,671.	1,760,756.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				2,755,720.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				0.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	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: \_\_\_\_\_

\_\_\_\_\_



Schedule G (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 3

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 to be 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVE NW SUITE 301, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE, INC.

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DR SUITE 210, BOWIE, MD 20715



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number  
13-3271855

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALABAMA NEUROLOGY ASSOCIATES 3105 INDEPENDENCE DR, STE 105 BIRMINGHAM, AL 35209	63-0976742	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ALLEGHENY HEALTH NETWORK 490 E NORTH AVE, STE 500 PITTSBURGH, PA 15212	45-3674924	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ATRIUM HEALTH FOUNDATION 2709 WATER RIDGE PARKWAY, STE 300 CHARLOTTE, NC 28217	56-6060481	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
AVERA MCKENNAN 1301 S CLIFF AVE, STE 506 SIOUX FALLS, SD 57105	46-0224743	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 243.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR SCOTT & WHITE MEDICAL CENTER - ROUND ROCK - 300 A UNIVERSITY BLVD, 4TH FL, NEUROLOGY - ROUND ROCK, TX 78665	20-3749695	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
BAYLOR SCOTT & WHITE MEDICAL CENTER - ROUND ROCK - 300 UNIVERSITY BLVD - ROUND ROCK, TX 78665	20-3749695	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT
BROWN NEUROLOGY 593 EDDY ST, APC 5 PROVIDENCE, RI 02903	05-0448314	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
CEDARS SINAI MEDICAL CENTER 127 S SAN VICENTE BLVD, A6600 LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
CLEVELAND CLINIC 9500 EUCLID AVE, DESK S90 CLEVELAND, OH 44195	34-0714585	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE - 610 AIRPORT RD, SUITE 100 - HUNTSVILLE, AL 35801	26-3750673	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COREWELL HEALTH 2750 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	38-3382353	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COXHEALTH FOUNDATION 3525 S NATIONAL AVE, STE 204 SPRINGFIELD, MO 65807	43-6810485	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COXHEALTH FOUNDATION PO BOX 8131 SPRINGFIELD, MO 65890	43-6810485	501(C)3	5,500.	0.	N/A	N/A	MONTHLY GRANT

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATORS OF THE UNIVERSITY OF MISSOURI - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
DARTMOUTH HITCHCOCK CLINIC ONE MEDICAL CENTER DR LEBANON, NH 03756	22-2519596	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
DUKE UNIVERSITY PO BOX 602651 CHARLOTE, NC 28260	56-0532129	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ECU HEALTH MEDICAL CENTER 2100 STANTONSBURG RD GREENVILLE, NC 27834	56-0585243	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ESSENTIA HEALTH FOUNDATION 400 EAST THIRD STREET DULUTH, MN 55805	27-1984704	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE, MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - 1120 15TH ST, EMG LAB BP-4390 - AUGUSTA, GA 30912	35-2310573	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HENNEPIN HEALTHCARE ALS CLINIC 701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HENRY FORD HEALTH SYSTEM 1414 E MAPLE RD, STE 2N TROY, MI 48083	38-1357020	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMH HOSPITALS CORPORATION 1945 ROUTE 33 NEPTUNE, NJ 07753	22-1487576	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOLY CROSS HOSPITAL 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	59-0791028	501(C)3	51,960.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
HOLY CROSS HOSPITAL, PHIL SMITH ALS CLINIC PROGRAM - 4725 N FEDERAL HIGHWAY - FT. LAUDERDALE, FL 33308	59-0791028	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HONORHEALTH AMBULATORY 7242 E OSBORN RD, SUITE 400 SCOTTSDALE, AZ 85251	94-2735850	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOSPITAL FOR SPECIAL SURGERY 525 EAST 71ST ST, BELAIRE BLDG, 5TH NEW YORK, NY 10021	13-1624135	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOUSTON METHODIST HOSPITAL FOUNDATION - 6560 FANNIN STREET, SUITE 802 - HOUSTON, TX 77030	76-0094743	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOUSTON METHODIST HOSPITAL FOUNDATION - 6565 FANNIN ST - HOUSTON, TX 77030	76-0094743	501(C)3	25,000.	0.	N/A		ANNUAL GRANT
INDIANA UNIVERSITY 355 W 16TH ST., ROOM 3222 INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON WEINBERG ALS CENTER 900 WALNUT STREET, JHN SUITE 409 PHILADELPHIA, PA 19107	23-2829095	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 3599 RAINBOW BLVD, MS 2012 - KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
KECK MEDICINE OF USC ALS CLINIC 1520 SAN PABLO ST, STE 3000 LOS ANGELES, CA 90033	95-1642394	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LAHEY CLINIC, INC. 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LAHEY CLINIC FOUNDATION, INC. 41 MALL RD BURLINGTON, MA 01805	04-2323457	501(C)3	12,000.	0.	N/A		MONTHLY GRANT
LEHIGH VALLEY HEALTH NETWORK 1250 S CEDAR CREST BLVD, STE 405 ALLENTOWN, PA 18103	23-1689692	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
LOMA LINDA UNIVERSITY FACULTY MEDICAL GROUP - 11370 ANDERSON ST, SUITE B-100 - LOMA LINDA, CA 92534	33-0672915	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LSU HEALTH SCIENCES CENTER NEW ORLEANS - 2021 PERDIDO ST. - NEW ORLEANS, LA 70112	72-6087770	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
MAYO CLINIC 200 FIRST ST SW, 8TH FL, MAYO BLDG ROCHESTER, MN 55905	41-6011702	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC FLORIDA 4500 SAN PABLO RD S JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC FLORIDA 200 FIRST ST SW ROCHESTER, MN 55905	59-0714831	501(C)3	49,839.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 96 JONATHAN LUCAS ST, CSB STE 301 - MSC 606 - CHARLESTON, SC 29425	57-6000722	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MOUNT SINAI BETH ISRAEL 10 UNION SQUARE EAST, SUITE 5D NEW YORK, NY 10003	13-5564934	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
NEBRASKA MEDICINE 988435 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
NEUROLOGY ASSOCIATES OF STONY BROOK - 181 NORTH BELLE MEAD RD, STE 5 - EAST SETAUKET, NY 11733	11-2587430	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY, 7TH FL, CLINIC NEW ORLEANS, LA 70121	72-0502505	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
OHIOHEALTH FOUNDATION INC. 300 POLARIS PARKWAY, STE 210 WESTERVILLE, OH 43082	23-7446919	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH AND SCIENCE UNIVERSITY - 3303 S BOND AVE, BLDG 1, 8TH FL - PORTLAND, OR 97239	93-1176109	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
PRISMA HEALTH PARTNERS IN HEALTH, INC. - 200 PATEWOOD DR, SUITE B350 - GREENVILLE, SC 29615	57-1004971	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
PROVIDENCE HEALTH & SERVICES - OREGON - 9135 SW BARNES RD, STE 363 - PORTLAND, OR 97225	93-0386929	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
RUTGERS HEALTH-RWJ SCLERODERMA PROGRAM - 125 PATERSON ST, CAB-SUITE 6200 - NEW BRUNSWICK, NJ 08901	22-3371727	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
SENTARA DEPARTMENT OF NEUROLOGY 1950 GLENN MITCHELL DR, SUITE 200 VIRGINIA BEACH, VA 23456	54-1547408	501(C)3	7,500.	0.	N/A	N/A	QUARTERLY GRANT
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP - HARBOR CITY - 1050 PACIFIC COAST HWY, 3RD FLOOR - HARBOR CITY, CA 90710	95-1750445	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP - LOS ANGELES - 1505 N EDMONT ST, 5TH FLOOR, DEPT OF NEUROLOGY - LOS ANGELES, CA 90027	95-1750445	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER - FILE 57431 - LOS ANGELES, CA 90074	94-1196203	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ST. LOUIS UNIVERSITY 1402 S GRAND, 218B SCHWITALLA HALL ST. LOUIS, MO 63104	43-0654872	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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SUTTER WEST BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CEN - 1100 VAN NESS AVE, 6TH FLOOR - SAN FRANCISCO, CA 94109	94-2948131	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122	91-0433740	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
TEXAS NEUROLOGY 6080 N CENTRAL EXPRESSWAY DALLAS, TX 75206	75-2654757	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO - 5001 EL PASO DR - EL PASO, TX 79905	75-2660818	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70 WEST - COLUMBIA, MO 65211	43-6003859	501(C)3	10,500.	0.	N/A	N/A	MONTHLY GRANT
THE EMORY CLINIC, INC 12 EXECUTIVE PARK DR. NE, STE 276 ATLANTA, GA 30329	58-2030692	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20077	53-0196584	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20077	53-0196584	501(C)3	18,750.	0.	N/A	N/A	QUARTERLY GRANT
THE JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	501(C)3	90,000.	0.	N/A	N/A	QUARTERLY GRANT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY 30 HOPE DRIVE, EC 037 HERSHEY, PA 17033	24-6000376	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE PERMANENTE MEDICAL GROUP, INC - SAN FRANCISCO - 350 ST JOSEPHS AVE, 1ST FL - SAN FRANCISCO, CA 94115	94-2728480	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
THE PERMANENTE MEDICAL GROUP, INC. - SAN RAFAEL - 99 MONTECILLO ROAD - SAN RAFAEL, CA 94903	94-2728480	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 200 S MANCHESTER AVE, SUITE 110 - ORANGE, CA 92868	95-2226406	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - 750 EAST ADAMS ST - SYRACUSE, NY 13210	14-1368361	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 516 WEST 168TH ST - NEW YORK, NY 10032	13-5598093	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637	36-2177139	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
TIDALHEALTH PENINSULA REGIONAL INC 100 E CARROLL ST SALISBURY, MD 21801	52-0591628	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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TIDAL HEALTH ALS CLINIC 100 E CARROLL ST SALISBURY, MD 21801	51-1851935	501(C)3	5,625.	0.	N/A	N/A	QUARTERLY GRANT
TRINITY HEALTH GRAND RAPIDS HOSPITAL - 220 CHERRY ST SE - GRAND RAPIDS, MI 49503	38-2113393	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UC REGENTS - LOS ANGELES PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY MEDICAL SERVICE ASSOCIATION, INC - PO BOX 917492 - ORLANDO, FL 32891	23-7313346	501(C)3	55,141.	0.	N/A	N/A	BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF CALIFORNIA, DAVIS 4860 Y ST, STE 1700, LAWRENCE J ELLISON CARE CTR - SACRAMENTO, CA 94817	94-6036494	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 200 W ARBOR DR, MC 8465 - SAN DIEGO, CA 92103	95-6006144	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC. - PO BOX 743651 - ATLANTA, GA 30374	59-1867557	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL, PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)3	13,785.	0.	N/A	N/A	BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC - 912 S WOOD ST, MC 796 - CHICAGO, IL 60612	37-6000511	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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UNIVERSITY OF KANSAS ENDOWMENT 3599 RAINBOW BLVD. KANSAS CITY, KS 66160	48-0547734	501(C)3	59,587.	0.	N/A		MONTHLY GRANT
UNIVERSITY OF KENTUCKY 740 S LIMESTONE ST, STE J401 LEXINGTON, KY 40536	61-6001218	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF LOUISVILLE PHYSICIANS - 300 E MARKET ST, STE 400C - LOUISVILLE, KY 40202	27-3645560	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
UNIVERSITY OF MARYLAND 110 S PACA ST, 3RD FL BALTIMORE, MD 21201	52-6002033	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE - PO BOX 41428 - BALTIMORE, MD 21203	52-6002033	501(C)3	18,750.	0.	N/A		QUARTERLY GRANT
UNIVERSITY OF MIAMI 1120 NW 14TH ST, SUITE 1373 MIAMI, FL 33144	59-0624458	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MIAMI 1120 NW 14 ST, RM 1373 MIAMI, FL 33136	59-0624458	501(C)3	57,262.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DR, BSRB 4029 ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486	41-6042488	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER - MSC10 5620, 1 UNIV OF NM - ALBUQUERQUE, NM 87131	85-6000642	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC. - 4202 E FOWLER AVE, ALC 100 - TAMPA, FL 33620	59-0879015	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DR, MSC 7883 - SAN ANTONIO, TX 78229	74-1586031	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF UTAH 175 NORTH MEDICAL DR SALT LAKE CITY, UT 84132	87-6000525	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VERMONT 149 BEAUMONT AVE, HSRF 426 BURLINGTON, VT 05405	45-1556038	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VIRGINIA RICHARD R DART ALS CLINIC - BOX 800-394 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VIRGINIA RICHARD R DART ALS CLINIC - BOX 800-394 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)3	18,750.	0.	N/A	N/A	QUARTERLY GRANT
UNMC PHYSICIANS, DEPT OF NEUROLOGY 988145 NEBRASKA MEDICAL CTR. OMAHA, NE 68198	47-0049123	501(C)3	22,000.	0.	N/A	N/A	MONTHLY GRANT
VIRGINIA MASON MEDICAL CENTER 1100 9TH AVE, MAILSTOP X7-NEU SEATTLE, WA 98101	91-0565539	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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WAKE FOREST UNIVERSITY HEALTH SCIENCES - 1 MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157	22-3849199	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ALS FINDING A CURE - LEANDRO P. RIZZUTO FOUNDATION - 1014 GATEWAY BLVD. SUITE 105 - BOYNTON BEACH, FL 33426	30-6068334	501(C)3	100,000.	0.	N/A		PARTNERSHIP PROGRAM GRANT
ALS NEVERSURRENDER FOUNDATION PO BOX 3187 BRECKENRIDGE, CO 80424	47-4746935	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	52,500.	0.	N/A		CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	52,500.	0.	N/A		CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	50,000.	0.	N/A		SHELIA ESSEY AWARD

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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AQUILUS PHARMACEUTICALS, INC. 225 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	26-4765079	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
AQUILUS PHARMACEUTICALS, INC. 225 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	26-4765079	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY, MAIL CODE 8838 - REDWOOD CITY, CA 95063	94-1156365	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
BRAINSTORM CELL THERAPEUTICS, INC. 1325 AVENUE OF AMERICAS, 28TH FL NEW YORK, NY 10019	20-7273918	501(C)3	200,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
BROWN UNIVERSITY OFFICE SPONSORED PROJECTS BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)3	57,443.	0.	N/A	N/A	STRATEGIC INITIATIVE
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)3	21,667.	0.	N/A	N/A	STRATEGIC INITIATIVE

Schedule I (Form 990)



Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

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EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	49,996.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	49,997.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	75,000.	0.	N/A		POST DOCTORAL FELLOWSHIP
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE 206 CHARLOTTESVILLE, VA 22903	20-5744808	501(C)3	500,000.	0.	N/A		PARTNERSHIP PROGRAM GRANT
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH INC - 11400 ROCKVILLE PIKE SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)3	60,449.	0.	N/A		STRATEGIC INITIATIVE
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH INC - 11400 ROCKVILLE PIKE SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)3	32,534.	0.	N/A		STRATEGIC INITIATIVE
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 48202	38-1357020	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)3	49,974.	0.	N/A	N/A	SEED GRANTS PROGRAM
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	60,351.	0.	N/A	N/A	STRATEGIC INITIATIVE
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	94,444.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	200,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
KAISER FOUNDATION RESEARCH INSTITUTE - 1800 HARRISON ST., 16TH FLOOR - OAKLAND, CA 94612	94-1105628	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
LIBRA THERAPEUTICS 3210 MERRYFIELD ROW LA JOLLA, CA 92121	84-5010331	501(C)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	500,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)3	50,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
MAYO CLINIC ARIZONA PO BOX 860334 MINNEAPOLIS, MN 55486	86-0800150	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - PO BOX 5801 - BETHESDA, MD 20824	52-0858115	501(C)3	43,570.	0.	N/A	N/A	STRATEGIC INITIATIVE
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - PO BOX 5801 - BETHESDA, MD 20824	52-0858115	501(C)3	22,615.	0.	N/A	N/A	STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM 200 PORTLAND ST., FLOOR 5 BOSTON, MA 02114	56-2547779	501(C)3	82,470.	0.	N/A	N/A	STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM 200 PORTLAND ST., FLOOR 5 BOSTON, MA 02114	56-2547779	501(C)3	450,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
NOVA SOUTHEASTERN UNIVERSITY 3100 SW 9TH AVE, NSU EAST CAMPUS 5TH FT. LAUDERDALE, FL 33315	59-1083502	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
QURALIS CORPORATION 100 CAMBRIDGEPARK DR. SUITE 500 CAMBRIDGE, MA 02140	81-4722156	501(C)3	250,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
QURALIS CORPORATION 100 CAMBRIDGEPARK DR. SUITE 500 CAMBRIDGE, MA 02140	81-4722156	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
RAPA THERAPEUTICS, LLC 12712 ROCK CREEK MILL RD. SUITE 5B ROCKVILLE, MD 20852	81-2644177	501(C)3	250,000.	0.	N/A	N/A	CLINICAL TRIAL AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
REGENTS OF THE UNIVERSITY OF COLORADO - BOULDER - 1800 GRANT ST. SUITE 600 - DENVER, CO 80203	84-6000555	501(C)3	75,000.	0.	N/A	N/A	STRATEGIC INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF COLORADO - DENVER - 1800 GRANT ST. SUITE 600 - DENVER, CO 80203	84-6000555	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	49,405.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	200,000.	0.	N/A	N/A	PREVENTION PROGRAM
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 1055 N. CURTIS RD. - BOISE, ID 83706	82-0200895	501(C)3	80,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
SOLA BIOSCIENCES, LLC 27 STRATHMORE ROAD, ABI LAB NATICK, MA 01760	81-1222727	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOLA BIOSCIENCES, LLC 27 STRATHMORE ROAD, ABI LAB NATICK, MA 01760	81-1222727	501(C)3	50,000.	0. N/A			DRUG DEVELOPMENT CONTRACT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	75,000.	0. N/A			POST DOCTORAL FELLOWSHIP
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,243.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	20,801.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	19,342.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	16,317.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	11,252.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	10,981.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,344.	0. N/A			STRATEGIC INITIATIVE

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	11,988.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	12,886.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	17,218.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	14,809.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	17,923.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	24,119.	0.	N/A	N/A	STRATEGIC INITIATIVE
TARGET ALS FOUNDATION PO BOX 1598 NEW YORK, NY 10101	81-0756743	501(C)3	500,000.	0.	N/A	N/A	PARTNERSHIP PROGRAM GRANT
TEMPLE UNIVERSITY 1852 N. 10TH ST. PHILADELPHIA, PA 19122	23-1365971	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION (AFTD) - 2700 HORIZON DR. SUITE 120 - KING OF PRUSSIA, PA 19406	41-2073220	501(C)3	500,000.	0.	N/A	N/A	PARTNERSHIP PROGRAM GRANT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION (AFTD) - 2700 HORIZON DR., SUITE 120 - KING OF PRUSSIA, PA 19406	41-2073220	501(C)3	30,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE CURATORS OF THE UNIVERSITY OF MISSOURI - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	70,710.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	70,709.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	63,525.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	63,525.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	71,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	49,442.	0.	N/A	N/A	SEED GRANTS PROGRAM

Schedule I (Form 990)



Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	55,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	200,000.	0.	N/A	N/A	PREVENTION PROGRAM
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST., STE. 600 PHILADELPHIA, PA 19107	23-1352651	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE. SOUTH - BIRMINGHAM, AL 35233	63-6005396	501(C)3	50,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
UNIVERSITY OF FLORIDA 1523 UNION RD.RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)3	300,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF FLORIDA 1523 UNION RD.RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)3	190,413.	0.	N/A	N/A	CLINICAL TRIAL AWARD
UNIVERSITY OF KANSAS MEDICAL RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD. MAILSTOP 1039 - KANSAS CITY, KS 66103	48-1108830	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	554,508.	0.	N/A	N/A	STRATEGIC INITIATIVE
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)3	256,057.	0.	N/A	N/A	PREVENTION PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 500 ROSS ST. 154-0455 PITTSBURGH, PA 15262	25-0965591	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET STE. 102 LOS ANGELES, CA 90089	95-1642394	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET STE. 102 LOS ANGELES, CA 90089	95-1642394	501(C)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
YALE UNIVERSITY P. O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	49,999.	0.	N/A	N/A	SEED GRANTS PROGRAM

Schedule I (Form 990)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT GRANTS	2159	2,012,096.	0.	COST	TO SUPPORT PATIENTS

Part IV

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

PART I, LINE 2:

GRANT APPLICATIONS ARE REVIEWED BY COMMITTEES AND STAFF FOR APPROVAL. ALL GRANT AWARDED RESEARCHERS 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 DEPARTMENT. THE ASSOCIATION REQUIRES PROGRESS REPORTS THROUGHOUT THE AWARD TO CONTINUE TO RECEIVE FUNDS.

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on 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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

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 aren't 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 and/or 1099-NEC 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 PRESIDENT AND CEO	(i)	404,213.	50,000.	2,453.	19,051.	22,048.	497,765.
	(ii)	0.	0.	0.	0.	0.	0.
(2) TINA ZEFF CHIEF OPERATIONS OFFICER	(i)	268,389.	37,500.	2,139.	14,818.	26,738.	349,584.
	(ii)	0.	0.	0.	0.	0.	0.
(3) GREG MITCHELL CHIEF FINANCIAL OFFICER	(i)	272,824.	32,000.	2,144.	14,816.	0.	321,784.
	(ii)	0.	0.	0.	0.	0.	0.
(4) NEIL THAKUR CHIEF MISSION OFFICER	(i)	242,988.	30,500.	2,139.	18,246.	26,738.	320,611.
	(ii)	0.	0.	0.	0.	0.	0.
(5) DEAN FEENER CHIEF INFORMATION AND MARKETING OFFICER	(i)	245,451.	0.	2,009.	12,356.	0.	259,816.
	(ii)	0.	0.	0.	0.	0.	0.
(6) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	(i)	244,142.	0.	3,218.	12,530.	85.	259,975.
	(ii)	0.	0.	0.	0.	0.	0.
(7) LANCE SLAUGHTER SVP STRATEGIC ALLIANCES AND GOVERNANCE	(i)	237,763.	0.	3,633.	13,169.	9,709.	264,274.
	(ii)	0.	0.	0.	0.	0.	0.
(8) VICKIE LOBELLO SENIOR VICE PRESIDENT ORGANIZATIONAL	(i)	223,885.	0.	4,439.	8,774.	10,369.	247,467.
	(ii)	0.	0.	0.	0.	0.	0.
(9) BRIAN FREDERICK SENIOR VICE PRESIDENT STRATEGIC COMMUNICATIONS	(i)	222,913.	0.	2,013.	10,962.	0.	235,888.
	(ii)	0.	0.	0.	0.	0.	0.
(10) KULDIP DAVE SENIOR VICE PRESIDENT RESEARCH	(i)	220,727.	0.	2,031.	13,643.	35,913.	272,314.
	(ii)	0.	0.	0.	0.	0.	0.
(11) KEITH GARY VICE PRESIDENT MISSION ACCELERATION	(i)	209,709.	0.	4,389.	11,542.	22,048.	247,688.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

1

75

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	Employer identification number <b>13-3271855</b>
--	---

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	72	120,465.	NET PROCEEDS
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	46	245,957.	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 .....	X	2	174,793.	NET PROCEEDS
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 ( <u>CRYPTO CURRENCY</u> )	X	4	892.	NET PROCEEDS
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 V, Donee Acknowledgement .....	29	0
----	---	----	---

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	Yes	No
30a			X
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? .....	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b	If "Yes," describe in Part II.		
33	If the organization didn't 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.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION USED THE SERVICES OF A  
CAR PROGRAM DONATION PROCESSOR SERVICE, ADVANCED REMARKETING SERVICES  
INC., TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES.  
THE ASSOCIATION USES THE SERVICES OF THE GIVING BLOCK TO ACCEPT,  
PROCESS AND SELL CRYPTO CURRENCY DONATIONS. THE ASSOCIATION USES BANK  
OF AMERICA MERRILL LYNCH TO ACCEPT, PROCESS AND SELL STOCK DONATIONS.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

**FORM 990, PART III - RESTRUCTURING & UNIFICATION OF AFFILIATED CHAPTERS**

BEGINNING FEBRUARY 1, 2022, THE ASSOCIATION RESTRUCTURED TO A SINGLE CORPORATION. AS OF JANUARY 31, 2023, THE ASSOCIATION ASSUMED THE OPERATING ACTIVITY OF 17 OF ITS AFFILIATED CHAPTERS WHICH AGREED TO MERGE INTO THE ASSOCIATION. THIS MEANS THAT FORMER CHAPTER EMPLOYEES ARE NOW EMPLOYEES OF THE ASSOCIATION AND ALL NEW REVENUE AND EXPENSE ACTIVITY FORMERLY ASSOCIATED WITH THE 17 AFFILIATED CHAPTERS ARE RECORDED BY THE ASSOCIATION AND INCLUDED IN THIS TAX RETURN. TWO ADDITIONAL CHAPTERS HAVE MERGED INTO THE ASSOCIATION POST JANUARY 31, 2023. EFFECTIVE SEPTEMBER 1, 2023, 18 OF THE MERGED CHAPTERS COMPLETED THE MERGER PROCESS WITH THE ASSOCIATION. THE MERGED CHAPTERS ARE NO LONGER OPERATING AND HAVE TERMINATED THEIR BOARDS, CORPORATE STATUS AND CHARTER AGREEMENTS. THEY HAVE SUBSEQUENTLY TRANSFERRED ANY UNSPENT RESERVES TO THE ASSOCIATION AS PART OF COMPLETING THE MERGER.

THE REMAINING CHAPTERS WHO DID NOT UNIFY FILED A LAWSUIT AGAINST ASSOCIATION IN JANUARY 2023 TO KEEP THE ASSOCIATION FROM MOVING FORWARD WITH UNIFICATION. THE ASSOCIATION ULTIMATELY SETTLED THE CLAIM WITH THIS GROUP. EFFECTIVE SEPTEMBER 1, 2023, THESE CHAPTERS ARE NO LONGER AFFILIATED WITH THE ASSOCIATION AS PART OF THE EXECUTED SETTLEMENT AGREEMENT.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH AMYOTROPHIC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

LATERAL SCLEROSIS AND THEIR FAMILIES TO LIVE FULLER LIVES BY PROVIDING THEM WITH COMPASSIONATE CARE AND SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART VI, SECTION A, LINE 1A:

BOARD OFFICERS AND CHAIRS OF STANDING COMMITTEES UP TO 10 MEMBERS

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS. THE MEMBERS OF THE ASSOCIATION (THE "MEMBERS" AND EACH, A "MEMBER") SHALL BE CHARTERED CHAPTERS OF THE ASSOCIATION (THE "CHAPTERS" AND EACH, A "CHAPTER"). CHAPTERS WITHOUT A CHARTER OR OTHER ENTITIES OR ORGANIZATIONS MAY BE AFFILIATED WITH AND/OR MANAGED BY THE ASSOCIATION, BUT ARE NOT ENTITLED TO ALL OF THE RIGHTS OF CHAPTERS AS PROVIDED BY THESE BYLAWS AND THE CHAPTER CHARTER AGREEMENT. CHAPTERS SHALL BE ADMITTED TO MEMBERSHIP BY THE BOT BASED ON CRITERIA CONSISTENT WITH THESE BYLAWS AS ADOPTED BY THE BOT.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD OF REPRESENTATIVES ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES. BOT

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

IS COMPOSED OF A REPRESENTATIVE FROM EACH MEMBER/CHAPTER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED IN ITS ENTIRETY BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND ONCE ACCEPTED AND APPROVED, FULL RETURN IS PRESENTED TO ENTIRE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST STATEMENT AS WELL AS ALL STAFF. MANAGEMENT TRACKS THE CONFLICT OF INTEREST STATEMENTS FOR ALL BOARD AND COMMITTEE MEMBERS AS WELL AS STAFF. WHERE IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE RESPONSIBLE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE ON THAT CONTRACT OR TRANSACTION. SUCH RESPONSIBLE PERSON MAY MAKE A STATEMENT OR PRESENTATION REGARDING THE MATTER OR RESPOND TO QUESTIONS, BUT SUCH RESPONSIBLE PERSON (I) SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR ASSOCIATION COMMITTEE'S DISCUSSION OF THE MATTER; (II) SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING; (III) SHALL NOT VOTE ON THE CONTRACT OR TRANSACTION; AND (IV) SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS THE ANNUAL REVIEW OF THE PRESIDENT AND CEO AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

AND IN THE SAME INDUSTRY. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED FOR THE FISCAL YEAR 01/31/23

THE PRESIDENT AND CEO REVIEWS ALL SENIOR LEVEL MANAGEMENT AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE AND IN THE SAME INDUSTRY. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED FOR THE FISCAL YEAR 01/31/23

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO  
MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WV,WY

FORM 990, PART VI, SECTION C, LINE 19:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION'S FORM 990S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT ITS OFFICE UPON WRITTEN REQUEST. FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AS WELL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-172,023.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
EXCESS FAIR VALUE OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED	6,120,773.
SPECIAL EVENT EXPENSES	2,755,720.
UNUSED GRANTS	-18,553.
TOTAL TO FORM 990, PART XI, LINE 9	8,575,047.

Form **8868**  
(Rev. January 2022)Department of the Treasury  
Internal Revenue Service**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	Taxpayer identification number (TIN)  <b>13-3271855</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>1300 WILSON BLVD, 600</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>ARLINGTON, VA 22209</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 

0	1
---	---

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

**GREGORY MITCHELL, CHIEF FINANCIAL OFFICER**

- The books are in the care of ► **1300 WILSON BLVD, 600 - ARLINGTON, VA 22209**

Telephone No. ► **202-407-8580**

Fax No. ► \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box ☐ ► ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and TINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until **DECEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning **FEB 1, 2022**, and ending **JAN 31, 2023**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2022)

\*\* PUBLIC DISCLOSURE COPY \*\*

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**Department of the Treasury  
Internal Revenue Service

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **FEB 1, 2022** and ending **JAN 31, 2023****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)

**1300 WILSON BLVD**

Room/suite

**600**

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

**ARLINGTON, VA 22209****F** Name and address of principal officer: **CALANEET BALAS****SAME AS C ABOVE****D** Employer identification number**13-3271855****E** Telephone number**202-407-8580****G** Gross receipts \$**77,468,178.****H(a)** Is this a group returnfor subordinates? ..... ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

**H(c)** Group exemption number**4119****I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.ALS.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1985****M** State of legal domicile: **DE****Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>LEADING THE FIGHT TO CURE AND TREAT ALS THROUGH RESEARCH, ADVOCACY AND CARE SERVICES.</b>
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) ..... <b>31</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>31</b>
	<b>5</b>	Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>547</b>
	<b>6</b>	Total number of volunteers (estimate if necessary) ..... <b>31</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>0.</b>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>0.</b>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h) ..... <b>37,557,524.</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) ..... <b>0.</b>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>2,213,860.</b>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>21,419.</b>
	<b>12</b>	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>39,792,803.</b>
	Expenses	<b>13</b>
<b>14</b>		Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b>
<b>15</b>		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>13,877,954.</b>
<b>16a</b>		Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>333,300.</b>
<b>b</b>		Total fundraising expenses (Part IX, column (D), line 25) <b>22,059,606.</b>
<b>17</b>		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>15,317,102.</b>
<b>18</b>		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>44,852,298.</b>
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 ..... <b>-5,059,495.</b>	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16) ..... <b>98,343,083.</b>
	<b>21</b>	Total liabilities (Part X, line 26) ..... <b>7,253,250.</b>
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 ..... <b>91,089,833.</b>

**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 <b>Gregory Mitchell</b>	Date <b>12/13/2023</b>
	Signature of preparer <b>GREGORY MITCHELL, CHIEF FINANCIAL OFFICER</b>	Date <b>12/13/2023</b>
Paid Preparer Use Only	Print/Type preparer's name <b>ROBERT WILLIAMS</b>	Preparer's signature <b>ROBERT WILLIAMS</b>
	Firm's name <b>CLIFTONLARSONALLEN LLP</b>	Firm's EIN <b>41-0746749</b>
	Firm's address <b>901 N. GLEBE ROAD, SUITE 200 ARLINGTON, VA 22203</b>	Phone no. <b>571-227-9500</b>

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page **2****Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒ **X****1** Briefly describe the organization's mission:

**SEE SCHEDULE O FOR THE ASSOCIATION'S MISSION. ALSO SEE SCHEDULE O FOR DISCUSSION ON HOW THE ASSOCIATION RESTRUCTURED INTO A SINGLE CORPORATION.**

**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 ☒ **X** 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 ☒ **X** 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 \$ **26,960,747.** including grants of \$ **4,405,372.** ) (Revenue \$ )

**PATIENT AND COMMUNITY SERVICES: THE ASSOCIATION 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**

**4b** (Code: ) (Expenses \$ **15,622,467.** including grants of \$ **14,316,768.** ) (Revenue \$ )

**RESEARCH PROGRAMS - THE ASSOCIATION FUNDS SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS).**

**4c** (Code: ) (Expenses \$ **10,549,879.** including grants of \$ ) (Revenue \$ )

**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, 2023, 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. IN ADDITION, THE ADVOCACY DEPARTMENT SECURED FUNDING FROM STATE GOVERNMENTS FOR CARE AND SUPPORT OF PEOPLE LIVING WITH ALS.**

**4d** Other program services (Describe on Schedule O.)

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

**4e** Total program service expenses **53,133,093.**Form **990** (2022)



Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 3

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	<b>1</b> X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	<b>2</b> X	
<b>3</b> 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>	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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>	<b>4</b> X	
<b>5</b> 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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<b>5</b>	X
<b>6</b> 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>	<b>6</b>	X
<b>7</b> 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>	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<b>8</b>	X
<b>9</b> 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>	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> 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>	<b>11a</b> X	
<b>b</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>	<b>11b</b>	X
<b>c</b> 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>	<b>11c</b>	X
<b>d</b> 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>	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<b>11e</b> X	
<b>f</b> 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>	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<b>12a</b> X	
<b>b</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>	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</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>	<b>14b</b> X	
<b>15</b> 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>	<b>15</b> X	
<b>16</b> 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>	<b>16</b>	X
<b>17</b> 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. See instructions</i>	<b>17</b> X	
<b>18</b> 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>	<b>18</b> X	
<b>19</b> 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>	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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>	<b>21</b> X	

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 4

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

	Yes	No
<b>22</b> 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> .....	<b>22</b> X	
<b>23</b> 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> .....	<b>23</b> X	
<b>24a</b> 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> .....	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> .....	<b>25a</b>	X
<b>b</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> .....	<b>25b</b>	X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....	<b>26</b>	X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	<b>27</b>	X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....	<b>30</b> X	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....	<b>31</b>	X
<b>32</b> 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> .....	<b>32</b>	X
<b>33</b> 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> .....	<b>33</b>	X
<b>34</b> 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> .....	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	<b>35a</b>	X
<b>b</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> .....	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....	<b>36</b>	X
<b>37</b> 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> .....	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	<b>38</b> X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....	<b>1a</b> 281	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	<b>1c</b> X	

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 5

**Part V** Statements Regarding Other IRS Filings and Tax Compliance (continued)

	Yes	No
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	547
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
<b>b</b> If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?	9a	
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders	11a	
<b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	13a	
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
<b>c</b> Enter the amount of reserves on hand	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
<b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 6

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

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

☒**Section A. Governing Body and Management**

	1a	1b	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	31			
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent .....		31		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....			2	X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? .....			3	X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....			4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? .....			5	X
<b>6</b> Did the organization have members or stockholders? .....			6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....			7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....			7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
<b>a</b> The governing body? .....			8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body? .....			8b	X
<b>9</b> 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 on Schedule O .....			9	X

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

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

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain on Schedule O)

**19** Describe on 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, CHIEF FINANCIAL OFFICER - 202-407-8580**  
**1300 WILSON BLVD, 600, ARLINGTON, VA 22209**

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 7

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

☐ 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CALANEET BALAS PRESIDENT AND CEO	37.50			X				456,666.	0.	41,099.
(2) TINA ZEFF CHIEF OPERATIONS OFFICER	37.50				X			308,028.	0.	41,556.
(3) GREG MITCHELL CHIEF FINANCIAL OFFICER	37.50			X				306,968.	0.	14,816.
(4) NEIL THAKUR CHIEF MISSION OFFICER	37.50				X			275,627.	0.	44,984.
(5) DEAN FEENER CHIEF INFORMATION AND MARKETING OFFI	37.50				X			247,460.	0.	12,356.
(6) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	37.50				X			247,360.	0.	12,615.
(7) LANCE SLAUGHTER SVP STRATEGIC ALLIANCES AND GOVERNAN	37.50					X		241,396.	0.	22,878.
(8) VICKIE LOBELLO SENIOR VICE PRESIDENT ORGANIZATIONAL	37.50					X		228,324.	0.	19,143.
(9) BRIAN FREDERICK SENIOR VICE PRESIDENT STRATEGIC COMM	37.50					X		224,926.	0.	10,962.
(10) KULDIP DAVE SENIOR VICE PRESIDENT RESEARCH	37.50					X		222,758.	0.	49,556.
(11) KEITH GARY VICE PRESIDENT MISSION ACCELERATION	37.50					X		214,098.	0.	33,590.
(12) SCOTT KAUFFMAN CHAIR	5.00	X		X				0.	0.	0.
(13) FRED M. DEGRANDIS VICE-CHAIR	5.00	X		X				0.	0.	0.
(14) SUE GORMAN IMMEDIATE PAST CHAIR	5.00	X		X				0.	0.	0.
(15) CONNIE HOUSTON TREASURER	4.00	X		X				0.	0.	0.
(16) SANDRA PIERSOL SECRETARY	5.00	X		X				0.	0.	0.
(17) JINSY ANDREWS TRUSTEE	2.00	X						0.	0.	0.

Form 990 (2022)

## AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 8

**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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EUGENE BRANDON, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(19) DAVID VAN DE RIET TRUSTEE	2.00	X						0.	0.	0.
(20) CLIFTON GOOCH, M.D. TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(21) CHRISTI L. KOLARCIC, PH.D. TRUSTEE	2.00	X						0.	0.	0.
(22) CHARLIE ROBINSON, D, SC., P.E TRUSTEE	2.00	X						0.	0.	0.
(23) J. THOMAS MAY TRUSTEE	2.00	X						0.	0.	0.
(24) JOHN P. KRAVE, JD TRUSTEE	2.00	X						0.	0.	0.
(25) JOHN ROBINSON TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(26) JUDY PRATT, D.M.D TRUSTEE	2.00	X						0.	0.	0.
<b>1b Subtotal</b>								2,973,611.	0.	303,555.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2,973,611.	0.	303,555.

**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

28

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

	Yes	No
3		X
4	X	
5		X

**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
MCDERMOTT, WILL & EMERY P.O. BOX 1675, CAROL STREAM, IL 60132-1675	ATTORNEY (LEGAL SERVICES)	868,347.
BARNES & THORNBURG LLP, 11 SOUTH MERIDIAN ST, INDIANAPOLIS, IN 46204	ATTORNEY (LEGAL SERVICES)	792,577.
MCCORMICK GROUP 20 MAPLE ST, LEXINGTON, MA 02420	CONSULTING SERVICES	404,394.
THROUGHCO COMMUNICATIONS 2109 BROADWAY 10-18, NEW YORK, NY 10023	MARKETING & COMMUNICATIONS SERVI	275,637.
FAEGRE DRINKER BIDDLE & REATH LLP P.O. BOX 536777, PITTSBURGH, PA 15253-5909	PROFESSIONAL SERVICES FOR LEGISLA	161,241.

**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

12

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

**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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENNETH MENKHAUS TRUSTEE	2.00	X						0.	0.	0.
(28) KEVIN SPINELLA TRUSTEE (THRU 12/22)	2.00	X						0.	0.	0.
(29) LARRY FALIVENA TRUSTEE	2.00	X						0.	0.	0.
(30) LOU LIBBY, MD TRUSTEE	2.00	X						0.	0.	0.
(31) MARK CALMES TRUSTEE	2.00	X						0.	0.	0.
(32) MARK STANCIL TRUSTEE	2.00	X						0.	0.	0.
(33) MILLIE ARNOLD TRUSTEE	2.00	X						0.	0.	0.
(34) NANCY LEAMOND TRUSTEE	2.00	X						0.	0.	0.
(35) PAUL INGHLT TRUSTEE	2.00	X						0.	0.	0.
(36) TOBIN M. KUCHARSKI TRUSTEE (THRU 02/22)	2.00	X						0.	0.	0.
(37) TOM CARROLL TRUSTEE	2.00	X						0.	0.	0.
(38) WARREN NELSON TRUSTEE	2.00	X						0.	0.	0.
(39) WENDY J. SCHRIBER TRUSTEE	2.00	X						0.	0.	0.
(40) KEN BATES TRUSTEE (THRU 09/22)	2.00	X						0.	0.	0.
(41) MICHAEL BENATAR TRUSTEE	2.00	X						0.	0.	0.
(42) KATHLEEN BOYCE TRUSTEE	2.00	X						0.	0.	0.
(43) AMY BRACHIO TRUSTEE	2.00	X						0.	0.	0.
(44) JOHN ROCKY DALLUM TRUSTEE	2.00	X						0.	0.	0.
(45) PETER MCKOWN TRUSTEE	2.00	X						0.	0.	0.
(46) REBECCA MOSS TRUSTEE	2.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										





Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Page 9

**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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	1,198,414.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	7,846,854.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	1,976,304.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	42,654,717.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 542,107.				
	<b>h Total.</b> Add lines 1a-1f .....						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			1,849,992.			1849992.
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....			83.			83.
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss) .....	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>		19,066,395.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>		19,144,850.			
	<b>d</b> Net gain or (loss) .....			-78,455.			-78,455.
	<b>8 a</b> Gross income from fundraising events (not including \$ 7,846,854. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		2,755,720.			
	<b>b</b> Less: direct expenses .....	<b>8b</b>		2,755,720.			
	<b>c</b> Net income or (loss) from fundraising events .....			0.			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
	<b>11 a</b> .....						
	<b>b</b> .....						
	<b>c</b> .....						
	<b>d</b> All other revenue .....		900099	119,699.			119,699.
	<b>e Total.</b> Add lines 11a-11d .....			119,699.			
<b>12 Total revenue.</b> See instructions .....			55,567,608.	0.	0.	1891319.	

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 10

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	14,641,389.	14,641,389.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	2,012,096.	2,012,096.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	2,068,655.	2,068,655.		
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	2,009,534.	655,782.	1,262,342.	91,410.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	27,608,816.	15,966,274.	2,013,950.	9,628,592.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,706,558.	945,498.	205,493.	555,567.
<b>9</b> Other employee benefits	2,683,237.	1,535,337.	199,699.	948,201.
<b>10</b> Payroll taxes	2,202,494.	1,251,771.	212,462.	738,261.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	1,998,496.	11,325.	1,987,171.	
<b>c</b> Accounting	215,467.	4,663.	88,147.	122,657.
<b>d</b> Lobbying	172,117.	172,117.		
<b>e</b> Professional fundraising services. See Part IV, line 17	648,986.			648,986.
<b>f</b> Investment management fees	180,821.		180,821.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,511,839.	2,470,962.	1,175,069.	865,808.
<b>12</b> Advertising and promotion	2,043,993.	694,580.	28,220.	1,321,193.
<b>13</b> Office expenses	2,070,747.	546,300.	71,601.	1,452,846.
<b>14</b> Information technology	5,455,057.	2,207,417.	541,600.	2,706,040.
<b>15</b> Royalties				
<b>16</b> Occupancy	1,541,161.	817,587.	132,799.	590,775.
<b>17</b> Travel	2,549,205.	1,256,172.	474,205.	818,828.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	227,710.	128,857.	41,311.	57,542.
<b>20</b> Interest	28,346.		28,346.	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	1,924,151.	960,944.	184,623.	778,584.
<b>23</b> Insurance	185,917.	85,629.	34,450.	65,838.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> CHAPTER SUPPORT	3,534,121.	3,534,121.		
<b>b</b> TELECOMMUNICATIONS	483,048.	245,266.	35,653.	202,129.
<b>c</b> PRINTING AND PUBLICATIO	421,025.	225,737.	14,108.	181,180.
<b>d</b> DUES AND SUBSCRIPTIONS	295,805.	101,526.	58,911.	135,368.
<b>e</b> All other expenses	779,028.	593,088.	36,139.	149,801.
<b>25</b> Total functional expenses. Add lines 1 through 24e	84,199,819.	53,133,093.	9,007,120.	22,059,606.
<b>26</b> 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)	2,978,000.	441,000.	0.	2,537,000.

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 11

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	5,640,945.	<b>1</b>	4,617,066.
	<b>2</b> Savings and temporary cash investments .....	924,888.	<b>2</b>	732,559.
	<b>3</b> Pledges and grants receivable, net .....	4,188,908.	<b>3</b>	13,399,732.
	<b>4</b> Accounts receivable, net .....	2,518,929.	<b>4</b>	2,928,243.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	1,639,445.	<b>9</b>	1,909,791.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 16,476,709.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 11,877,931.	<b>10c</b>	4,598,778.
	<b>11</b> Investments - publicly traded securities .....	78,900,690.	<b>11</b>	58,740,613.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,150,423.	<b>15</b>	7,518,240.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	98,343,083.	<b>16</b>	94,445,022.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,519,829.	<b>17</b>	13,447,062.
	<b>18</b> Grants payable .....	1,150,000.	<b>18</b>	3,462,525.
	<b>19</b> Deferred revenue .....	0.	<b>19</b>	240,955.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....	0.	<b>24</b>	3,396,470.
	<b>25</b> 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 .....	2,583,421.	<b>25</b>	9,663,545.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	7,253,250.	<b>26</b>	30,210,557.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	79,396,160.	<b>27</b>	52,105,755.
	<b>28</b> Net assets with donor restrictions .....	11,693,673.	<b>28</b>	12,128,710.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> <b>Total net assets or fund balances</b> .....	91,089,833.	<b>32</b>	64,234,465.
	<b>33</b> <b>Total liabilities and net assets/fund balances</b> .....	98,343,083.	<b>33</b>	94,445,022.

Form 990 (2022)

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 12

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	55,567,608.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	84,199,819.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-28,632,211.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	91,089,833.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-6,798,204.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	8,575,047.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	64,234,465.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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 on Schedule O.		
<b>2a</b> 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	<b>2a</b>	<b>X</b>
<b>b</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	<b>2b</b>	<b>X</b>
<b>c</b> 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 on Schedule O.	<b>2c</b>	<b>X</b>
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	<b>3a</b>	<b>X</b>
<b>b</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 on Schedule O and describe any steps taken to undergo such audits _____	<b>3b</b>	

Form 990 (2022)



Schedule A (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 2

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>5</b> 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) .....						503,060.
<b>6 Public support.</b> Subtract line 5 from line 4.						187364497

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	2641824.	2782381.	1985828.	2158934.	1850075.	11419042.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	56,636.	57,282.	18,824.	21,419.	119,699.	273,860.
<b>11 Total support.</b> Add lines 7 through 10						199560459
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	293,362.
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	93.89	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	92.30	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

Schedule A (Form 990) 2022

**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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** 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 - 2021.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV** Supporting Organizations (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.			
<b>2a</b>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>2b</b>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> 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? If "Yes" or "No" provide details in <b>Part VI</b> .			
<b>3a</b>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>3b</b>			

**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	<b>Adjusted Net Income</b> (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):		
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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 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	<b>Distributable Amount.</b> 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).		

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 7

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

Schedule A (Form 990) 2022



**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization	Employer identification number
<b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	<b>13-3271855</b>

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>1,359,265.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>1,073,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,065,317.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization

Employer identification number

**AMYOTROPHIC LATERAL SCLEROSIS ASSN.****13-3271855****Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee



SCHEDULE C  
(Form 990)

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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

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

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

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

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

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

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

Name of organization <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	Employer identification number <b>13-3271855</b>
--	---

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$
- 3 Volunteer hours for political campaign activities .....

**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-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

LHA

232041 11-08-22

**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
<b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)		183,829.	
<b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)		688,506.	
<b>c</b> Total lobbying expenditures (add lines 1a and 1b)		872,335.	
<b>d</b> Other exempt purpose expenditures		52,260,758.	
<b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)		53,133,093.	
<b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000.	
<b>If the amount on line 1e, column (a) or (b) is:</b>	<b>The lobbying nontaxable amount is:</b>		
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.		
<b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)		250,000.	
<b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-		0.	
<b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-		0.	
<b>j</b> 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	565,604.	220,698.	177,409.	872,335.	1,836,046.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	64,007.	7,109.		183,829.	254,945.

Schedule C (Form 990) 2022



**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.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**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 (for example, recreation or education) ☐ Preservation of a 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 Tax 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 July 25, 2006, 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ .....

b Assets included in Form 990, Part X ..... \$ .....

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2022

**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 make significant use of its collection items (check all that apply):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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 on 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
<b>1a</b> Beginning of year balance	6,509,730.	6,516,315.	6,516,315.	6,454,731.	6,516,315.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	-503,564.	429,109.	669,572.	587,974.	-61,584.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	5,305,205.	435,694.	669,572.	526,390.	
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	700,961.	6,509,730.	6,516,315.	6,516,315.	6,454,731.

**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 30.7230 %

**c** Term endowment 69.2770 %

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:

(i) Unrelated organizations \_\_\_\_\_

(ii) Related organizations \_\_\_\_\_

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? \_\_\_\_\_

	Yes	No
<b>3a(i)</b>		X
<b>3a(ii)</b>		X
<b>3b</b>		

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,327,429.	273,078.	1,054,351.
<b>d</b> Equipment		979,173.	630,086.	349,087.
<b>e</b> Other		14,170,107.	10,974,767.	3,195,340.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,598,778.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 3

**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) .....		
<b>Total.</b> (Col. (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) .....		
<b>Total.</b> (Col. (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) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	763,677.
(2) CONTRIBUTIONS RECEIVABLE FROM REMAINDER TRUSTS	103,853.
(3) RIGHT OF USE ASSET	6,650,710.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	7,518,240.

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY PAYMENT LIABILITY	959,985.
(3) LEASE LIABILITIES - OPERATING	8,703,560.
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	9,663,545.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 4

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	70,288,037.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-6,798,204.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	13,105,854.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	-282,893.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	6,024,757.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	64,263,280.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	180,821.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	-8,876,493.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	-8,695,672.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	55,567,608.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	97,143,405.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	13,105,854.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	18,553.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	13,124,407.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	84,018,998.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	180,821.
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	180,821.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	84,199,819.

**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.

**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.

**PART X, LINE 2:**

THE ASSOCIATION DID NOT HAVE ANY UNRELATED TAXABLE INCOME FOR THE YEARS

ENDED JANUARY 31, 2023 AND 2022. ACCORDINGLY, NO PROVISION FOR INCOME

TAXES HAS BEEN PROVIDED IN THE FINANCIAL STATEMENTS.

THE ASSOCIATION FOLLOWS THE ACCOUNTING STANDARD REGARDING THE RECOGNITION

AND MEASUREMENT OF UNCERTAIN TAX POSITIONS. THE ASSOCIATION EVALUATED ITS

**Part XIII** Supplemental Information (continued)

TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKELY-THAN-NOT TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-172,023.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	-282,893.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

EVENTS, NET OF EXPENSES NOT ON AUDITED FINANCIAL STATEMENT	-2,755,720.
EXCESS FAIR VALUE OF ASSETS ACQUIRED	-6,120,773.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-8,876,493.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

UNUSED GRANTS	18,553.
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**SCHEDULE F  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on 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 the region	(d) Activities conducted in the region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
EAST ASIA & THE PACIFIC	0	0	GRANTS	RESEARCH	224,843.
NORTH AMERICA	0	0	GRANTS	RESEARCH	550,000.
EUROPE	0	0	GRANTS	RESEARCH	1,262,365.
SUB-SAHARAN AFRICA	0	0	GRANTS	RESEARCH	50,000.
<b>3 a Subtotal</b> .....	0	0			2,087,208.
<b>b Total from continuation sheets to Part I</b> .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			2,087,208.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2022

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on 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.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	49,843.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	CLINICAL TRIAL AWARD	125,000.	WIRE TRANSFER	0. N/A		N/A
			EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	DRUG DEVELOPMENT CONTRACT	300,000.	CHECK	0. N/A		N/A
			EUROPE	PREVENTION PROGRAM	200,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	STRATEGIC INITIATIVE	100,000.	WIRE TRANSFER	0. N/A		N/A
			EUROPE	POST DOCTORAL FELLOWSHIP	75,000.	CHECK	0. N/A		N/A

**2** Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 20

**3** Enter total number of other organizations or entities 0

Schedule F (Form 990)		AMYOTROPHIC LATERAL SCLEROSIS ASSN.					13-3271855			Page 2	
Part II		Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)									
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)		
			EUROPE	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0.	N/A	N/A		
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	42,223.	WIRE TRANSFER	0.	N/A	N/A		
			EUROPE	PREVENTION PROGRAM	200,000.	WIRE TRANSFER	0.	N/A	N/A		
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	75,000.	CHECK	0.	N/A	N/A		
			EUROPE	POST DOCTORAL FELLOWSHIP	75,000.	CHECK	0.	N/A	N/A		
			EUROPE	SEED GRANTS PROGRAM	49,987.	WIRE TRANSFER	0.	N/A	N/A		
			EUROPE	INVESTIGATOR INITIATED AWARD MULTI-YEAR	45,155.	WIRE TRANSFER	0.	N/A	N/A		
			EUROPE	SEED GRANTS PROGRAM	50,000.	WIRE TRANSFER	0.	N/A	N/A		
			NORTH AMERICA	DRUG DEVELOPMENT CONTRACT	100,000.	WIRE TRANSFER	0.	N/A	N/A		

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04-01-22

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

Part III can be duplicated if additional space is needed.

[illegible]

**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; don't 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; don't file with Form 990)* ..... ☐ Yes ☒ No

Schedule F (Form 990) 2022

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.

PART I, LINE 2:

FOREIGN RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, 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 DEPARTMENT.





Schedule G (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 2

**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.

		(a) Event #1 KANSAS CITY WALK	(b) Event #2 WASHINGTON WALK	(c) Other events 4	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts .....	695,373.	519,377.	9,387,824.	10,602,574.
	2 Less: Contributions .....	666,883.	477,341.	6,702,630.	7,846,854.
	3 Gross income (line 1 minus line 2) .....	28,490.	42,036.	2,685,194.	2,755,720.
Direct Expenses	4 Cash prizes .....				
	5 Noncash prizes .....	9,907.	2,486.	169,268.	181,661.
	6 Rent/facility costs .....	3,966.	20,184.	597,217.	621,367.
	7 Food and beverages .....	460.	178.	109,263.	109,901.
	8 Entertainment .....	135.	2,125.	79,775.	82,035.
	9 Other direct expenses .....	14,022.	17,063.	1,729,671.	1,760,756.
	10 Direct expense summary. Add lines 4 through 9 in column (d) .....				2,755,720.
	11 Net income summary. Subtract line 10 from line 3, column (d) .....				0.

**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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue .....				
	2 Cash prizes .....				
Direct Expenses	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: \_\_\_\_\_

\_\_\_\_\_

Schedule G (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855 Page 3

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 to be 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.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEILL & COMPANY

(I) ADDRESS OF FUNDRAISER:

1730 RHODE ISLAND AVE NW SUITE 301, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE, INC.

(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DR SUITE 210, BOWIE, MD 20715



SCHEDULE I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number  
13-3271855

Part I General Information on Grants and Assistance

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALABAMA NEUROLOGY ASSOCIATES 3105 INDEPENDENCE DR, STE 105 BIRMINGHAM, AL 35209	63-0976742	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ALLEGHENY HEALTH NETWORK 490 E NORTH AVE, STE 500 PITTSBURGH, PA 15212	45-3674924	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ATRIUM HEALTH FOUNDATION 2709 WATER RIDGE PARKWAY, STE 300 CHARLOTTE, NC 28217	56-6060481	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
AVERA MCKENNAN 1301 S CLIFF AVE, STE 506 SIOUX FALLS, SD 57105	46-0224743	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
BAYLOR COLLEGE OF MEDICINE PO BOX 301207 DALLAS, TX 75303	74-1613878	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA HOUSTON, TX 77030	74-1613878	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 243.

3 Enter total number of other organizations listed in the line 1 table 0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2022

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAYLOR SCOTT & WHITE MEDICAL CENTER - ROUND ROCK - 300 A UNIVERSITY BLVD, 4TH FL, NEUROLOGY - ROUND ROCK, TX 78665	20-3749695	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
BAYLOR SCOTT & WHITE MEDICAL CENTER - ROUND ROCK - 300 UNIVERSITY BLVD - ROUND ROCK, TX 78665	20-3749695	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT
BROWN NEUROLOGY 593 EDDY ST, APC 5 PROVIDENCE, RI 02903	05-0448314	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
CEDARS SINAI MEDICAL CENTER 127 S SAN VICENTE BLVD, A6600 LOS ANGELES, CA 90048	95-1644600	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
CLEVELAND CLINIC 9500 EUCLID AVE, DESK S90 CLEVELAND, OH 44195	34-0714585	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COMMUNITY FOUNDATION OF GREATER HUNTSVILLE - 610 AIRPORT RD, SUITE 100 - HUNTSVILLE, AL 35801	26-3750673	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COREWELL HEALTH 2750 E BELTLINE AVE NE GRAND RAPIDS, MI 49525	38-3382353	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COXHEALTH FOUNDATION 3525 S NATIONAL AVE, STE 204 SPRINGFIELD, MO 65807	43-6810485	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
COXHEALTH FOUNDATION PO BOX 8131 SPRINGFIELD, MO 65890	43-6810485	501(C)3	5,500.	0.	N/A	N/A	MONTHLY GRANT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CURATORS OF THE UNIVERSITY OF MISSOURI - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
DARTMOUTH HITCHCOCK CLINIC ONE MEDICAL CENTER DR LEBANON, NH 03756	22-2519596	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
DUKE UNIVERSITY PO BOX 602651 CHARLOTE, NC 28260	56-0532129	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ECU HEALTH MEDICAL CENTER 2100 STANTONSBURG RD GREENVILLE, NC 27834	56-0585243	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ESSENTIA HEALTH FOUNDATION 400 EAST THIRD STREET DULUTH, MN 55805	27-1984704	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
GEISINGER HEALTH FOUNDATION 100 N ACADEMY AVE, MC 40-36 DANVILLE, PA 17822	23-1995911	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - 1120 15TH ST, EMG LAB BP-4390 - AUGUSTA, GA 30912	35-2310573	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HENNEPIN HEALTHCARE ALS CLINIC 701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HENRY FORD HEALTH SYSTEM 1414 E MAPLE RD, STE 2N TROY, MI 48083	38-1357020	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HMH HOSPITALS CORPORATION 1945 ROUTE 33 NEPTUNE, NJ 07753	22-1487576	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOLY CROSS HOSPITAL 4725 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308	59-0791028	501(C)3	51,960.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
HOLY CROSS HOSPITAL, PHIL SMITH ALS CLINIC PROGRAM - 4725 N FEDERAL HIGHWAY - FT. LAUDERDALE, FL 33308	59-0791028	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HONORHEALTH AMBULATORY 7242 E OSBORN RD, SUITE 400 SCOTTSDALE, AZ 85251	94-2735850	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOSPITAL FOR SPECIAL CARE 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0646766	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOSPITAL FOR SPECIAL SURGERY 525 EAST 71ST ST, BELAIRE BLDG, 5TH NEW YORK, NY 10021	13-1624135	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOUSTON METHODIST HOSPITAL FOUNDATION - 6560 FANNIN STREET, SUITE 802 - HOUSTON, TX 77030	76-0094743	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
HOUSTON METHODIST HOSPITAL FOUNDATION - 6565 FANNIN ST - HOUSTON, TX 77030	76-0094743	501(C)3	25,000.	0.	N/A		ANNUAL GRANT
INDIANA UNIVERSITY 355 W 16TH ST., ROOM 3222 INDIANAPOLIS, IN 46202	35-6001673	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON WEINBERG ALS CENTER 900 WALNUT STREET, JHN SUITE 409 PHILADELPHIA, PA 19107	23-2829095	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - 3599 RAINBOW BLVD, MS 2012 - KANSAS CITY, KS 66160	48-0547734	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
KECK MEDICINE OF USC ALS CLINIC 1520 SAN PABLO ST, STE 3000 LOS ANGELES, CA 90033	95-1642394	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LAHEY CLINIC, INC. 41 MALL ROAD BURLINGTON, MA 01805	04-2704683	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LAHEY CLINIC FOUNDATION, INC. 41 MALL RD BURLINGTON, MA 01805	04-2323457	501(C)3	12,000.	0.	N/A		MONTHLY GRANT
LEHIGH VALLEY HEALTH NETWORK 1250 S CEDAR CREST BLVD, STE 405 ALLENTOWN, PA 18103	23-1689692	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
LOMA LINDA UNIVERSITY FACULTY MEDICAL GROUP - 11370 ANDERSON ST, SUITE B-100 - LOMA LINDA, CA 92534	33-0672915	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
LSU HEALTH SCIENCES CENTER NEW ORLEANS - 2021 PERDIDO ST. - NEW ORLEANS, LA 70112	72-6087770	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
MAYO CLINIC 200 FIRST ST SW, 8TH FL, MAYO BLDG ROCHESTER, MN 55905	41-6011702	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)



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MAYO CLINIC ARIZONA 13400 E SHEA BLVD SCOTTSDALE, AZ 85259	86-0800150	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC FLORIDA 4500 SAN PABLO RD S JACKSONVILLE, FL 32224	59-3337028	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MAYO CLINIC FLORIDA 200 FIRST ST SW ROCHESTER, MN 55905	59-0714831	501(C)3	49,839.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
MEDICAL UNIVERSITY OF SOUTH CAROLINA - 96 JONATHAN LUCAS ST, CSB STE 301 - MSC 606 - CHARLESTON, SC 29425	57-6000722	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
MOUNT SINAI BETH ISRAEL 10 UNION SQUARE EAST, SUITE 5D NEW YORK, NY 10003	13-5564934	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
NEBRASKA MEDICINE 988435 NEBRASKA MEDICAL CENTER OMAHA, NE 68198	91-1858433	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
NEUROLOGY ASSOCIATES OF STONY BROOK - 181 NORTH BELLE MEAD RD, STE 5 - EAST SETAUKET, NY 11733	11-2587430	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HWY, 7TH FL, CLINIC NEW ORLEANS, LA 70121	72-0502505	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
OHIOHEALTH FOUNDATION INC. 300 POLARIS PARKWAY, STE 210 WESTERVILLE, OH 43082	23-7446919	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

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OREGON HEALTH AND SCIENCE UNIVERSITY - 3303 S BOND AVE, BLDG 1, 8TH FL - PORTLAND, OR 97239	93-1176109	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
PRISMA HEALTH PARTNERS IN HEALTH, INC. - 200 PATEWOOD DR, SUITE B350 - GREENVILLE, SC 29615	57-1004971	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
PROVIDENCE HEALTH & SERVICES - OREGON - 9135 SW BARNES RD, STE 363 - PORTLAND, OR 97225	93-0386929	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
RUTGERS HEALTH-RWJ SCLERODERMA PROGRAM - 125 PATERSON ST, CAB-SUITE 6200 - NEW BRUNSWICK, NJ 08901	22-3371727	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
SENTARA DEPARTMENT OF NEUROLOGY 1950 GLENN MITCHELL DR, SUITE 200 VIRGINIA BEACH, VA 23456	54-1547408	501(C)3	7,500.	0.	N/A	N/A	QUARTERLY GRANT
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP - HARBOR CITY - 1050 PACIFIC COAST HWY, 3RD FLOOR - HARBOR CITY, CA 90710	95-1750445	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
SOUTHERN CALIFORNIA PERMANENTE MEDICAL GROUP - LOS ANGELES - 1505 N EDMONT ST, 5TH FLOOR, DEPT OF NEUROLOGY - LOS ANGELES, CA 90027	95-1750445	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
ST JOSEPH'S HOSPITAL AND MEDICAL CENTER - FILE 57431 - LOS ANGELES, CA 90074	94-1196203	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ST. LOUIS UNIVERSITY 1402 S GRAND, 218B SCHWITALLA HALL ST. LOUIS, MO 63104	43-0654872	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

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SUTTER WEST BAY HOSPITALS DBA CALIFORNIA PACIFIC MEDICAL CEN - 1100 VAN NESS AVE, 6TH FLOOR - SAN FRANCISCO, CA 94109	94-2948131	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
SWEDISH HEALTH SERVICES 747 BROADWAY SEATTLE, WA 98122	91-0433740	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
TEXAS NEUROLOGY 6080 N CENTRAL EXPRESSWAY DALLAS, TX 75206	75-2654757	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT
TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER AT EL PASO - 5001 EL PASO DR - EL PASO, TX 79905	75-2660818	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT
THE CURATORS OF THE UNIVERSITY OF MISSOURI - 115 BUSINESS LOOP 70 WEST - COLUMBIA, MO 65211	43-6003859	501(C)3	10,500.	0.	N/A	N/A	MONTHLY GRANT
THE EMORY CLINIC, INC 12 EXECUTIVE PARK DR. NE, STE 276 ATLANTA, GA 30329	58-2030692	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20077	53-0196584	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE GEORGE WASHINGTON UNIVERSITY PO BOX 98131 WASHINGTON, DC 20077	53-0196584	501(C)3	18,750.	0.	N/A	N/A	QUARTERLY GRANT
THE JOHNS HOPKINS UNIVERSITY 12529 COLLECTIONS CENTER DR CHICAGO, IL 60693	52-0595110	501(C)3	90,000.	0.	N/A	N/A	QUARTERLY GRANT

Schedule I (Form 990)

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THE MEDICAL COLLEGE OF WISCONSIN, INC. - 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE PENNSYLVANIA STATE UNIVERSITY 30 HOPE DRIVE, EC 037 HERSHEY, PA 17033	24-6000376	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE PERMANENTE MEDICAL GROUP, INC - SAN FRANCISCO - 350 ST JOSEPHS AVE, 1ST FL - SAN FRANCISCO, CA 94115	94-2728480	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
THE PERMANENTE MEDICAL GROUP, INC. - SAN RAFAEL - 99 MONTECILLO ROAD - SAN RAFAEL, CA 94903	94-2728480	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 200 S MANCHESTER AVE, SUITE 110 - ORANGE, CA 92868	95-2226406	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE RESEARCH FOUNDATION FOR THE STATE UNIVERSITY OF NEW YORK - 750 EAST ADAMS ST - SYRACUSE, NY 13210	14-1368361	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 516 WEST 168TH ST - NEW YORK, NY 10032	13-5598093	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
THE UNIVERSITY OF CHICAGO 5841 S MARYLAND AVE CHICAGO, IL 60637	36-2177139	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
TIDALHEALTH PENINSULA REGIONAL INC 100 E CARROLL ST SALISBURY, MD 21801	52-0591628	501(C)3	10,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER

Schedule I (Form 990)

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TIDAL HEALTH ALS CLINIC 100 E CARROLL ST SALISBURY, MD 21801	51-1851935	501(C)3	5,625.	0.	N/A	N/A	QUARTERLY GRANT
TRINITY HEALTH GRAND RAPIDS HOSPITAL - 220 CHERRY ST SE - GRAND RAPIDS, MI 49503	38-2113393	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UC REGENTS - LOS ANGELES PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY MEDICAL SERVICE ASSOCIATION, INC - PO BOX 917492 - ORLANDO, FL 32891	23-7313346	501(C)3	55,141.	0.	N/A	N/A	BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF CALIFORNIA, DAVIS 4860 Y ST, STE 1700, LAWRENCE J ELLISON CARE CTR - SACRAMENTO, CA 94817	94-6036494	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 200 W ARBOR DR, MC 8465 - SAN DIEGO, CA 92103	95-6006144	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF FLORIDA JACKSONVILLE PHYSICIANS, INC. - PO BOX 743651 - ATLANTA, GA 30374	59-1867557	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF FLORIDA 33 TIGERT HALL, PO BOX 113001 GAINESVILLE, FL 32611	59-6002052	501(C)3	13,785.	0.	N/A	N/A	BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF ILLINOIS AT CHICAGO ALS CLINIC - 912 S WOOD ST, MC 796 - CHICAGO, IL 60612	37-6000511	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855 Page 1

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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UNIVERSITY OF KANSAS ENDOWMENT 3599 RAINBOW BLVD. KANSAS CITY, KS 66160	48-0547734	501(C)3	59,587.	0.	N/A		MONTHLY GRANT
UNIVERSITY OF KENTUCKY 740 S LIMESTONE ST, STE J401 LEXINGTON, KY 40536	61-6001218	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF LOUISVILLE PHYSICIANS - 300 E MARKET ST, STE 400C - LOUISVILLE, KY 40202	27-3645560	501(C)3	10,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 RECOGNIZED TREATMENT CENTER
UNIVERSITY OF MARYLAND 110 S PACA ST, 3RD FL BALTIMORE, MD 21201	52-6002033	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MARYLAND SCHOOL OF MEDICINE - PO BOX 41428 - BALTIMORE, MD 21203	52-6002033	501(C)3	18,750.	0.	N/A		QUARTERLY GRANT
UNIVERSITY OF MIAMI 1120 NW 14TH ST, SUITE 1373 MIAMI, FL 33144	59-0624458	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MIAMI 1120 NW 14 ST, RM 1373 MIAMI, FL 33136	59-0624458	501(C)3	57,262.	0.	N/A		BITNER PLANTE QUARTERLY GRANT
UNIVERSITY OF MICHIGAN 1500 E MEDICAL CENTER DR, BSRB 4029 ANN ARBOR, MI 48109	38-6006309	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF MINNESOTA FOUNDATION PO BOX 860266 MINNEAPOLIS, MN 55486	41-6042488	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

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UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER - MSC10 5620, 1 UNIV OF NM - ALBUQUERQUE, NM 87131	85-6000642	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF SOUTH FLORIDA FOUNDATION, INC. - 4202 E FOWLER AVE, ALC 100 - TAMPA, FL 33620	59-0879015	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 7703 FLOYD CURL DR, MSC 7883 - SAN ANTONIO, TX 78229	74-1586031	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF UTAH 175 NORTH MEDICAL DR SALT LAKE CITY, UT 84132	87-6000525	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VERMONT 149 BEAUMONT AVE, HSRF 426 BURLINGTON, VT 05405	45-1556038	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VIRGINIA RICHARD R DART ALS CLINIC - BOX 800-394 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
UNIVERSITY OF VIRGINIA RICHARD R DART ALS CLINIC - BOX 800-394 - CHARLOTTESVILLE, VA 22908	54-6001796	501(C)3	18,750.	0.	N/A	N/A	QUARTERLY GRANT
UNMC PHYSICIANS, DEPT OF NEUROLOGY 988145 NEBRASKA MEDICAL CTR. OMAHA, NE 68198	47-0049123	501(C)3	22,000.	0.	N/A	N/A	MONTHLY GRANT
VIRGINIA MASON MEDICAL CENTER 1100 9TH AVE, MAILSTOP X7-NEU SEATTLE, WA 98101	91-0565539	501(C)3	25,000.	0.	N/A	N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855

Page 1

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WAKE FOREST UNIVERSITY HEALTH SCIENCES - 1 MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157	22-3849199	501(C)3	25,000.	0.	N/A		ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
ALS FINDING A CURE - LEANDRO P. RIZZUTO FOUNDATION - 1014 GATEWAY BLVD. SUITE 105 - BOYNTON BEACH, FL 33426	30-6068334	501(C)3	100,000.	0.	N/A		PARTNERSHIP PROGRAM GRANT
ALS NEVERSURRENDER FOUNDATION PO BOX 3187 BRECKENRIDGE, CO 80424	47-4746935	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	52,500.	0.	N/A		CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	52,500.	0.	N/A		CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	56,000.	0.	N/A		CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415	41-1717098	501(C)3	50,000.	0.	N/A		SHELIA ESSEY AWARD

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AQUILUS PHARMACEUTICALS, INC. 225 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	26-4765079	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
AQUILUS PHARMACEUTICALS, INC. 225 MYSTIC VALLEY PARKWAY WINCHESTER, MA 01890	26-4765079	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
BOARD OF TRUSTEES OF THE LELAND STANFORD JUNIOR UNIVERSITY - 485 BROADWAY, MAIL CODE 8838 - REDWOOD CITY, CA 95063	94-1156365	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
BRAINSTORM CELL THERAPEUTICS, INC. 1325 AVENUE OF AMERICAS, 28TH FL NEW YORK, NY 10019	20-7273918	501(C)3	200,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
BROWN UNIVERSITY OFFICE SPONSORED PROJECTS BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD. LOS ANGELES, CA 90048	95-1644600	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)3	57,443.	0.	N/A	N/A	STRATEGIC INITIATIVE
DIGNITY HEALTH D/B/A ST. JOSEPH'S HOSPITAL AND MEDICAL CTR - 350 WEST THOMAS ROAD - PHOENIX, AZ 85013	94-1196203	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)3	21,667.	0.	N/A	N/A	STRATEGIC INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	49,996.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	49,997.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
EMORY UNIVERSITY P. O. BOX 935084 ATLANTA, GA 31193	58-0566256	501(C)3	75,000.	0.	N/A		POST DOCTORAL FELLOWSHIP
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE 206 CHARLOTTESVILLE, VA 22903	20-5744808	501(C)3	500,000.	0.	N/A		PARTNERSHIP PROGRAM GRANT
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH INC - 11400 ROCKVILLE PIKE SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)3	60,449.	0.	N/A		STRATEGIC INITIATIVE
FOUNDATION FOR THE NATIONAL INSTITUTE OF HEALTH INC - 11400 ROCKVILLE PIKE SUITE 600 - NORTH BETHESDA, MD 20852	52-1986675	501(C)3	32,534.	0.	N/A		STRATEGIC INITIATIVE
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.	N/A		INVESTIGATOR INITIATED AWARD MULTI YEAR

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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HENRY FORD HEALTH SYSTEM 2799 WEST GRAND BOULEVARD DETROIT, MI 48202	38-1357020	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI - ONE GUSTAVE L. LEVY PLACE - NEW YORK, NY 10029	13-6171197	501(C)3	49,974.	0.	N/A	N/A	SEED GRANTS PROGRAM
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	60,351.	0.	N/A	N/A	STRATEGIC INITIATIVE
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	94,444.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD. BALTIMORE, MD 21211	52-0595110	501(C)3	200,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
KAISER FOUNDATION RESEARCH INSTITUTE - 1800 HARRISON ST., 16TH FLOOR - OAKLAND, CA 94612	94-1105628	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
LIBRA THERAPEUTICS 3210 MERRYFIELD ROW LA JOLLA, CA 92121	84-5010331	501(C)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	500,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
MASSACHUSETTS GENERAL HOSPITAL - RESEARCH - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
MAYO CLINIC PO BOX 860334 MINNEAPOLIS, MN 55486	41-6011702	501(C)3	50,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
MAYO CLINIC ARIZONA PO BOX 860334 MINNEAPOLIS, MN 55486	86-0800150	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - PO BOX 5801 - BETHESDA, MD 20824	52-0858115	501(C)3	43,570.	0.	N/A	N/A	STRATEGIC INITIATIVE
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE - PO BOX 5801 - BETHESDA, MD 20824	52-0858115	501(C)3	22,615.	0.	N/A	N/A	STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM 200 PORTLAND ST., FLOOR 5 BOSTON, MA 02114	56-2547779	501(C)3	82,470.	0.	N/A	N/A	STRATEGIC INITIATIVE
NORTHEAST ALS CONSORTIUM 200 PORTLAND ST., FLOOR 5 BOSTON, MA 02114	56-2547779	501(C)3	450,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
NOVA SOUTHEASTERN UNIVERSITY 3100 SW 9TH AVE, NSU EAST CAMPUS 5TH FLOOR FT. LAUDERDALE, FL 33315	59-1083502	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
NYU GROSSMAN SCHOOL OF MEDICINE PO BOX 415026 BOSTON, MA 02241	13-5562308	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
QURALIS CORPORATION 100 CAMBRIDGEPARK DR. SUITE 500 CAMBRIDGE, MA 02140	81-4722156	501(C)3	250,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
QURALIS CORPORATION 100 CAMBRIDGEPARK DR. SUITE 500 CAMBRIDGE, MA 02140	81-4722156	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
RAPA THERAPEUTICS, LLC 12712 ROCK CREEK MILL RD. SUITE 5B ROCKVILLE, MD 20852	81-2644177	501(C)3	250,000.	0.	N/A	N/A	CLINICAL TRIAL AWARD
REGENTS OF THE UNIVERSITY OF CALIFORNIA - DAVIS - ONE SHIELDS AVENUE - DAVIS, CA 95616	94-6036494	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
REGENTS OF THE UNIVERSITY OF CALIFORNIA SAN DIEGO - 9500 GILMAN DR. - LA JOLLA, CA 92093	95-6006144	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
REGENTS OF THE UNIVERSITY OF COLORADO - BOULDER - 1800 GRANT ST. SUITE 600 - DENVER, CO 80203	84-6000555	501(C)3	75,000.	0.	N/A	N/A	STRATEGIC INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGENTS OF THE UNIVERSITY OF COLORADO - DENVER - 1800 GRANT ST. SUITE 600 - DENVER, CO 80203	84-6000555	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	49,405.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE ST. - ANN ARBOR, MI 48109	38-6006309	501(C)3	200,000.	0.	N/A	N/A	PREVENTION PROGRAM
ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
SAINT ALPHONSUS REGIONAL MEDICAL CENTER - 1055 N. CURTIS RD. - BOISE, ID 83706	82-0200895	501(C)3	80,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
SOLA BIOSCIENCES, LLC 27 STRATHMORE ROAD, ABI LAB NATICK, MA 01760	81-1222727	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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SOLA BIOSCIENCES, LLC 27 STRATHMORE ROAD, ABI LAB NATICK, MA 01760	81-1222727	501(C)3	50,000.	0. N/A			DRUG DEVELOPMENT CONTRACT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	75,000.	0. N/A			POST DOCTORAL FELLOWSHIP
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,243.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	20,801.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	19,342.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	16,317.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	11,252.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	10,981.	0. N/A			STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,344.	0. N/A			STRATEGIC INITIATIVE

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855 Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	11,988.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	12,886.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	17,218.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	14,809.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	17,923.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	24,119.	0.	N/A	N/A	STRATEGIC INITIATIVE
TARGET ALS FOUNDATION PO BOX 1598 NEW YORK, NY 10101	81-0756743	501(C)3	500,000.	0.	N/A	N/A	PARTNERSHIP PROGRAM GRANT
TEMPLE UNIVERSITY 1852 N. 10TH ST. PHILADELPHIA, PA 19122	23-1365971	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION (AFTD) - 2700 HORIZON DR. SUITE 120 - KING OF PRUSSIA, PA 19406	41-2073220	501(C)3	500,000.	0.	N/A	N/A	PARTNERSHIP PROGRAM GRANT

Schedule I (Form 990)



<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE ASSOCIATION FOR FRONTOTEMPORAL DEGENERATION (AFTD) - 2700 HORIZON DR., SUITE 120 - KING OF PRUSSIA, PA 19406	41-2073220	501(C)3	30,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE CURATORS OF THE UNIVERSITY OF MISSOURI - PO BOX 807012 - KANSAS CITY, MO 64180	43-6003859	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	70,710.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	70,709.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	63,525.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE GENERAL HOSPITAL CORP DBA MASSACHUSETTS GENERAL HOSPITAL - 55 FRUIT STREET - BOSTON, MA 02114	04-2697983	501(C)3	63,525.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	71,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE OHIO STATE UNIVERSITY 901 WOODY HAYES DR, 2020 BLANKENSHIP HALL - COLUMBUS, OH 43210	31-6025986	501(C)3	49,442.	0.	N/A	N/A	SEED GRANTS PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13-3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	55,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - 615 WEST 131ST ST., 3RD FL - NEW YORK, NY 10027	13-5598093	501(C)3	200,000.	0.	N/A	N/A	PREVENTION PROGRAM
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	100,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP

Schedule I (Form 990)

<b>Part II</b> Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
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THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8 W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	49,995.	0.	N/A	N/A	SEED GRANTS PROGRAM
THOMAS JEFFERSON UNIVERSITY 125 SOUTH 9TH ST., STE. 600 PHILADELPHIA, PA 19107	23-1352651	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 801 5TH AVE. SOUTH - BIRMINGHAM, AL 35233	63-6005396	501(C)3	50,000.	0.	N/A	N/A	STRATEGIC INITIATIVE
UNIVERSITY OF FLORIDA 1523 UNION RD.RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)3	300,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF FLORIDA 1523 UNION RD.RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)3	190,413.	0.	N/A	N/A	CLINICAL TRIAL AWARD
UNIVERSITY OF KANSAS MEDICAL RESEARCH INSTITUTE, INC. - 3901 RAINBOW BLVD. MAILSTOP 1039 - KANSAS CITY, KS 66103	48-1108830	501(C)3	200,000.	0.	N/A	N/A	TRIAL CAPACITY PROGRAM
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)3	554,508.	0.	N/A	N/A	STRATEGIC INITIATIVE
UNIVERSITY OF MIAMI PO BOX 405803 ATLANTA, GA 30384	59-0624458	501(C)3	256,057.	0.	N/A	N/A	PREVENTION PROGRAM

Schedule I (Form 990)

Schedule I (Form 990) **AMYOTROPHIC LATERAL SCLEROSIS ASSN.**

13 - 3271855

Page 1

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF PITTSBURGH 500 ROSS ST. 154-0455 PITTSBURGH, PA 15262	25-09655591	501(C)3	50,000.	0.	N/A	N/A	SEED GRANTS PROGRAM
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET STE. 102 LOS ANGELES, CA 90089	95-1642394	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
UNIVERSITY OF SOUTHERN CALIFORNIA 3500 S. FIGUEROA STREET STE. 102 LOS ANGELES, CA 90089	95-1642394	501(C)3	300,000.	0.	N/A	N/A	DRUG DEVELOPMENT CONTRACT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	50,000.	0.	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	75,000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
YALE UNIVERSITY P. O. BOX 1873 NEW HAVEN, CT 06508	06-0646973	501(C)3	49,999.	0.	N/A	N/A	SEED GRANTS PROGRAM

Schedule I (Form 990)

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT GRANTS	2159	2,012,096.	0. COST		TO SUPPORT PATIENTS

Part IV

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

PART I, LINE 2:

GRANT APPLICATIONS ARE REVIEWED BY COMMITTEES AND STAFF FOR APPROVAL. ALL

GRANT AWARDED RESEARCHERS 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 DEPARTMENT. THE ASSOCIATION REQUIRES

PROGRESS REPORTS THROUGHOUT THE AWARD TO CONTINUE TO RECEIVE FUNDS.

**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.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

**Part I Questions Regarding Compensation**

**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.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on 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 .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the 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.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**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 .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2022

<b>Part II</b>	<b>Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.</b> Use duplicate copies if additional space is needed.
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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 aren't 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 and/or 1099-NEC 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 PRESIDENT AND CEO	(i)	404,213.	50,000.	2,453.	19,051.	22,048.	497,765.
	(ii)	0.	0.	0.	0.	0.	0.
(2) TINA ZEFF CHIEF OPERATIONS OFFICER	(i)	268,389.	37,500.	2,139.	14,818.	26,738.	349,584.
	(ii)	0.	0.	0.	0.	0.	0.
(3) GREG MITCHELL CHIEF FINANCIAL OFFICER	(i)	272,824.	32,000.	2,144.	14,816.	0.	321,784.
	(ii)	0.	0.	0.	0.	0.	0.
(4) NEIL THAKUR CHIEF MISSION OFFICER	(i)	242,988.	30,500.	2,139.	18,246.	26,738.	320,611.
	(ii)	0.	0.	0.	0.	0.	0.
(5) DEAN FEENER CHIEF INFORMATION AND MARKETING OFFI	(i)	245,451.	0.	2,009.	12,356.	0.	259,816.
	(ii)	0.	0.	0.	0.	0.	0.
(6) MONICA SANTA CRUZ CHIEF PEOPLE OFFICER	(i)	244,142.	0.	3,218.	12,530.	85.	259,975.
	(ii)	0.	0.	0.	0.	0.	0.
(7) LANCE SLAUGHTER SVP STRATEGIC ALLIANCES AND GOVERNAN	(i)	237,763.	0.	3,633.	13,169.	9,709.	264,274.
	(ii)	0.	0.	0.	0.	0.	0.
(8) VICKIE LOBELLO SENIOR VICE PRESIDENT ORGANIZATIONAL	(i)	223,885.	0.	4,439.	8,774.	10,369.	247,467.
	(ii)	0.	0.	0.	0.	0.	0.
(9) BRIAN FREDERICK SENIOR VICE PRESIDENT STRATEGIC COMM	(i)	222,913.	0.	2,013.	10,962.	0.	235,888.
	(ii)	0.	0.	0.	0.	0.	0.
(10) KULDIP DAVE SENIOR VICE PRESIDENT RESEARCH	(i)	220,727.	0.	2,031.	13,643.	35,913.	272,314.
	(ii)	0.	0.	0.	0.	0.	0.
(11) KEITH GARY VICE PRESIDENT MISSION ACCELERATION	(i)	209,709.	0.	4,389.	11,542.	22,048.	247,688.
	(ii)	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

1

75



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public  
Inspection

Name of the organization <b>AMYOTROPHIC LATERAL SCLEROSIS ASSN.</b>	Employer identification number <b>13-3271855</b>
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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	72	120,465.	NET PROCEEDS
7	Boats and planes .....				
8	Intellectual property .....				
9	Securities - Publicly traded .....	X	46	245,957.	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 .....	X	2	174,793.	NET PROCEEDS
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 ( <u>CRYPTO CURRENCY</u> )	X	4	892.	NET PROCEEDS
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 V, Donee Acknowledgement .....	29	0
----	---	----	---

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....	Yes	No
30a			X
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? .....	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....	X	
b	If "Yes," describe in Part II.		
33	If the organization didn't 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.

SCHEDULE M, PART I, COLUMN (B):

COLUMN B REPRESENTS THE NUMBER OF CONTRIBUTIONS

SCHEDULE M, LINE 32B:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION USED THE SERVICES OF A  
CAR PROGRAM DONATION PROCESSOR SERVICE, ADVANCED REMARKETING SERVICES  
INC., TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES.  
THE ASSOCIATION USES THE SERVICES OF THE GIVING BLOCK TO ACCEPT,  
PROCESS AND SELL CRYPTO CURRENCY DONATIONS. THE ASSOCIATION USES BANK  
OF AMERICA MERRILL LYNCH TO ACCEPT, PROCESS AND SELL STOCK DONATIONS.

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

**FORM 990, PART III - RESTRUCTURING & UNIFICATION OF AFFILIATED CHAPTERS**

BEGINNING FEBRUARY 1, 2022, THE ASSOCIATION RESTRUCTURED TO A SINGLE CORPORATION. AS OF JANUARY 31, 2023, THE ASSOCIATION ASSUMED THE OPERATING ACTIVITY OF 17 OF ITS AFFILIATED CHAPTERS WHICH AGREED TO MERGE INTO THE ASSOCIATION. THIS MEANS THAT FORMER CHAPTER EMPLOYEES ARE NOW EMPLOYEES OF THE ASSOCIATION AND ALL NEW REVENUE AND EXPENSE ACTIVITY FORMERLY ASSOCIATED WITH THE 17 AFFILIATED CHAPTERS ARE RECORDED BY THE ASSOCIATION AND INCLUDED IN THIS TAX RETURN. TWO ADDITIONAL CHAPTERS HAVE MERGED INTO THE ASSOCIATION POST JANUARY 31, 2023. EFFECTIVE SEPTEMBER 1, 2023, 18 OF THE MERGED CHAPTERS COMPLETED THE MERGER PROCESS WITH THE ASSOCIATION. THE MERGED CHAPTERS ARE NO LONGER OPERATING AND HAVE TERMINATED THEIR BOARDS, CORPORATE STATUS AND CHARTER AGREEMENTS. THEY HAVE SUBSEQUENTLY TRANSFERRED ANY UNSPENT RESERVES TO THE ASSOCIATION AS PART OF COMPLETING THE MERGER.

THE REMAINING CHAPTERS WHO DID NOT UNIFY FILED A LAWSUIT AGAINST ASSOCIATION IN JANUARY 2023 TO KEEP THE ASSOCIATION FROM MOVING FORWARD WITH UNIFICATION. THE ASSOCIATION ULTIMATELY SETTLED THE CLAIM WITH THIS GROUP. EFFECTIVE SEPTEMBER 1, 2023, THESE CHAPTERS ARE NO LONGER AFFILIATED WITH THE ASSOCIATION AS PART OF THE EXECUTED SETTLEMENT AGREEMENT.

**FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:**

THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH AMYOTROPHIC

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2022

232211 10-28-22

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

LATERAL SCLEROSIS AND THEIR FAMILIES TO LIVE FULLER LIVES BY PROVIDING THEM WITH COMPASSIONATE CARE AND SUPPORT.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

FORM 990, PART VI, SECTION A, LINE 1A:

BOARD OFFICERS AND CHAIRS OF STANDING COMMITTEES UP TO 10 MEMBERS

FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS. THE MEMBERS OF THE ASSOCIATION (THE "MEMBERS" AND EACH, A "MEMBER") SHALL BE CHARTERED CHAPTERS OF THE ASSOCIATION (THE "CHAPTERS" AND EACH, A "CHAPTER"). CHAPTERS WITHOUT A CHARTER OR OTHER ENTITIES OR ORGANIZATIONS MAY BE AFFILIATED WITH AND/OR MANAGED BY THE ASSOCIATION, BUT ARE NOT ENTITLED TO ALL OF THE RIGHTS OF CHAPTERS AS PROVIDED BY THESE BYLAWS AND THE CHAPTER CHARTER AGREEMENT. CHAPTERS SHALL BE ADMITTED TO MEMBERSHIP BY THE BOT BASED ON CRITERIA CONSISTENT WITH THESE BYLAWS AS ADOPTED BY THE BOT.

FORM 990, PART VI, SECTION A, LINE 7A:

BOARD OF REPRESENTATIVES ELECTS THE MEMBERS OF THE BOARD OF TRUSTEES. BOT

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

IS COMPOSED OF A REPRESENTATIVE FROM EACH MEMBER/CHAPTER.

FORM 990, PART VI, SECTION B, LINE 11B:

THE 990 IS REVIEWED IN ITS ENTIRETY BY THE FINANCE COMMITTEE OF THE BOARD OF TRUSTEES AND ONCE ACCEPTED AND APPROVED, FULL RETURN IS PRESENTED TO ENTIRE BOARD OF TRUSTEES PRIOR TO THE SUBMISSION TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY BOARD MEMBERS SIGN A NEW CONFLICT OF INTEREST STATEMENT AS WELL AS ALL STAFF. MANAGEMENT TRACKS THE CONFLICT OF INTEREST STATEMENTS FOR ALL BOARD AND COMMITTEE MEMBERS AS WELL AS STAFF. WHERE IT IS DETERMINED THAT AN ACTUAL CONFLICT OF INTEREST EXISTS, THE RESPONSIBLE PERSON HAVING THE CONFLICT OF INTEREST SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE ON THAT CONTRACT OR TRANSACTION. SUCH RESPONSIBLE PERSON MAY MAKE A STATEMENT OR PRESENTATION REGARDING THE MATTER OR RESPOND TO QUESTIONS, BUT SUCH RESPONSIBLE PERSON (I) SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR ASSOCIATION COMMITTEE'S DISCUSSION OF THE MATTER; (II) SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING; (III) SHALL NOT VOTE ON THE CONTRACT OR TRANSACTION; AND (IV) SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN.

FORM 990, PART VI, SECTION B, LINE 15:

THE EXECUTIVE COMPENSATION COMMITTEE PERFORMS THE ANNUAL REVIEW OF THE PRESIDENT AND CEO AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

AND IN THE SAME INDUSTRY. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED FOR THE FISCAL YEAR 01/31/23

THE PRESIDENT AND CEO REVIEWS ALL SENIOR LEVEL MANAGEMENT AND DETERMINES SALARY AND/OR BONUSES USING INFORMATION OBTAINED FROM OUTSIDE SOURCES FOR SIMILAR SIZED ORGANIZATIONS. THIS IS REVIEWED AND COMPARED WITH MARKET DATA FROM ORGANIZATIONS OF A SIMILAR SIZE AND IN THE SAME INDUSTRY. THE PROCESS DESCRIBED HERE WAS LAST COMPLETED FOR THE FISCAL YEAR 01/31/23

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AK,AL,AR,AZ,CA,CO,CT,DC,DE,FL,GA,HI,IA,ID,IL,IN,KS,KY,LA,MA,MD,ME,MI,MN,MO  
MS,MT,NC,ND,NE,NH,NJ,NM,NV,NY,OH,OK,OR,PA,RI,SC,SD,TN,TX,UT,VA,VT,WA,WV,WY

FORM 990, PART VI, SECTION C, LINE 19:

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION'S FORM 990S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT ITS OFFICE UPON WRITTEN REQUEST. FORM 990 AND THE FINANCIAL STATEMENTS ARE AVAILABLE ON ITS WEBSITE AS WELL.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	-172,023.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
EXCESS FAIR VALUE OF ASSETS ACQUIRED OVER LIABILITIES ASSUMED	6,120,773.
SPECIAL EVENT EXPENSES	2,755,720.
UNUSED GRANTS	-18,553.
TOTAL TO FORM 990, PART XI, LINE 9	8,575,047.

**Certificate Of Completion**

Envelope Id: ED416685B02C438F8F6C086C31700688

Status: Completed

Subject: 990 Tax Return for Amyotrophic Lateral Sclerosis Assn-A333359 - 2022

Client Name: Amyotrophic Lateral Sclerosis Assn

Client Number: A333359

Source Envelope:

Document Pages: 166

Signatures: 3

Envelope Originator:

Certificate Pages: 5

Initials: 1

CLA Operations (Kellie Evenson)

AutoNav: Enabled

220 S 6th St Ste 300

Enveloped Stamping: Enabled

Minneapolis, MN 55402-1418

Time Zone: (UTC-06:00) Central Time (US &amp; Canada)

Kellie.Evenson@claconnect.com

IP Address: 4.19.77.154

**Record Tracking**

Status: Original

Holder: CLA Operations (Kellie Evenson)

Location: DocuSign

12/13/2023 10:12:35 AM

Kellie.Evenson@claconnect.com

**Signer Events****Signature****Timestamp**

Gregory Mitchell

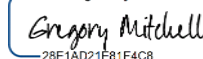
gmitchell@alsa-national.org

Chief Financial Officer

The ALS Association

Security Level: Email, Account Authentication  
(None), Access Code

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28E1AD21E81E4C8...

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Robert Williams

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