

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.
- 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:



CLAconnect.com

CPAs | CONSULTANTS | WEALTH ADVISORS

CLA (CliftonLarsonAllen LLP) is an independent network member of CLA Global. See <u>CLAglobal.com/disclaimer</u>. 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-TF

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning $FEB\ 1$, 2022, and ending $JAN\ 31$, 20 23

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer EIN or SSN 13-3271855 AMYOTROPHIC LATERAL SCLEROSIS ASSN. GREGORY MITCHELL Name and title of officer or person subject to tax CHIEF FINANCIAL OFFICER Type of Return and Return Information Part I 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 Total revenue,** if any (Form 990, Part VIII, column (A), line 12) _______ **1b**5 5 , 567 , 608 . Form 990 check here 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) 3a Form 1120-POL check here Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here 4b b Balance due (Form 8868, line 3c) 5a Form 8868 check here **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 7b Form 5227 check here **b** FMV of assets at end of tax year (Form 5227, Item D) 8b 8a Form 5330 check here b Tax due (Form 5330, Part II, line 19) 9a 9b Form 8038-CP check here **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10b 10a Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name 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 2022 electronic return and accompanying scriedules 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

PIN: check one box only		
X 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 with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the agency 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 return. If I have indicated within this return that a copy of the return is being filed with a state agency(is IRS Fed/State program (IVIII) Perits Program (IVIIII) Perits Program (IVIIIII) Perits Program (IVIIII) Perits Program (IVIIIII) Perits Program (IVIIIIIIIII) Perits Program (IVIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	•	•
Signature of officer or person subject to tax Graphy Mitdull Part III Certification and Authoritication	Date	12/13/2023
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 5443492220)3	

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.

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.

12/13/23

Do not enter all zeros

Date

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

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

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

CLIFTONLARSONALLEN LLP

Form **8879-TE** (2022)

ERO's signature

Form **8868**

(Rev. January 2022)

Application for Automatic Extension of Time To File an Exempt Organization Return

		·									
forms lis	ted below with t	he exception of Form 8870, Information Rextension request must be sent to the IRS	Return for Sin paper	Transfers Associated With Certain Pe format (see instructions). For more d	ersonal Be	enefit					
Autom	atic 6-Mont	h Extension of Time. Only subm	it origina	al (no copies needed).							
All corpo	orations required	to file an income tax return other than Fo	rm 990-T	(including 1120-C filers), partnerships	s, REMICs	s, and	trusts				
Type or	Name of exe	empt organization or other filer, see instruc	ctions.		Taxpayer identification number (TIN)						
print	AMYOTR	OPHIC LATERAL SCLEROS	IS AS	SN.		13	-327185	5			
due date for filing your			ee instruct	tions.							
			reign add	ress, see instructions.							
AMYOTROPHIC LATERAL SCLEROSIS ASSN. AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855											
Applica	tion		Return	Application				Return			
Is For			Code	Is For				Code			
Form 99	0 or Form 990-E	Z	01	Form 1041-A				08			
Form 47	20 (individual)		03	Form 4720 (other than individual)				09			
Form 99	0-PF		04	Form 5227				10			
Form 99	0-T (sec. 401(a)	or 408(a) trust)	05	Form 6069				11			
Form 99	0-T (trust other t	han above)	06	Form 8870				12			
Form 99	0-T (corporation)										
Telep If the	hone No. 2 organization do is for a Group F	care of 1300 WILSON BLV 02-407-8580 es not have an office or place of business Return, enter the organization's four digit 0	in the Uni	Fax No. ►	22209	r the w	hole group, c				
th	e organization na calendar y X tax year be	amed above. The extension is for the organical rear or eginning FEB 1, 2022 ered in line 1 is for less than 12 months, ch	nization's	return for:			anization retu	rn for			
3a If			, enter the	tentative tax, less							
<u>ar</u>	y nonrefundable	e credits. See instructions.			3a	\$		0.			
		, , ,	•		OI			Λ			
					30	-		0.			
					3c	\$		0.			
	ontracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic ling of this form, visit www.irs.gov/e-life-providers/e-file-for-charities-and-non-profits. untormatio 6-Month Extension of Time. Only submit original (no copies needed). Ill corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts but use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 White file a separate application in the file of the return that this application in the file as separate application for each return) Early town or post office, state, and 22/P code. For a foreign address, see instructions. ARLINGTON, VA 22209 Inter the Return Code for the return that this application is for (file a separate application for each return) For Code Orm 990 Form 990-EZ Oll form 101-A Prom 4720 (individual) Oll Form 5227 Oll form 104-A Oll form 5227 The books are in the care of ► 1300 WILSON BLVD, 600 - ARLINGTON, VA 22209 REGGORY MITCHELL, CHIEF FINANCIAL OFFICER The books are in the care of ► 1300 WILSON BLVD, 600 - ARLINGTON, VA 22209 Telephone No. ► 202-407-8580 Form 4720 (individual) If this is for a Group Return, enter the organization is for digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization is for the unital states, check this box If the organization and above. The extension is for the organization is return for: The calendar year group of the extension is for the organization is return for: The calendar year group of the extension is for the organization is return for: The calendar year group of the extension is for the organization is return for: The calendar year group of the extension is for the organization is return for: The calendar year group of the										
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LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	\pm 2022 calendar year, or tax year beginning $$ FEB 1 , $$ $$ $$ $$ $$ 2 $$ $$ 2 $$ $$ and e	nding J	AN 31, 2023	
	heck if	C Name of organization		D Employer identifie	cation number
	Addres	AMYOTROPHIC LATERAL SCLEROSIS ASSN.			
	Name	THE ALC ACCOUNTON		13-32718	55
	Initial return		Room/suite	E Telephone number	
	Final return/	1300 WILSON BLVD 6	00	202-407-	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	77,468,178.
	Ameno	ARLINGTON, VA 22209		H(a) Is this a group re	
	Applic tion pendir			for subordinates	—
		SAME AS C ABOVE		H(b) Are all subordinates in	
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions
	<u>Vebsit</u>		T	H(c) Group exemptio	
	orm of I rt I	organization: X Corporation Trust Association Other Summary	L Year	of formation: 1965 N	1 State of legal domicile: DE
1 6		Briefly describe the organization's mission or most significant activities: LEADI	NG TH		חואג שסוזי
Se		TREAT ALS THROUGH RESEARCH, ADVOCACY AND C			COKE AND
Governance		Check this box if the organization discontinued its operations or dispose			eate
Veri		•		3	31
Ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			31
დ თ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			547
ij		Total number of volunteers (estimate if necessary)			31
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_<		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
				Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		37,557,524.	53,676,289.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,213,860.	1,771,537.
ш	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		21,419.	119,782.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		39,792,803.	55,567,608.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		15,323,942.	18,722,140.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
es		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		13,877,954.	36,210,639.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	333,300.	648,986.
Ϋ́		Total fundraising expenses (Part IX, column (D), line 25) 22,059,60		15,317,102.	28,618,054.
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		44,852,298.	84,199,819.
		Revenue less expenses. Subtract line 18 from line 12		-5,059,495.	-28,632,211.
-Se	13	Heverlue less expenses. Oubtract line 10 from line 12		ginning of Current Year	End of Year
ets c	20	Total assets (Part X, line 16)		98,343,083.	94,445,022.
Ass	21	Total liabilities (Part X, line 26)		7,253,250.	30,210,557.
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20		91,089,833.	64,234,465.
Pa	rt II	Signature Block			
		lties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whic	ch preparer	has any knowledge. 12/13/20	73
		Gregory Mitchell			
Sign		Signature of 知识 是 1E4C8		Date	
Her	е	GREGORY MITCHELL, CHIEF FINANCIAL OFFICER			
		Type or print name and title	Ιr	Date Check	PTIN
De!		Print/Type preparer's name Preparer's signature		:, L	
Paid		ROBERT WILLIAMS ROBERT WILLIAMS	μ	2/13/23 self-employ	P01345960 1-0746749
Prep		Firm's name CLIFTONLARSONALLEN LLP Firm's address 901 N. GLEBE ROAD, SUITE 200		Firm's EIN 4	<u> </u>
บรย	Only	ARLINGTON, VA 22203		Dhone no 57	1-227-9500
	IT	RS discuss this return with the preparer shown above? See instructions		FIIOHE HO. J /	X Yes No

Check of Schedule Contains aregonese on one to any line in this Part III		1990 (2022) AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Pa	age 2
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 950 or 900-627.	Par	rt III Statement of Program Service Accomplishments	
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 980 or 980-627 [Ves [X] if "Ves," describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves [X] if "Ves," 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(ci)2 and 501(ci)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported. 4 (500x [Ves 200]		Check if Schedule O contains a response or note to any line in this Part III	X
DISCUSSION ON HOW THE ASSOCIATION RESTRUCTURED INTO A SINGLE CORPORATION. Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 E2? If 'Yes,' describe these new services on Schedule 0. Did the organization cease conducting, or make significant changes in how it conducts, any program services? [Yes [X if 'Yes,' describe these changes on Schedule 0. Did the organization organization 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 expenses of the service of the program services and program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service expenses, and revenue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses, and revenue, if any, for each program services, as measured by expenses, and revenue, if any, for each program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for each program services are expensed by expenses, and the revenue and allocations to others, the total expenses, and revenue, if any for each program services are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any forgram services and allocations to cheer, the program services and allocations	1		
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990-27			
Did the organization undertake any significant program services during the year which were not listed on the prior form 990 or 990 62? Yes			
prior Form 990 or 990 EZ7 If "Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) 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. The part in the control of the program service reported. Describe the organization sprogram service second for the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses. Section 501(c)(S) 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 services, as measured by expenses. Section 501(c)(S) and		CORPORATION.	
prior Form 990 or 990 EZ7 If "Yes," describe these new services on Schedule O. Did the organization ceases conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(S) 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. The part in the control of the program service reported. Describe the organization sprogram service second for the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program services, as measured by expenses. Section 501(c)(S) 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 services, as measured by expenses. Section 501(c)(S) and			
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## 1 "Yes," describe these changes on Schedule O. ## 2			٦
4. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(s) and 501(c)(4) organizations are required to report the amount of grafts and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4. 405,372.) (Revenues 2 6,960,747. Including grafts of \$4,405,372.) (Revenues 5 26,960,747. Including grafts of \$4,405,372.) (Revenues 6 26,960,747. Including grafts of \$4,405,372.) (Revenues 7 20,960,747. Including grafts of \$4,405,372.) (Revenues 7 20,960,747. Including grafts of \$4,405,372.) (Revenues 8 20,960,747. Including grafts of \$4,405,372.) (Revenues 8 20,960,747. Including grafts of \$4,405,372.) (Revenue 8 20,960,747. Including grafts of \$4,405,376.) (Revenue 8 20,960,747.) (3		J No
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PATIENT AND COMMUNITY SERVICES: THE ASSOCIATION IS COMMUNITED 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 EXPLOR 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 (Code)(Expenses 15,622,467. Including grants of 5 14,316,768.) (Penseus 5 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 15,622,467. Including grants of 5 14,316,768.) (Penseus 5 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 5 14,316,768.) (Penseus 5 15,622,467. Including grants of 5 14,316,768.) (Pense			
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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 AN SUPPORT OF PEOPLE LIVING WITH ALS. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			
RESEARCH AT THE NATIONAL INSTITUTES OF HEALTH. IN ADDITION, THE ADVOCACY DEPARTMENT SECURED FUNDING FROM STATE GOVERNMENTS FOR CARE AN SUPPORT OF PEOPLE LIVING WITH ALS. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			
ADVOCACY DEPARTMENT SECURED FUNDING FROM STATE GOVERNMENTS FOR CARE AN SUPPORT OF PEOPLE LIVING WITH ALS. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			
SUPPORT OF PEOPLE LIVING WITH ALS. 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			
4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)			<u>) </u>
(Expenses \$ including grants of \$) (Revenue \$)		SUPPORT OF PEOPLE LIVING WITH ALS.	
(Expenses \$ including grants of \$) (Revenue \$)			
(Expenses \$ including grants of \$) (Revenue \$)			
	4d	Other program services (Describe on Schedule O.)	
4e Total program service expenses 53,133,093.			
	4e	Total program service expenses 53,133,093.	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
ь		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		14a		
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	1/16	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 22	
15		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	22	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	(0.5.7
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Par	TIV Checklist of Required Schedules (continued)										
			Yes	No							
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on										
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III										
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current										
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete										
	Schedule J	23	Х								
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the										
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete										
	Schedule K. If "No," go to line 25a	24a		Х							
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b									
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease										
	any tax-exempt bonds?	24c									
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d									
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit										
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х							
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and										
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete										
	Schedule L, Part I	25b		Х							
26	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? If "Yes," complete Schedule L, Part II	26		х							
27	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? If "Yes," complete Schedule L, Part III	27		X							
28	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):										
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>										
	"Yes," complete Schedule L, Part IV	28a		х							
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х							
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>										
	"Yes," complete Schedule L, Part IV	28c		х							
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х								
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation										
	contributions? If "Yes," complete Schedule M	30	Х								
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х							
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>										
	Schedule N, Part II	32		х							
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations										
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х							
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and										
	Part V. line 1	34		х							
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х							
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity										
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b									
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?										
	If "Yes," complete Schedule R, Part V, line 2	36		Х							
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization										
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х							
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?										
	Note: All Form 990 filers are required to complete Schedule O	38	Х								
Par											
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>								
			Yes	No							
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 281										
b											
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming										
	(gambling) winnings to prize winners?	1c	Х								
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Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g X If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a 9b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 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? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. 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? 17 If "Yes," complete Form 6069.

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Form **990** (2022)

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3	_						
	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.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 31	L						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	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		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5								
6	Did the organization have members or stockholders?	6	X					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	Х					
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				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a	Х					
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	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
С	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					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a	X					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
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						
Sec	tion C. Disclosure		~-					
17	List the states with which a copy of this Form 990 is required to be filedAK , AL , AR , AZ , CA , CO , CT , DC , DE							
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)	availal	ble				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X 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, an	d finan	cial					
	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							

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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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.
- 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 ne	or any related	orga	niza	tion	con	nper	sate	d any current officer, di	rector, or trustee.	
(A)	(B)			_ (0	C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		l a		l	1711113		from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	3e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru		yee	im per		1099-NEC)	,	and related
	below	Individual trustee or	Institutional trustee	er	Key employee	Highest compensated employee	ner			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CALANEET BALAS	37.50									
PRESIDENT AND CEO				Х				456,666.	0.	41,099.
(2) TINA ZEFF	37.50								_	
CHIEF OPERATIONS OFFICER					Х			308,028.	0.	41,556.
(3) GREG MITCHELL	37.50								_	
CHIEF FINANCIAL OFFICER				Х				306,968.	0.	14,816.
(4) NEIL THAKUR	37.50								_	
CHIEF MISSION OFFICER					Х			275,627.	0.	44,984.
(5) DEAN FEENER	37.50									
CHIEF INFORMATION AND MARKETING OFFI					Х			247,460.	0.	12,356.
(6) MONICA SANTA CRUZ	37.50									
CHIEF PEOPLE OFFICER					Х			247,360.	0.	12,615.
(7) LANCE SLAUGHTER	37.50								_	
SVP STRATEGIC ALLIANCES AND GOVERNAN						X		241,396.	0.	22,878.
(8) VICKIE LOBELLO	37.50								_	
SENIOR VICE PRESIDENT ORGANIZATIONAL						X		228,324.	0.	19,143.
(9) BRIAN FREDERICK	37.50								_	
SENIOR VICE PRESIDENT STRATEGIC COMM						X		224,926.	0.	10,962.
(10) KULDIP DAVE	37.50								_	
SENIOR VICE PRESIDENT RESEARCH						X		222,758.	0.	49,556.
(11) KEITH GARY	37.50								_	
VICE PRESIDENT MISSION ACCELERATION						X		214,098.	0.	33,590.
(12) SCOTT KAUFFMAN	5.00							_	_	_
CHAIR		Х		Х				0.	0.	0.
(13) FRED M. DEGRANDIS	5.00							_	_	_
VICE-CHAIR		Х		Х				0.	0.	0.
(14) SUE GORMAN	5.00							_	_	_
IMMEDIATE PAST CHAIR		Х		X				0.	0.	0.
(15) CONNIE HOUSTON	4.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(16) SANDRA PIERSOL	5.00									_
SECRETARY		Х		Х				0.	0.	0.
(17) JINSY ANDREWS	2.00									
TRUSTEE		Х						0.	0.	0.

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Form 990 (2022)

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Form 990 (2022) AMIOIROF	HIC DAIR	IVY	ш_	20	ПС	iKO	рΤ	o Moon.	13-32/1	655 Page C
Part VII Section A. Officers, Directors, Trus	stees, Key Emp	oloy	ees,	and	l Hi	ghes	t Co	mpensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		າ than d	nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	la a a	recio	r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ndividual trustee or director	Institutional trustee		ee.	m pen		1099-NEC)	1099-NEO)	and related
	below	dual t	utiona	_	nploy	st co	-ia	10001120,		organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			
(18) EUGENE BRANDON, PH.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(19) DAVID VAN DE RIET	2.00									
TRUSTEE		Х						0.	0.	0.
(20) CLIFTON GOOCH, M.D.	2.00									
TRUSTEE (THRU 02/22)		Х						0.	0.	0.
(21) CHRISTI L. KOLARCIK, PH.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(22) CHARLIE ROBINSON, D, SC., P.E	2.00									
TRUSTEE		Х						0.	0.	0.
(23) J. THOMAS MAY	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(24) JOHN P. KRAVE, JD	2.00							_	_	_
TRUSTEE		Х						0.	0.	0.
(25) JOHN ROBINSON	2.00							_	_	_
TRUSTEE (THRU 02/22)		Х						0.	0.	0.
(26) JUDY PRATT, D.M.D	2.00							_		_
TRUSTEE		Х						0.	0.	0.
1b Subtotal								2,973,611.	0.	303,555.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,973,611.	0.	303,555.

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

			Yes	No
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	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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)	(B)	(C)
Name and business address	Description of services	Compensation
MCDERMOTT, WILL & EMERY	ATTORNEY (LEGAL	
P,O, BOX 1675, CAROL STREAM, IL 60132-1675	SERVICES)	868,347.
BARNES & THORNBURG LLP, 11 SOUTH MERIDIAN	ATTORNEY (LEGAL	
ST, INDIANAPOLIS, IN 46204	SERVICES)	792,577.
MCCORMICK GROUP		
20 MAPLE ST, LEXINGTON, MA 02420	CONSULTING SERVICES	404,394.
THROUGHCO COMMUNICATIONS	MARKETING &	
2109 BROADWAY 10-18, NEW YORK, NY 10023	COMMUNICATIONS SERVI	275,637.
FAEGRE DRINKER BIDDLE & REATH LLP	PROFESSIONAL	
P.O. BOX 536777, PITTSBURGH, PA 15253-5909	SERVICES FOR LEGISLA	161,241.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization 12		
~ <i>~</i>	~	000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

Form 990 AMYOTROP:									13-327	1855
Part VII Section A. Officers, Directors, Tree		nplo	yee			ligh	est (,	.
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					au		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	related	tee o	ustee			ensat				and related
	organizations	al trus	onal tr		oloyee	dwoo				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENNETH MENKHAUS	2.00	드	드	6	ž	Ξ	Ŗ.			
TRUSTEE	2.00	х						0.	0.	0.
(28) KEVIN SPINELLA	2.00								•	•
TRUSTEE (THRU 12/22)		Х						0.	0.	0.
(29) LARRY FALIVENA	2.00									
TRUSTEE		Х						0.	0.	0.
(30) LOU LIBBY, MD	2.00									
TRUSTEE		Х						0.	0.	0.
(31) MARK CALMES	2.00									
TRUSTEE		Х						0.	0.	0.
(32) MARK STANCIL	2.00									
TRUSTEE		Х						0.	0.	0.
(33) MILLIE ARNOLD	2.00									
TRUSTEE		Х						0.	0.	0.
(34) NANCY LEAMOND	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(35) PAUL INGHOLT	2.00									
TRUSTEE	2 00	Х						0.	0.	0.
(36) TOBIN M. KUCHARSKI	2.00	х							_	_
TRUSTEE (THRU 02/22) (37) TOM CARROLL	2.00	Λ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(38) WARREN NELSON	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(39) WENDY J. SCHRIBER	2.00	22						0.	<u> </u>	· ·
TRUSTEE	2.00	х						0.	0.	0.
(40) KEN BALTES	2.00								•	•
TRUSTEE (THRU 09/22)		Х						0.	0.	0.
(41) MICHAEL BENATAR	2.00							-	-	-
TRUSTEE		Х						0.	0.	0.
(42) KATHLEEN BOYCE	2.00									
TRUSTEE		Х	L			L		0.	0.	0.
(43) AMY BRACHIO	2.00									
TRUSTEE		Х						0.	0.	0.
(44) JOHN ROCKY DALLUM	2.00									
TRUSTEE		Х		_		_		0.	0.	0.
(45) PETER MCKOWN	2.00								_	_
TRUSTEE	1 2 2 2	Х						0.	0.	0.
(46) REBECCA MOSS	2.00								_	_
TRUSTEE	1	X	i .	i	ı	ı	i	0.	0.	0.

Form 990 AMYOTROPE	HIC LATE	RA	L	SC	LE	RO	SI	S ASSN.	13-327	1855
Part VII Section A. Officers, Directors, Tru	stees, Key En	nplo	yee	s, aı	nd H	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	neck	Pos	ition		ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) KENTON VAN HARTEN	2.00	7.7								0
TRUSTEE		X						0.	0.	0.
Fotal to Part VII, Section A, line 1c										

Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Related or exempt Unrelated Revenue excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1,198,414. Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 7,846,854. c Fundraising events 1c d Related organizations 1d 1,976,304. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ... 42,654,717. 1f 542,107, g Noncash contributions included in lines 1a-1f 53,676,289 h Total. Add lines 1a-1f **Business Code** 2 a Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 1849992 1,849,992 other similar amounts) 4 Income from investment of tax-exempt bond proceeds 83. 83. 5 Royalties (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 19,066,395. assets other than inventory b Less: cost or other basis 19,144,850. Other Revenue and sales expenses -78,455. c Gain or (loss) _______7c -78,455. -78,455. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 7,846,854. of contributions reported on line 1c). See Part IV, line 18 2,755,720 2,755,720, **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 11 a 900099 119,699. d All other revenue 119,699. 119,699 e Total. Add lines 11a-11d 55,567,608. 0. 1891319. **12 Total revenue.** See instructions

232009 12-13-22

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 (**D**)
Fundraising (C) Management and general expenses (B) Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 14,641,389. 14,641,389. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2,012,096. 2,012,096. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign 2,068,655. 2,068,655. individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 2,009,534. 655,782. 1,262,342. 91,410. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 27,608,816. 15,966,274. 2,013,950. 9,628,592. Other salaries and wages 7 Pension plan accruals and contributions (include 945,498. 1,706,558. 205,493. 555,567. section 401(k) and 403(b) employer contributions) 2,683,237. 1,535,337. 199,699. 948,201. Other employee benefits 9 2,202,494. 1,251,771. 212,462. 738,261. 10 Payroll taxes 11 Fees for services (nonemployees): Management 1,987,171. 1,998,496. 11,325. Legal 122,657. 215,467. 4,663. 88,147. Accounting 172,117. 172,117. Lobbying 648,986. 648,986. Professional fundraising services. See Part IV, line 17 180,821. 180,821. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 1,175,069. 2,470,962. 4,511,839. 865,808. column (A), amount, list line 11g expenses on Sch O.) 2,043,993. 694,580. 28,220. 1,321,193. Advertising and promotion 12 2,070,747. 546,300. 1,452,846. 71,601. Office expenses 13 5,455,057. 2,207,417. 541,600. 2,706,040. Information technology 14 Royalties 15 132,799. 590,775. 1,541,161. 817,587. 16 Occupancy 2,549,205. 1,256,172. 474,205. 818,828. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 227,710. 128,857. 41,311. 57,542. Conferences, conventions, and meetings 19 28,346. 28,346. 20 Payments to affiliates 21 960,944. 778,584. 1,924,151. 184,623. Depreciation, depletion, and amortization 22 185,917. 85,629. 34,450. 65,838. 23 Other expenses. Itemize expenses not covered 24 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.) 3,534,121. 3,534,121. CHAPTER SUPPORT 245,266. TELECOMMUNICATIONS 483,048. 35,653. 202,129. 421,025. 225,737. 14,108. 181,180. PRINTING AND PUBLICATIO 295,805. 58,911. 135,368. d DUES AND SUBSCRIPTIONS 101,526. 779,028. 593,088. 36,139. 149,801. e All other expenses 84,199,819. 53,133,093. 9,007,120. 22,059,606. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. 2,978,000. 441,000. 0. 2,537,000. Check here X if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Pa	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				
	1	Cash - non-interest-bearing	5,640,945.	1	4,617,066.				
	2	Savings and temporary cash investments	924,888.	2	732,559.				
	3	Pledges and grants receivable, net	4,188,908.	3	13,399,732.				
	4	Accounts receivable, net	2,518,929.	4	2,928,243.				
	5	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		5					
	6	Loans and other receivables from other disqualified persons (as defined							
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6					
Ś	7	Notes and loans receivable, net		7					
Assets	8	Inventories for sale or use		8					
Š	9	Prepaid expenses and deferred charges	1,639,445.	9	1,909,791.				
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D 10a 16,476,709.							
	b	Less: accumulated depreciation 10b 11,877,931.	3,378,855.	10c	4,598,778.				
	11	Investments - publicly traded securities	78,900,690.	11	58,740,613.				
	12	Investments - other securities. See Part IV, line 11		12					
	13	Investments - program-related. See Part IV, line 11		13					
	14	Intangible assets		14					
	15	Other assets. See Part IV, line 11	1,150,423.	15	7,518,240.				
	16	Total assets. Add lines 1 through 15 (must equal line 33)	98,343,083.	16	94,445,022.				
	17	Accounts payable and accrued expenses	3,519,829.	17	13,447,062.				
	18	Grants payable	1,150,000.	18	3,462,525.				
	19	Deferred revenue	0.	19	240,955.				
	20	Tax-exempt bond liabilities		20					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21					
es	22	Loans and other payables to any current or former officer, director,							
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%							
<u> </u>		controlled entity or family member of any of these persons		22					
_	23	Secured mortgages and notes payable to unrelated third parties	0.	23	3,396,470.				
	24	Unsecured notes and loans payable to unrelated third parties	U •	24	3,330,470.				
	25	Other liabilities (including federal income tax, payables to related third							
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,583,421.	25	9,663,545.				
	26	Total liabilities. Add lines 17 through 25	7,253,250.	26	30,210,557.				
	20	Organizations that follow FASB ASC 958, check here	7,233,2301	20	30,210,337.				
Se		and complete lines 27, 28, 32, and 33.							
ğ	27	Net assets without donor restrictions	79,396,160.	27	52,105,755.				
3ale	28	Net assets with donor restrictions	11,693,673.	28	12,128,710.				
βĒ		Organizations that do not follow FASB ASC 958, check here							
Ē		and complete lines 29 through 33.							
þ	29	Capital stock or trust principal, or current funds		29					
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30					
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31					
Net Assets or Fund Balances	32	Total net assets or fund balances	91,089,833.	32	64,234,465.				
~	33	Total liabilities and net assets/fund balances	98,343,083.	33	94,445,022.				
	•		•		Farm 990 (0000)				

Form **990** (2022)

	1990 (2022) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-	<u> 32718</u>	<u> 355</u>	Pag	_{je} 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,567</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2	84	,199	, 81	<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-28	,632	, 21	<u>L1.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,089		
5	Net unrealized gains (losses) on investments	5	-6	,798	, 20	<u>)4.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8	,575	, 04	<u> 17.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	64	<u>, 234</u>	, 46	<u> 55.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the					
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?			3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form 9	9 90 (2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support								
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	Gifts, grants, contributions, and	(2) 2010	(2) 2010	(5) 2020	(4) 2021	(5, 2022	(1) 10141		
·	membership fees received. (Do not								
	include any "unusual grants.")	29429700.	34202008.	33002036.	37557524.	53676289.	187867557		
2	Tax revenues levied for the organ-								
_	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
_	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	29429700.	34202008.	33002036.	37557524.	53676289.	187867557		
	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.		
6	Public support. Subtract line 5 from line 4.						187364497		
	tion B. Total Support					•	•		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	29429700.	34202008.	33002036.	37557524.	53676289.	187867557		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	2641824.	2782381.	1985828.	2158934.	1850075.	11419042.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	56,636.	57,282.	18,824.	21,419.	119,699.	273,860.		
11	Total support. Add lines 7 through 10						199560459		
12	Gross receipts from related activities	, etc. (see instruction	ons)			12	293,362.		
13	First 5 years. If the Form 990 is for the	he organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3)			
	organization, check this box and sto								
Sec	tion C. Computation of Publ	ic Support Per	centage						
	Public support percentage for 2022 (, ,,,	•	(//		14	93.89 %		
	Public support percentage from 202					15	92.30 %		
16a	33 1/3% support test - 2022. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo			
	stop here. The organization qualifies		-						
b	b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box								
	and stop here. The organization qua								
17a	10% -facts-and-circumstances test	t - 2022. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,		
	and if the organization meets the fact	ts-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation		
	meets the facts-and-circumstances to	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		Ш		
b	10% -facts-and-circumstances test	t - 2021. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or		
	more, and if the organization meets t	he facts-and-circum	nstances test, che	ck this box and s	top here. Explain i	n Part VI how the			
	organization meets the facts-and-circ				•				
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		(Form 990) 2022		

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.)

0	qualify under the tests listed be	elow, please comp	olete Part II.)				
	ction A. Public Support		T		T		
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge		<u></u>			<u> </u>	
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						_
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
-	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for th	e organization's fi	rst, second, third	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
	check this box and stop here	· ·			•		
Sec	tion C. Computation of Publi						
15	Public support percentage for 2022 (li	ine 8, column (f), c	divided by line 13, o	column (f))		15	%
	Public support percentage from 2021		•			16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	122 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	$33\ 1/3\%$ support tests - 2022. If the	organization did r	not check the box o	on line 14, and line	e 15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2021. If the	organization did r	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	nization qualifies a	as a publicly suppo	orted organization	
	Private foundation If the organization		-	•		-	

Schedule A (Form 990) 2022

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

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

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

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Schedule A (Form 990) 2022

232025 12-09-22

Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2022 AMYOTROPHIC LATERAL SC			13-3271855 Page 6
Par	t V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on N	lov. 20, 1970 (<i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu	ist complete S	Sections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	anization (see

Schedule A (Form 990) 2022

instructions).

AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

Schedule	e A (Form 990					SCLEROSIS		13-3271855 Page 8
Part V	Supple Part IV, S line 1; Pa	mental Section A, art IV, Sect	lines 1, 2, 3b, 3c, 4 ion D, lines 2 and :	lb, 4c, 5a, 6 3; Part IV, S	6, 9a, 9b, 9c, 11a ection E, lines 1c	, 11b, and 11c; Part c, 2a, 2b, 3a, and 3b;	IV, Section B, lines Part V, line 1; Part	or 17b; Part III, line 12; 1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,
	Section L (See instr		o, and 8; and Part	V, Section E	=, lines 2, 5, and (6. Also complete this	s part for any addition	onal information.
SCHEI	OULE A,	PART	II, LINE	10, E	XPLANATIO	ON FOR OTHE	ER INCOME:	
OTHE	RINCOM	E						
2018	AMOUNT	: \$	56,636.					
2019	AMOUNT	: \$	57,282.					
2020	AMOUNT	: \$	18,824.					
2021	AMOUNT	: \$	21,419.					
2022	AMOUNT	: \$	119,699.					

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Employer identification number

13-3271855

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

501(c)(3) exempt private foundation

501(c)(3) taxable private foundation

Check 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.

4947(a)(1) nonexempt charitable trust treated as a private foundation

General Rule

Form 990-PF

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.

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)

Schedule B (Form 990) (2022) Page **2**

Conductor B (Form 600) (EGEZ)	i ago -		
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	I 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	\$ <u>1,359,265</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE ALS ASSOCIATION INDIANA CHAPTER 9449 PRIORITY WAY W DR #130 INDIANAPOLIS, IN 46240	\$1,073,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE ALS ASSOCIATION ST. LOUIS REGIONAL CHAPTER 1950 CRAIG ROAD #200 ST. LOUIS, MO 63146	\$2,065,317.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

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 a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		4	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 13-3271855 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

223454 11-15-22

Schedule B (Form 990) (2022)

(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 for instructions and the latest information.

OMB No. 1545-0047 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) organizat	ions: Complete Part III.			
Nan	ne of organization				loyer identification number
		<u>PHIC LATERAL SCL</u>			13-3271855
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		9	S
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax			-	8
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	(
3	If the organization incurred a section	n 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.				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(e)(3).
	Enter the amount directly expended	, ,	•	***************************************	S
2	Enter the amount of the filing organ				
	exempt function activities				<u> </u>
3	Total exempt function expenditures		·		
	line 17b				
	Did the filing organization file Form Enter the names, addresses and en				
5	made payments. For each organizar				
	contributions received that were pro	•			•
	political action committee (PAC). If				
	(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

Schedule C (Form 990) 2022	AMYOTROPHI (C LATERAL SC	LEROSIS ASSI	N. 13-3	271855 Page 2		
Part II-A Complete if the org	anization is exe	mpt under sectior	1 501(c)(3) and file	ed Form 5768 (ele	ction under		
section 501(h)).							
A Check if the filing organiza	tion belongs to an af	filiated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,		
expenses, and share	e of excess lobbying	expenditures).					
B Check if the filing organiza	tion checked box A	and "limited control" pro	visions apply.	T	T		
Limi	ts on Lobbying Exp	enditures		(a) Filing	(b) Affiliated group		
		unts paid or incurred.)		organization's totals	totals		
1a Total lobbying expenditures to influ	uence public opinion	(grassroots lobbying)		183,829.			
b Total lobbying expenditures to influ	688,506.						
c Total lobbying expenditures (add li		• • • • •		872,335.			
d Other exempt purpose expenditure				52,260,758.			
e Total exempt purpose expenditure	s (add lines 1c and 1	d)		53,133,093.			
f Lobbying nontaxable amount. Ente				1,000,000.			
If the amount on line 1e, column (a) o	r (b) is: The lo	bbying nontaxable am	ount is:				
Not over \$500,000	20% o	f the amount on line 1e.					
Over \$500,000 but not over \$1,000	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 \$1,5	00,000 \$175,0	000 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	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							
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.			
h Subtract line 1g from line 1a. If zer	o or less, enter -0-			0.			
i Subtract line 1f from line 1c. If zero				0.			
j If there is an amount other than ze		r line 1i, did the organiza	ation file Form 4720	_			
reporting section 4911 tax for this					Yes No		
(Cama aumani-ationa ti		veraging Period Under					
(Some organizations t		rate instructions for lir	•	of the five columns be	eiow.		
	<u> </u>	enditures During 4-Yea					
	Lobbying Exp		Averaging Feriou				
Calendar year	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total		
(or fiscal year beginning in)	. ,		`,	`,			
2a Lobbying nontaxable amount	1,000,000	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
b Lobbying ceiling amount							
(150% of line 2a, column(e))					6,000,000.		
c Total lobbying expenditures	565,604	220,698.	177,409.	872,335.	1,836,046.		
	_						
d Grassroots nontaxable amount	250,000	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount							
(150% of line 2d, column (e))					1,500,000.		
	64 00=			100 000	054 045		
f 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)).

of the lobbying activity.		1	(a)		(b)	
		Yes	No	Am	ount	
1 During the year, did the filing organization attempt to i	nfluence foreign, national, state, or					
local legislation, including any attempt to influence pul	olic opinion on a legislative matter					
or referendum, through the use of:						
a Volunteers?						
b Paid staff or management (include compensation in ex	penses reported on lines 1c through 1i)?					
e Publications, or published or broadcast statements?f Grants to other organizations for lobbying purposes?						
g Direct contact with legislators, their staffs, governmen	t officials or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speed						
. 011						
j Total. Add lines 1c through 1i						
2a Did the activities in line 1 cause the organization to be						
b If "Yes," enter the amount of any tax incurred under se						
c If "Yes," enter the amount of any tax incurred by organ						
d If the filing organization incurred a section 4912 tax, di						
Part III-A Complete if the organization is exc	empt under section 501(c)(4), section	on 501(c)(5), or se	ection		
			•			
501(c)(6).						
				Yes	N	
501(c)(6).	ndeductible by members?		1	Yes	N	
501(c)(6). 1 Were substantially all (90% or more) dues received nor	•				N	
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying experiments of the organization agree to carry over lobbying and complete if the organization is experiments. 501(c)(6) and if either (a) BOTH Parameters of the organization is experiments.	enditures of \$2,000 or less?	ne prior year? on 501(c)(5	2 3), or se	ection	e 3, is	
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying experiments. 3 Did the organization agree to carry over lobbying and control of the organization is experiments. 501(c)(6) and if either (a) BOTH Paranswered "Yes."	enditures of \$2,000 or less? political campaign activity expenditures from the mpt under section 501(c)(4), section till-A, lines 1 and 2, are answered	ne prior year? on 501(c)(5 "No" OR (3 i), or se (b) Par	ection		
501(c)(6). Were substantially all (90% or more) dues received nor Did the organization make only in-house lobbying expe Did the organization agree to carry over lobbying and eart III-B Complete if the organization is exe 501(c)(6) and if either (a) BOTH Paranswered "Yes." Dues, assessments and similar amounts from member	enditures of \$2,000 or less? colitical campaign activity expenditures from the continuous amplitures from the continuous and the continuous from	ne prior year? on 501(c)(5 "No" OR (3 i), or se (b) Par	ection		
501(c)(6). Were substantially all (90% or more) dues received nor Did the organization make only in-house lobbying experiments. Did the organization agree to carry over lobbying and art III-B Complete if the organization is experiments. Complete if the organization is experiments. Dues, assessments and similar amounts from members.	enditures of \$2,000 or less? colitical campaign activity expenditures from the control of the c	ne prior year? on 501(c)(5 "No" OR (3 i), or se (b) Par	ection		
501(c)(6). Were substantially all (90% or more) dues received nor Did the organization make only in-house lobbying expenses and in the organization agree to carry over lobbying and art III-B Complete if the organization is expenses for which the section 527(f) tax was paid)	enditures of \$2,000 or less? colitical campaign activity expenditures from the compt under section 501(c)(4), section to the compt under section 501(c)(4), section till-A, lines 1 and 2, are answered as the compensation of political compensations.	ne prior year? on 501(c)(5 "No" OR (2 3), or se (b) Par	ection : III-A, line		
501(c)(6). Were substantially all (90% or more) dues received nor Did the organization make only in-house lobbying expenses and III-B Complete if the organization is expenses for which the section 527(f) tax was paid a Current year	enditures of \$2,000 or less? colitical campaign activity expenditures from the compt under section 501(c)(4), section to the control of the	ne prior year? on 501(c)(5 "No" OR (2 3), or se (b) Par	ection : III-A, line		
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying experts and the organization agree to carry over lobbying and part III-B Complete if the organization is experted by the complete of the organization is experted by the organization agree to carry over lobbying and part III-B Complete if the organization is experted by the orga	enditures of \$2,000 or less? colitical campaign activity expenditures from the control of the color of the c	ne prior year? on 501(c)(5 "No" OR (2 3 5), or se (b) Par 1	ection : III-A, line		
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying expe 3 Did the organization agree to carry over lobbying and 2 Did the organization is excessed and answered "Yes." 1 Dues, assessments and similar amounts from member 2 Section 162(e) nondeductible lobbying and political exexpenses for which the section 527(f) tax was paid a Current year b Carryover from last year	enditures of \$2,000 or less? colitical campaign activity expenditures from the empt under section 501(c)(4), section till-A, lines 1 and 2, are answered as penditures (do not include amounts of political campaigns).	ne prior year? on 501(c)(5 "No" OR (2 3 5), or se (b) Parr 1 2a 2b	ection : III-A, line		
501(c)(6). 1 Were substantially all (90% or more) dues received nore 2 Did the organization make only in-house lobbying expenses for which the section 527(f) tax was paid a Current year b Carryover from last year c Total	enditures of \$2,000 or less? colitical campaign activity expenditures from the compt under section 501(c)(4), section till-A, lines 1 and 2, are answered as penditures (do not include amounts of political control of till-A, lines 1 and 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 and 2 are answered as penditures (do not include amounts of political control of till-A, lines 1 are answered as penditures (do not include amounts of political control of till-A, lines 1 are answered as penditures (do not include amounts of political control of till-A, lines 1 are answered as penditures (do not include amounts of political control of till-A, lines 1 are answered as penditures (do not include amounts of political control of till-A, lines 1 are answered as penditures (do not include amounts of till-A, lines 1 are answered are answered as penditures (do not include amounts of till-A, lines 1 are answered are answered as penditures (do not include amounts of till-A, lines 1 are answered are answered are answered are a	ne prior year? on 501(c)(5 "No" OR (2 3 5), or se (b) Parr 1 2a 2b	ection : III-A, line		
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying experts and similar amounts from member 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) nor control of the organization is expenses for which the section 527(f) tax was paid a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) nor control of the organization make only in-house lobbying and political expenses for which the section 527(f) tax was paid a Current year b Carryover from last year c Total	enditures of \$2,000 or less? colitical campaign activity expenditures from the compt under section 501(c)(4), section terms that the color of the c	ne prior year? on 501(c)(5 "No" OR (2 3 5), or se (b) Parr 1 2a 2b	ection : III-A, line		
501(c)(6). 1 Were substantially all (90% or more) dues received nor 2 Did the organization make only in-house lobbying expersions and 2 Did the organization agree to carry over lobbying and 2 Did the organization agree to carry over lobbying and 2 Did the organization is expersions. 501(c)(6) and if either (a) BOTH Paranswered "Yes." 1 Dues, assessments and similar amounts from member 2 Section 162(e) nondeductible lobbying and political expenses for which the section 527(f) tax was paid a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) not 4 If notices were sent and the amount on line 2c exceed does the organization agree to carryover to the reason	enditures of \$2,000 or less? colitical campaign activity expenditures from the compt under section 501(c)(4), section terms that the color is the color in the color is the color in the color is the color in the color in the color in the color is the color in the c	ne prior year? on 501(c)(5 "No" OR (2 3 3 (b) Parri 2 2 2 2 3 3	ection : III-A, line		

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 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

Pa	rt I Organizations Maintaining Donor Advised		or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, line			Complete in the
		(a) Donor advised funds	(b) Fur	nds 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 w	vriting that the assets held in donor advis	sed funds	
_	are the organization's property, subject to the organization's e	_		Yes No
6	Did the organization inform all grantees, donors, and donor ac			
_	for charitable purposes and not for the benefit of the donor or			
	• •		•	Yes No
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990,	Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization		,	
	Preservation of land for public use (for example, recreat		of a historically	important land area
	Protection of natural habitat	· —	-	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conserva	tion easement on the last
	day of the tax year.			Held at the End of the Tax Year
а			2a	
b	T			
С	Number of conservation easements on a certified historic stru			
d	Number of conservation easements included in (c) acquired at			
-			2d	
3	Number of conservation easements modified, transferred, rele			during the tax
_	year	, acce, e, am igaicinea, en icinimiatea 2, am	o o.ga <u>-</u> ao	ag
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	•	•	
_	violations, and enforcement of the conservation easements it			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	G/ 1 G/	, ,		g ,
7	Amount of expenses incurred in monitoring, inspecting, handl	ling of violations, and enforcing conserva	ation easemen	ts during the vear
	3, 1, 3,			3
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)	
			. , . , . , . ,	Yes No
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnote			
	organization's accounting for conservation easements.	Ğ		
Pa	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Simila	r 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	3, not to report in its revenue statement	and balance s	heet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or research in f	urtherance of	public
	service, provide in Part XIII the text of the footnote to its finance			•
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet	works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea			e
	the following amounts required to be reported under FASB AS		3 /1 /	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

232051 09-01-22

Schedule D (Form 990) 2022

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

		PHIC LATERA			0:		71855	Page 2
Par			-				(continu	ed)
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	following that make s	significant	use of its		
	collection items (check all that apply):	_	— .					
a	Public exhibition	d		hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	="	•	-		se in Part	XIII.	
5	During the year, did the organization solicit o		•	•			٦	
Dog	to be sold to raise funds rather than to be ma						Yes	No
Par			ete if the organization	n answered "Yes" or	n Form 99	0, Part IV,	ine 9, or	
	reported an amount on Form 990, Par	-			Secretarial and			
па	Is the organization an agent, trustee, custodi		•				7 ٧	
	on Form 990, Part X?						Yes	No
D	If "Yes," explain the arrangement in Part XIII	and complete the foll	lowing table:				Amount	
	Designing helence				40		Amount	-
	Beginning balance							
	Additions during the year							
f	Distributions during the year				16			
) 22	Ending balance						Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		_ 163	
Par								
		(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four y	ears back
1a	Beginning of year balance	6,509,730.	6,516,315.	6,516,315.	1	454,731.		16,315.
b	Contributions	, ,	, , ,	, , , -	,	, -	,	
c	Net investment earnings, gains, and losses	-503,564.	429,109.	669,572.		587,974.	-	61,584.
	Grants or scholarships	,	,	,				
	Other expenditures for facilities							
	and programs	5,305,205.	435,694.	669,572.	!			
f	Administrative expenses	, ,	,	,		526,390.		
g	End of year balance	700,961.	6,509,730.	6,516,315.	6,	516,315.	6,4	54,731.
2	Provide the estimated percentage of the curr	ent vear end balance				·	,	
а	Board designated or quasi-endowment	, , , , , , , , , , , , , , , , , , , ,	%	,				
	Permanent endowment 30.7230	%						
	60 0000	 %						
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
За	Are there endowment funds not in the posse		tion that are held an	nd administered for t	he			
	organization by:						\	'es No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Par	t VI Land, Buildings, and Equipm	ent.						
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
	Description of property	(a) Cost or of	()	or other (c)	Accumulat	ed	(d) Book	value
		basis (investm	nent) basis	(other) de	epreciation	1		
1a	Land							
b	Buildings							
	Leasehold improvements				273,0		1,054	
d	Equipment				630,0			,087.
e	Other		14,17	<u>0,107. 10,</u>	974,7		<u>3,195</u>	
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990. Part	X. column (B). line 10	Oc.)			4,598	,778.

Schedule D (Form 990) 2022

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Cabadula D (Farra 000) 0000 AMVOTDODUTC	LATERAL SCLE	DOCTC ACCM	13-3271855 Page 3
Schedule D (Form 990) 2022 AMYO'TROPHIC Part VIII Investments - Other Securities.	DATERAL SCHE	·NGCA GIGON	13-32/1033 Page 3
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: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B) (C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1)			
(2)			
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line	
DEVICE THE PROPERTY OF	Description	~	(b) Book value
(1) BENEFICIAL INTEREST IN PER (2) CONTRIBUTIONS RECEIVABLE I			763,677. 103,853.
	ROM REMAINDE	R TRUSTS	6,650,710.
			0,030,710.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 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	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			050 005
(2) ANNUITY PAYMENT LIABILITY	DTNC		959,985. 8,703,560.
(3) LEASE LIABILITIES - OPERA	TING		6,703,360.
<u>(4)</u> (5)			
(6)			
(7)			
(8)			
(0)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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

9,663,545.

Schedule D (Form 990) 2022 AMYOTROPHIC LATERAL SCLERO	DOID ADDIN.	T2-	34/1000 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12			70 200 027
		1	70,288,037.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a -6,798,204.		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities			
c Recoveries of prior year grants		-	
d Other (Describe in Part XIII.)			
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.)	0 0 0 0 0 0 0 0 0 0		
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 Staten		Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12		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:	12 105 054		
a Donated services and use of facilities	1 1	_	
b Prior year adjustments			
c Other losses	1 1 40 550	-	
d Other (Describe in Part XIII.)			13 124 407
e Add lines 2a through 2d		2e	13,124,407. 84,018,998.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		3	04,010,990.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 180,821.		
b Other (Describe in Part XIII.)			
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; Pa	rt IV, lines 1b and 2b; Part V, line	1; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			
PART V, LINE 4:			
EARNINGS FROM THE ENDOWMENT MUST BE USED TO	SUPPORT RESEARCH	АСТ	IVITIES.
UPON EXPIRATION OF THE TERM ENDOWMENT, THE C	ORPUS MAY ALSO BE	US	ED TO
GUDDADE DEGELDOU LOCALITATES			
SUPPORT RESEARCH ACTIVITIES.			
PART X, LINE 2:			
THE ASSOCIATION DID NOT HAVE ANY UNRELATED T	AXABLE INCOME FOR	TH	E YEARS
ENDED TANITADY 21 2022 AND 2022 ACCORDINGLY	NO DDOWEGTON EC	ът	NCOME
ENDED JANUARY 31, 2023 AND 2022. ACCORDINGLY	, NO PROVISION FO	KI	NCOME
TAXES HAS BEEN PROVIDED IN THE FINANCIAL STA	TEMENTS.		
THE ASSOCIATION FOLLOWS THE ACCOUNTING STAND	ARD REGARDING THE	RE	COGNITION
AND MEASUREMENT OF UNCERTAIN TAX POSITIONS.	THE ASSOCIATION E	.Τ Δ Τ.	פידד מאַידאוו
232054 09-01-22	IIII ADDOCIATION E		dule D (Form 990) 2022

Schedule D (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part XIII Supplemental Information (continued)	13-3271855 Page 5
TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKE	
TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS	
TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.	THE BOBOLET
10 KUVIUW AND DAMINATION DI TUDUNAD AND DIATU AUTHORITIED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	
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)

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.

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 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, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region EAST ASIA & THE PACIFIC 0 0 GRANTS RESEARCH 224,843. NORTH AMERICA 0 0 GRANTS RESEARCH 550,000. 0 0 EUROPE GRANTS RESEARCH 1,262,365. SUB-SAHARAN AFRICA 0 0 GRANTS RESEARCH 50,000. 0 0 2,087,208. **3 a** Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a

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

Schedule F (Form 990) 2022

2,087,208.

and 3b)

Page 2

13-3271855

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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 Schedule F (Form 990) 2022

recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEED GRANTS PROGRAM	.000,06	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.	125,000.WIRE TRANSFER	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	.000,06	50,000.WIRE TRANSFER	0	N/A	N/A
		EUROPE	DRUG DEVELOPMENT CONTRACT	300,008	CHECK	0	N/A	N/A
		EUROPE	PREVENTION PROGRAM	200,000	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	снеск	0	N/A	N/A

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

Enter total number of other organizations or entities

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Schedule F (Form 990) 2022

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Page 2	(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	(h) Description of non-cash assistance	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
13-3271855	(g) Amount of non-cash assistance	0	· 0	· 0	0	0	0	· 0	0	0. N/A
13-3271855	(f) Manner of cash disbursement	WIRE TRANSFER	WIRE TRANSFER	200,000. WIRE TRANSFER	СНЕСК	неск	49,987. WIRE TRANSFER	45,155. WIRE TRANSFER	IRE TRANSFER	100,000. WIRE TRANSFER
		.000,05	42,223.	200,000.	000'54	75,000. CHECK	49,987.	45,155.	50,000. WIRE	100,000.
AL SCLEROSIS ASSN.	(d) Purpose of grant	SEED GRANTS PROGRAM	INVESTIGATOR INITIATED AWARD MULTI-YEAR	PREVENTION PROGRAM	INVESTIGATOR INITIATED AWARD MULTI-YEAR	POST DOCTORAL FELLOWSHIP	SEED GRANTS PROGRAM	INVESTIGATOR INITIATED AWARD MULTI-YEAR	SEED GRANTS PROGRAM	DRUG DEVELOPMENT CONTRACT
AMYOTROPHIC LATERAL	of organization and EIN (if applicable) (c) Region	EUROPE	EUROPE	EUROPE	EUROPE	EUROPE	EUROPE	EUROPE	EUROPE	NORTH AMERICA
AMYOT	(b) IRS code section and EIN (if applicable)									
Schedule F (Form 990)	J e									

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Page 2	(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A			
	(h) Description of non-cash assistance	N/A	N/A	N/A			
71855 90) Part II line 1	(g) Amount of non-cash assistance	0.	0	0.			
13-3271855 (Schedule F (Form 990) Part II line 1)	(f) Manner of cash disbursement	200,000. WIRE TRANSFER	снеск	снеск			
SN.	(e) Amount of cash grant	.000,000	.000,05	200,000. CHECK			
L SCLEROSIS ASSN.	(d) Purpose of grant	PREVENTION PROGRAM	INVESTIGATOR INITIATED AWARD MULTI-YEAR	TRIAL CAPACITY PROGRAM			
(Form 990) AMYOTROPHIC LATERAL SC	(c) Region	NORTH AMERICA	NORTH AMERICA	NORTH AMERICA			
AMYOTI	(b) IRS code section and EIN (if applicable)	-	Ĩ	Ĩ			
Schedule F (Form 990) Part II Continuation of	J je						

Page 3

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Schedule F (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

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.

(h) Method of valuation (book, FMV, appraisal, other)					Schedule F (Form 990) 2022
(g) Description of noncash assistance					Sche
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

<u> 13</u> -	<u>-32</u>	71	855	Page

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	X 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	X 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	X 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	X 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	X 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	X No

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-3271855	Page 5
Part V Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account for the information required by Part I).	unting method: amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)	hod); and Part III, column (c)	
(estimated number of recipients), as applicable. Also complete this part to provide any additional info	ermation. See instructions.	
PART I, LINE 2:		
FOREIGN RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, ARE REQ	UIRED TO PROVII	DE
A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATIO	N OF THE GRANT	_
ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION		I.p
ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CAT	EGORIES, THESE	
HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESEA	RCH DEPARTMENT	•

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ. Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization					Employer ide	ntification number
AMYOTRO	OPHIC LATERAL SCLE	ROSIS	A	SSN.	13-3271	855
Part I Fundraising Activities required to complete this pa	• Complete if the organization ans	wered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rail a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written key employees listed in Form 990, F b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the 	e X Solice f X Solice g X Spector or oral agreement with any individual or entity in connection with inviduals or entities (fundraisers) pur	itation of itation of cial fundra ual (includ n profession	non-g gover ising ing of	novernment grants rnment grants events fficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundre have cu or con contribu	ıstody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
LAUTMAN, MASKA, NEILL &		Yes	No			
COMPANY - 1730 RHODE ISLAND	FUNDRAISING COUNSEL		Х	4,586,736.	366,850.	4,219,886.
CREATIVE DIRECT RESPONSE, INC 16900 SCIENCE DR SUITE	FUNDRAISING COUNSEL		Х	0.	282,136.	-282,136.
Total				4,586,736.	648,986.	3,937,750.
	and the contract of the contract of the contract				· · · · · · · · · · · · · · · · · · ·	· · · · · ·
3 List all states in which the organizati or licensing. AL, AK, AZ, AR, CA, CO, CT, MT, NE, NV, NH, NJ, NM, NY, DC	DE,FL,GA,HI,ID,IL	,IN,I	A , F	KS,KY,LA,ME	,MD,MA,MI,	MN,MS,MO
						<u> </u>

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

	8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
	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? b If "No," explain:	Yes	□ No
10a	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? If "Yes," explain:	Yes	No No
23208	82 10-27-22 Sche	dule G (Form	990) 2022

Sch	ledule G (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3	<u>3271855</u>	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:		
ē	a The organization's facility	13a	%
	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	E If "Yes," enter name and address of the third party:		
	Name		
	Address		
46	Gaming manager information:		
16	Garning manager information.		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	,		
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		□ . .
	retain the state gaming license?	Yes	∟ No
r	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III. linoo O	0h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	11 111, 111165 5,	90, 100,
	135, 136, 16, and 175, as applicable. Also provide any additional information. Occ instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
<u>(I</u>) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEILL & COMPANY		
<u>(I</u>) ADDRESS OF FUNDRAISER:		
17	20 DUODE TOLAND AVE NO GUITME 201 MAGUITMORON DO 20026		
<u> 1</u> /	30 RHODE ISLAND AVE NW SUITE 301, WASHINGTON, DC 20036		
(I) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE, INC.		
<u>, </u>	, STATE TO S		
(I) ADDRESS OF FUNDRAISER: 16900 SCIENCE DR SUITE 210, BOWIE, MD	20715	

Schedule G (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 4 Part IV Supplemental Information (continued)
PART I, LINE 2B, COLUMN (V):
THE ASSOCIATION RECEIVES ALL PROCEEDS FROM OUR DIRECT MAIL APPEALS
PROGRAM INCLUDING TELEMARKETING. HOWEVER, THE ASSOCIATION IS RESPONSIBLE
TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND PRODUCTION OF
ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS.

SCHEDULE I (Form 990) Name of the organization

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

Open to Public

Employer identification number

Inspection

243. **ջ** ANNUAL GRANT PAYMENT FY23 13-3271855 (h) Purpose of grant RECOGNIZED TREATMENT RECOGNIZED TREATMENT EXCELLENCE/RESEARCH EXCELLENCE/RESEARCH EXCELLENCE/RESEARCH or assistance X Yes 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 ANNUAL GRANT CENTER OF CENTER OF CENTER OF CENTER CENTER 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 (g) Description of noncash assistance N/A N/A N/A N/A N/A N/A (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A 0. N/A 0. N/A o ं o Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 10,000, 25,000. 25,000, 25,000, 10,000, 25,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SCLEROSIS ASSN. (c) IRC section (if applicable) 501(C)3 501(C)3 46-0224743 501(C)3 74-1613878 501(C)3 501(C)3 74-1613878 501(C)3 Enter total number of other organizations listed in the line 1 table AMYOTROPHIC LATERAL 63-0976742 45-3674924 56-6060481 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2709 WATER RIDGE PARKWAY, STE 300 3105 INDEPENDENCE DR, STE 105 ALABAMA NEUROLOGY ASSOCIATES BAYLOR COLLEGE OF MEDICINE BAYLOR COLLEGE OF MEDICINE STE 506 or government ALLEGHENY HEALTH NETWORK 490 E NORTH AVE, STE 500 ATRIUM HEALTH FOUNDATION SIOUX FALLS, SD 57105 PITTSBURGH, PA 15212 BIRMINGHAM, AL 35209 CHARLOTTE, NC 28217 1301 S CLIFF AVE, HOUSTON, TX 77030 TX 75303 ONE BAYLOR PLAZA AVERA MCKENNAN PO BOX 301207 Part I DALLAS, Part II N

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Schedule I (Form 990) 2022

Schedule (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		Schedule I (Form 000) Dart II.)	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	/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.	0,0	N/A	N/A	ANNUAL GRANT
BROWN NEUROLOGY 593 EDDY ST, APC 5 PROVIDENCE, RI 02903	05-0448314	501(C)3	10,000.	0.0	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	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	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	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	501(C)3	25,000.	0 N	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	501(C)3	5,500.	N.0	N/A	N/A	MONTHLY GRANT Schedule I (Form 990)
							סכוובחתום ו לו סוווו סכסל

Schedule (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL Assistance to Dome	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 1.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of (contract) (contrac	(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	.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)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	C LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of ih ce	(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	.000.	0. N/A		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		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		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		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		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		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		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		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		N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLERO	IC LATERA	L SCLEROSIS	ASSN.		20 (000 mm 27) I clink	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and organization or government assistant cash grant assistant cash grant assistant assistant assistant assistant assistant contracts.	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0	t of (f) Method of (f) welvation no (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	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	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	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	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	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.	0.0	N/ A	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	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	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	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 SCLERO	IC LATERA	L SCLEROSIS	ASSN.		(000)	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and or government assistance to Domestic Organization or government assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	t of (f) Method of (f) welvation (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	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	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	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	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	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	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	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	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	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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL ssistance to Dom	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 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 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 EDGEMONT 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 (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of sh ice	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	.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	.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	.000,006	0. N/A		N/A	QUARTERLY GRANT
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990) Part II)	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN, INC 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)3	.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	.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.	0.0	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)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	11.)	3-3271855 Page 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 non-cash assistance	(n) Purpose of grant or assistance
TIDAL HEALTH ALS CLINIC 100 E CARROLL ST SALISBURY, MD 21801	51-1851935	501(C)3	5,625.	, 0 M	N/A	N/A	QUARTERLY GRANT
TRINITY HEALTH GRAND RAPIDS HOSPITAL - 220 CHERRY ST SE - GRAND RAPIDS, MI 49503	38-2113393	501(C)3	.000.	0. N	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 M	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	.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 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)
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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS nestic Organizations	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	ih ce	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS ENDOWMENT 3599 RAINBOW BLVD. KANSAS CITY, KS 66160	48-0547734	501(C)3	59,587.	0.N/A		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		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		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		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		N/A	QUARTERLY GRANT
UNIVERSITY OF MIAMI 1120 NW 14TH ST, SUITE 1373 MIAMI, FL 33144	59-0624458	501(C)3	.000.	0. N/A		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		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		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. M/A		N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLERO	IC LATERA	L SCLEROSIS	ASSN.		(1 to 0 (000 mac 2) 1 of body	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and government assistant and address of assistant and address of assistant cash grant assistant a	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	.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)

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MEDICAL CENTER BLVD. MEDICAL CENTER BLVD. JEM, NC 27157 A CURE - LEANDRO P. A COR SAL4 A 7-4746935 501(C)3 100,000. CO 80424 A 7-4746935 501(C)3 50,000. CO 80424 A 7-4746935 501(C)3 50,000. CO 80424 A 1-1717098 501(C)3 56,000. CN FOUNDATION NA 55415 MN 55415	0.N/A	
A CURE - LEANDRO P. 105 - BOYNTON BEACH, 106 - BOYNTON BEACH, 107 - BOYNTON BEACH, 108 - BOYNTON BEACH, 109 - BOYNTON BEACH, 100 - BOOO. 100 - BOONTON BEACH, 100 - BOOO. 100 - BOOO. 100 - BOOO. 100 - BOOO. 101 - BOOO. 102 - BOONTON BEACH, 103 - BOOO. 104 - A7 - A7 46935 501(C)3 50,000. 105 - BOONTON BEACH, 106 - BOOO. 107 - BOOO. 108 - BOOO. 109 - BOOO. 100 -		
CO 80424	.0	
CEAN BRAIN FOUNDATION	.0	AWARD MULTI YEAR
ICAN BRAIN FOUNDATION	.0	CLINICAL SCIENTIST DEVELOPMENT AWARD
41-1717098 501(C)3 56,000. 0. 41-1717098 501(C)3 52,500. 0.	.0	CLINICAL RESEARCH TRAINING FELLOWSHIP
41-1717098 501(C)3 52,500. 0.	.0	CLINICAL SCIENTIST DEVELOPMENT AWARD
	. 0	CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-1717098 501(C)3 56,000. 0.N/A	· o	CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-1717098 501(C)3 50,000. 0.N/A	0	SHELIA ESSEY AWARD Schedule (Form 990)

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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(1 400 000 mg/) Loli bodo	1	.3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 550 1	(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	.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	.000,27	•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	.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 (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(+ 2 C (000 see 7) 51-45-540 (000)	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	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	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	N/A	POST DOCTORAL FELLOWSHIP
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE 206 CHARLOTTESVILLE, VA 22903	20-5744808	501(C)3	.000,005	0	N/A	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	501(C)3	60,449.	0	N/A	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	N/A	STRATEGIC INITIATIVE
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666 501(C)3	501(C)3	50,000.	0	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666	501(C)3	50,000.	0.0	N/A	N/ A	INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666 501(C)3	501(C)3	.000,000	0	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR Schedule (Form 990)
							Schedule I (Fortii 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(1 400 (000 mm/J) cl. 400400	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0 1	(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.	0.0	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.	0.0	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	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	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.	0.0	N/A	N/ A	TRIAL CAPACITY PROGRAM
LIBRA THERAPEUTICS 3210 MERRYFIELD ROW LA JOLLA, CA 92121	84-5010331 501(C)3	501(C)3	300,000.	0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
							Schedule I (Form 990)

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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS mestic Organizations	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 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 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	.000,05	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 5T 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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS mestic Organizations	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	11.)	3-3271855 Page 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 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	.000,05	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.	N. 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.	0.0	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	.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	.000,000	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	IC LATERAL	L SCLEROSIS	ASSN.		(1 4 2 0 (000 month) - 21 - 12 - 12 - 12 - 12 - 12 - 12 - 1	1	3-3271855 Page 1
(a) Name and address of if applicable cash grant and order minens organization or government assistance to Domestic Organization or government assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	·o	N/A	N/A	TRIAL CAPACITY PROGRAM
F THE UNIVE - 5082 WOLV H STATE ST.	38-6006309	501(C)3	.000,000	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	.000,03	.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	.000,000	.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	.000,08	.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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL Assistance to Dome	L SCLEROSIS	ASSN.		(Schedule I (Form 990). Part II.)	T ()	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 550	(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	N/ A	DRUG DEVELOPMENT CONTRACT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	75,000.	0.	N/ A	N/ A	POST DOCTORAL FELLOWSHIP
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,243.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	20,801.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	19,342.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	16,317.	0,	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	11,252.	0,	N/A	N/ A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	10,981.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	15,344.	0.	N/A	N/A	STRATEGIC INITIATIVE
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990) Part II.)	T ()	3-3271855 Page 1
1	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0 1	(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	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	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	501(C)3	.000,002	•0	N/A	N/A	PARTNERSHIP PROGRAM GRANT
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Dart II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990) Part II)	T (= +	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0	(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	.000,000	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	.607,07	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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1 1.)	3-3271855 Page 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 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							
	13-5598093	501(C)3	.000,25	0.N	N/A	N/A	STRATEGIC INITIATIVE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK							
- 615 WEST 131ST ST., 3RD FL - NEW							INVESTIGATOR INITIATED
YORK, NY 10027	13-5598093	501(C)3	50,000.	0.0	N/A	N/A	AWARD MULTI YEAR
THE TRUSTEES OF COLUMBIA							
NE E							
I	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	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.	0.0	N/A	N/A	PREVENTION PROGRAM
THE TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3400 SPRUCE ST., 8							INVESTIGATOR INITIATED
W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0 .	N/A	N/A	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	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3400 SPRUCE ST. 8							INVESTIGATOR INITIATED
LADELPHIA, PA 1910	23-1352685	501(C)3	50,000.	0 N	N/A	N/A	AWARD MULTI YEAR
THE TRUSTIEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST. 8							
АДЕГРНІА, РА 1910	23-1352685	501(C)3	75,000.	0.N	N/A	N/A	POST DOCTORAL FELLOWSHIP
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERA	L SCLEROSIS	ASSN.		Schedille I (Form 000) Dart II)	1	3-3271855 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0	(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	23-1352685	501(C)3	.000,03	•0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8	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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERA Ssistance to Do	L SCLEROSIS mestic Organizations	ASSN.		(Schedule I (Form 990), Part II.)	1 1.)	3-3271855 Page 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 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	.000.	0.0	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.	0.0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	.000,000	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	.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)

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Schedule I (Form 990) 2022

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.

AMYOTROPHIC LATERAL SCLEROSIS ASSN

Page 2

13-3271855

(f) Description of noncash assistance SUPPORT PATIENTS ဥ (e) Method of valuation (book, FMV, appraisal, other) ALL REQUESTED IN WRITING TO OUR RESEARCH DEPARTMENT. THE ASSOCIATION REQUIRES **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS 년 STAFF FOR APPROVAL. MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE GRANT AWARDED RESEARCHERS ARE REQUIRED TO PROVIDE A DETAILED REPORT PROGRESS REPORTS THROUGHOUT THE AWARD TO CONTINUE TO RECEIVE FUNDS. THESE HAVE TO BE COST . (d) Amount of non-cash assistance 2,012,096. (c) Amount of cash grant COMMITTEES AND BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, 2159 (b) Number of recipients GRANT APPLICATIONS ARE REVIEWED BY (a) Type of grant or assistance LINE PATIENT GRANTS PART I,

Schedule I (Form 990) 2022

SCHEDULE J (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

	AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-32/185	ל	
Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for person	nal use		
	Travel for companions Payments for business use of personal res	sidence		
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	s		
	Discretionary spending account Personal services (such as maid, chauffeu	ır, 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	1b		
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?	2		
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			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation comp	ommittee		
	, по при			
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:			
а	Receive a severance payment or change-of-control payment?	4a		Х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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 compensatio	n		
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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	n		
	contingent on the net earnings of:			
	The organization?	<u>6a</u>		X
b	Any related organization?	6b		X
	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			X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ie [
		8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			

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

Schedule J (Form 990) 2022

Regulations section 53.4958-6(c)?

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Schedule J (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	-2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CALANEET BALAS	(i)	404,213.	50,000.	2,453.	19,051.	22,048.	497,765.	0
PRESIDENT AND CEO	(ii)	0	0	0	0	0	0	0
(2) TINA ZEFF	(i)	268,389.	37,500.	2,139.	14,818.	26,738.	349,584.	0
CHIEF OPERATIONS OFFICER	(ii)	0	0.	0.	• 0	0	0	• 0
(3) GREG MITCHELL	Θ	272,824.	32,000.	2,144.	14,816.	0.	321,784.	• 0
CHIEF FINANCIAL OFFICER	(II)	0	0	0	0	0	0	0
(4) NEIL THAKUR	Θ	242,988.	30,500.	2,139.	18,246.	26,738.	320,611.	• 0
CHIEF MISSION OFFICER	(II)	0	0	0	0	0	0	0
(5) DEAN FEENER	(i)	245,451.	0	2,009.	12,356.	0	259,816.	0
CHIEF INFORMATION AND MARKETING OFFI	(ii)	0	0.	0.	• 0	0	0	• 0
(6) MONICA SANTA CRUZ	Θ	244,142.	0.	3,218.	12,530.	85.	259,975.	• 0
CHIEF PEOPLE OFFICER	<u>(ii)</u>	0	• 0	0	• 0	0 •	•0	• 0
(7) LANCE SLAUGHTER	Θ	237,763.	0.	3,633.	13,169.	9,709.	264,274.	• 0
SVP STRATEGIC ALLIANCES AND GOVERNAN		0	0	0	0	0	0	0
(8) VICKIE LOBELLO	Θ	223,885.	0.	4,439.	8,774.	10,369.	247,467.	• 0
SENIOR VICE PRESIDENT ORGANIZATIONAL		0	0.	0.	• 0	0.	0	• 0
(9) BRIAN FREDERICK	Θ	222,913.	0.	2,013.	10,962.	0.	235,888.	• 0
SENIOR VICE PRESIDENT STRATEGIC COMM		• 0	• 0	0.	• 0	0	0	• 0
(10) KULDIP DAVE	Θ	220,727.	0.	2,031.	13,643.	35,913.	272,314.	• 0
SENIOR VICE PRESIDENT RESEARCH	(ii)	0.	0.	0.	0.		0.	0.
(11) KEITH GARY	(i)	209,709.	0.	4,389.	11,542.	22,048.	247,688.	• 0
VICE PRESIDENT MISSION ACCELERATION	(ii)	0	0	0.	0	0	0	0
	(j)							
	(ii)							
	(i)							
	(ii)							
	(j)							
	<u>(ii)</u>							
	(j)							
	<u>(ii)</u>							
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Schedule J (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN

13-3271855

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

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

_	AMYOTROPHIC	LAILKA	L SCLERUS.	LO ADDIN.		13-32	1000	
Pa	rt I Types of Property	(-)	(I-)	1-3	1	7.11		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	nor	(d) Method of deternocash contribution		ts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods			100 100	L			
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 D	ATE
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 (CRYPTO CURRENCY)	X	4	892.	NET	PROCEEDS		
26	Other ()							
27	Other ()							
28	Other (
29	Number of Forms 8283 received by the organi	zation during	the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	onee Acknowledg	ement 29			0	1
						_	Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	gh 28, tha	at it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for			
	exempt purposes for the entire holding period	?				30	Оа	X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that re	quires the review of	of any nonstandard contribu	tions?		1 X	
32a			-			2	_{2a} X	
	contributions?						2a X	
	If "Yes," describe in Part II.			. fam lala a al	لمصام			
33	If the organization didn't report an amount in o	column (c) foi	a type of property	ror wnich column (a) is che	скеа,			
	describe in Part II.					Schodulo M (F		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

Schedule M (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 2
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 M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

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 for the latest information.

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service 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 AS OF JANUARY 31, 2023, THE ASSOCIATION ASSUMED THE CORPORATION. OPERATING ACTIVITY OF 17 OF ITS AFFILIATED CHAPTERS WHICH AGREED TO THIS MEANS THAT FORMER CHAPTER EMPLOYEES MERGE INTO THE ASSOCIATION. 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 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.

DESCRIPTION OF ORGANIZATION MISSION: FORM 990, PART III, LINE 1, THE ALS ASSOCIATION LEADS THE FIGHT TO TREAT AND CURE ALS THROUGH

CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH AMYOTROPHIC GLOBAL

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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

232212 10-28-22

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

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 EXITS, 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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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 6,120,773. **ASSUMED** 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)

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury ► Go to www.irs.gov/Form8868 for the latest information. Internal Revenue Service 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. 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. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 1300 WILSON BLVD, 600 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions ARLINGTON, VA 22209 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 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 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 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 . 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. 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 , and ending _JAN 31, 2023 ► X tax year beginning FEB 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. 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. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury

Go to www.irs.gov/Form990 for instructions and the latest information.

2023 A For the 2022 calendar year, or tax year beginning FEB 2022 and ending JAN Check if applicable: C Name of organization D Employer identification number Address change AMYOTROPHIC LATERAL SCLEROSIS ASSN. Name change THE ALS ASSOCIATION 13-3271855 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 202-407-8580 1300 WILSON BLVD 600 77,468,178. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 22209 ARLINGTON, VA H(a) Is this a group return Applica-tion pending F Name and address of principal officer: CALANEET BALAS for subordinates? Yes X No SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 527 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.ALS.ORG J Website: **H(c)** Group exemption number **K** Form of organization: **X** Corporation Trust Association Other Year of formation: 1985 M State of legal domicile: DE Part I Summary Briefly describe the organization's mission or most significant activities: $\ensuremath{\mathtt{LEADING}}$ THE FIGHT TO CURE AND Activities & Governance TREAT ALS THROUGH RESEARCH, ADVOCACY AND CARE SERVICES. 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 31 3 Number of voting members of the governing body (Part VI, line 1a) 31 Number of independent voting members of the governing body (Part VI, line 1b) 4 547 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 Ō. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 37,557,524. 53,676,289. Contributions and grants (Part VIII, line 1h) 8 Revenue 0. 0. Program service revenue (Part VIII, line 2g) 2,213,860. 1,771,537. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,419. 119,782. 11 39,792,803. ,567,608. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 15,323,942. 18,722,140. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 13,877,954. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36,210,639. 15 Expenses 333,300. 16a Professional fundraising fees (Part IX, column (A), line 11e) 648,986. **b** Total fundraising expenses (Part IX, column (D), line 25) 15,317,102. 28,618,054. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 84,199,819. 44,852,298. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,059,495. -28,632,211. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** Po 98,343,083. 94,445,022 Total assets (Part X, line 16) 30,210,557 7,253,250. 21 Total liabilities (Part X, line 26) 三年 91,089,833. 64,234,465 Net assets or fund balances. Subtract line 21 from line 20 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, Gregory Mitchell Signature of officer Date Sign GREGORY MITCHELL, CHIEF FINANCIAL OFFICER Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature 12/13/23 P01345960 ROBERT WILLIAMS ROBERT WILLIAMS Paid self-employed Firm's EIN 41-0746749CLIFTONLARSONALLEN LLP Preparer Firm's name Firm's address 901 N. GLEBE ROAD, SUITE 200 Use Only Phone no. 571-227-9500 ARLINGTON, VA 22203 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Check of Schedule Contains aregonese on one to any line in this Part III		1990 (2022) AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Pa	age 2
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 950 or 900-627.	Par	rt III Statement of Program Service Accomplishments	
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 980 or 980-627 [Ves [X] if "Ves," describe these new services on Schedule O. 3 Did the organization cases conducting, or make significant changes in how it conducts, any program services? [Ves [X] if "Ves," 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(ci)2 and 501(ci)(d) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service accomplishments for each of its three largest program services, as measured by expenses, and revenue, if any, for each program service reported. 4 (500x [Ves 200] (Freewast 2 6, 96.0, 747. [Ves 200] (Freewast 2 4, 40.5, 372.) [Ves 200] (Freewast 2 6, 96.0, 747. [Ves 200] (Freewast 2 6, 96.0, 74		Check if Schedule O contains a response or note to any line in this Part III	X
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(Expenses \$ including grants of \$) (Revenue \$)			
	4d	Other program services (Describe on Schedule O.)	
4e Total program service expenses 53,133,093.			
	4e	Total program service expenses 53,133,093.	

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Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
А	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		- 21	
124	, ,	12a	Х	
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	IZa	- 21	
ь		12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		14a		
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	1/16	Х	
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b	- 22	
15		45	Х	
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	22	_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.0		x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4-	v	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	X	(0.5.7
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Page **4**

Pai	Crecklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		04-		
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			3,7
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	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? If "Yes," complete Schedule L, Part II	26		X
27	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? If "Yes," complete Schedule L, Part III	27		X
28	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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		x
h	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
·	•	28c		X
20	"Yes," complete Schedule L, Part IV	29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	_29_	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		Х	
	contributions? If "Yes," complete Schedule M	30	Λ	1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			3,7
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u> .	
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
_	(gambling) winnings to prize winners?	1c	Х	
				(2022)

Form 990 (2022) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

13-3271855

Page 5

	Continued)				
		1		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	547			
	filed for the calendar year ending with or within the year covered by this return	•		v	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	Х
			3a		
	, , , , , , , , , , , , , , , , , , , ,	**	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other author	-			
	financial account in a foreign country (such as a bank account, securities account, or other financial account	nt)'?	4a		X
b	If "Yes," enter the name of the foreign country	(EDAD)			
- -	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Account		r-		Х
_			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization that wave not toy deductible as playing the contributions?		6-		х
L	any contributions that were not tax deductible as charitable contributions?		6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions o	-	Gh.		
7	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).	aravidad ta tha navar?	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services partly for "Yes," did the organization notify the donor of the value of the goods or services provided?		7a 7b	- 25	Х
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was req	uirod	7.0		-23
C			7c		Х
А	IS NOT THE REAL PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF THE PROPERTY AND ADDRESS OF THE PROPERTY ADDRESS OF TH		70		22
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	•	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7 6		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 88	200 as required?	7g		
h	If the organization received a contribution of qualified intellectual property, and the organization file rolling of the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file.		<u>79</u> 7h	Х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the				
Ū	an analysis of any projection have average hypinass haldings at any time during the very		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b				
11	Section 501(c)(12) organizations. Enter:	•			
а	Gross income from members or shareholders				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041	?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
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				
С	Enter the amount of reserves on hand				
			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $$1,000,000$ in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	me?	16		X
	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities	S			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

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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					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	31	-		
	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.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	31	_		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship					
_	officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
Ŭ	of officers, directors, trustees, or key employees to a management company or other person?		•	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	5:11			6	Х	
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			"		
<i>1</i> a	more members of the governing body?	•		7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			1a	- 21	
b			•	7b		Х
o	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			10		
8			-	0	Х	
a	The governing body? Each committee with authority to act on behalf of the governing body?			8a 8b	X	
ď	• • • • • • • • • • • • • • • • • • • •			OD		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			9		х
Sec	organization's mailing address? <i>If</i> "Yes," <i>provide the names and addresses on Schedule</i> O			9		21
	tion B. Policies (This Section B requests information about policies not required by the Internal Re	<u>venue</u>	Code.)		Yes	Na
40-	Did the experientian have lead shorters branches as effiliates?			10a	X	No
	Did the organization have local chapters, branches, or affiliates?			IUa	-22	
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch and branches to ensure their operations are consistent with the organization's exempt purposes?	•	•	10b	Х	
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body		filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	belor	e ming the form?	Ha	21	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х	
12a b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	- 21	
·		,		12c	х	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?			13	X	
14				14	X	
	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approva			14	21	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,	iopenuent			
•	The organization's CEO, Executive Director, or top management official			15a	Х	
				15b	X	<u> </u>
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			130		
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wi	th a			
·Ja	taxable entity during the year?			16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			134		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	•	•			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure			100		
17	List the states with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, C	A . C	O.CT.DC.DE	.FL	GA.	HI
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
	for public inspection. Indicate how you made these available. Check all that apply.	_ 555	(===::0::00:(0)(0)	· · · · · · · · · · · · · · · · · ·		
	X Own website Another's website X Upon request Other (explain	on So	hedule (1)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	d financ	cial	
	statements available to the public during the tax year.	5. 0	, un	rai i		
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	records			
	GREGORY MITCHELL, CHIEF FINANCIAL OFFICER - 202-407					
	1300 WILSON BLVD, 600, ARLINGTON, VA 22209					

Form 990 (2022)

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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<u> Page</u> **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.

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

- 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.

(A) Name and title	(B) Average	(do		Pos		than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	, unle	ss pe	rson i	s both	an	compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) CALANEET BALAS	37.50									
PRESIDENT AND CEO				Х				456,666.	0.	41,099.
(2) TINA ZEFF	37.50									
CHIEF OPERATIONS OFFICER					X			308,028.	0.	41,556.
(3) GREG MITCHELL	37.50									
CHIEF FINANCIAL OFFICER				Х				306,968.	0.	14,816.
(4) NEIL THAKUR	37.50									
CHIEF MISSION OFFICER					Х			275,627.	0.	44,984.
(5) DEAN FEENER	37.50									
CHIEF INFORMATION AND MARKETING OFFI					Х			247,460.	0.	12,356.
(6) MONICA SANTA CRUZ	37.50							0.45 0.60		40.64=
CHIEF PEOPLE OFFICER	25.50				Х			247,360.	0.	12,615.
(7) LANCE SLAUGHTER	37.50	-				l		0.44 0.06		00 000
SVP STRATEGIC ALLIANCES AND GOVERNAN	25 50					X		241,396.	0.	22,878.
(8) VICKIE LOBELLO	37.50	-						000 004	•	10 142
SENIOR VICE PRESIDENT ORGANIZATIONAL	27 50					X		228,324.	0.	19,143.
(9) BRIAN FREDERICK	37.50	-				3,7		224 026	0	10 060
SENIOR VICE PRESIDENT STRATEGIC COMM	27 50					X		224,926.	0.	10,962.
(10) KULDIP DAVE	37.50	1				7		222 750	0	40 EE6
SENIOR VICE PRESIDENT RESEARCH (11) KEITH GARY	37.50					X		222,758.	0.	49,556.
VICE PRESIDENT MISSION ACCELERATION	37.50	1				X		214 000	0.	22 500
(12) SCOTT KAUFFMAN	5.00					^		214,098.	0.	33,590.
CHAIR	3.00	Х		X				0.	0.	0.
(13) FRED M. DEGRANDIS	5.00	Λ		^				0.	0.	<u> </u>
VICE-CHAIR	3.00	Х		X				0.	0.	0.
(14) SUE GORMAN	5.00	77		^				0.	0.	<u>_ </u>
IMMEDIATE PAST CHAIR	3.00	х		X				0.	0.	0.
(15) CONNIE HOUSTON	4.00	22						•	.	
TREASURER	1.00	х		x				0.	0.	0.
(16) SANDRA PIERSOL	5.00	-25						•	•	•
SECRETARY	3.00	х		x				0.	0.	0.
(17) JINSY ANDREWS	2.00	† 		† <u></u>						
TRUSTEE		х						0.	0.	0.
									•	Form 990 (2022)

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Part VIII Section A Officers Directors True									13-32/1	033 Page 0
Section A. Officers, Directors, Tru		oloy	ees,			ghes	t Co		` '	
(A)	(B)			(C Posi				(D)	(E)	(F)
Name and title	Average		not c	heck i	more	than o		Reportable	Reportable	Estimated
	hours per week		, unles cer an					compensation	compensation	amount of
	(list any	.o.					Ĺ	from the	from related organizations	other compensation
	hours for	direct				_		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	tutior	er	key employee	est c	ner			organizations
	line)	Indi	Insti	Offic	Key	High	Former			
(18) EUGENE BRANDON, PH.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(19) DAVID VAN DE RIET	2.00									
TRUSTEE		Х						0.	0.	0.
(20) CLIFTON GOOCH, M.D.	2.00									
TRUSTEE (THRU 02/22)		Х						0.	0.	0.
(21) CHRISTI L. KOLARCIK, PH.D.	2.00									
TRUSTEE		Х						0.	0.	0.
(22) CHARLIE ROBINSON, D, SC., P.E	2.00									
TRUSTEE		Х						0.	0.	0.
(23) J. THOMAS MAY	2.00									
TRUSTEE		Х						0.	0.	0.
(24) JOHN P. KRAVE, JD	2.00									
TRUSTEE		Х						0.	0.	0.
(25) JOHN ROBINSON	2.00									
TRUSTEE (THRU 02/22)		Х						0.	0.	0.
(26) JUDY PRATT, D.M.D	2.00									
TRUSTEE		Х						0.	0.	0.
1b Subtotal								2,973,611.	0.	303,555.
c Total from continuation sheets to Part V	II, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								2,973,611.	0.	303,555.

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

			Yes	No
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	3		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

Section B. Independent Contractors

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	ATTORNEY (LEGAL	
P,O, BOX 1675, CAROL STREAM, IL 60132-1675	SERVICES)	868,347.
BARNES & THORNBURG LLP, 11 SOUTH MERIDIAN	ATTORNEY (LEGAL	
ST, INDIANAPOLIS, IN 46204	SERVICES)	792,577.
MCCORMICK GROUP		
20 MAPLE ST, LEXINGTON, MA 02420	CONSULTING SERVICES	404,394.
THROUGHCO COMMUNICATIONS	MARKETING &	
2109 BROADWAY 10-18, NEW YORK, NY 10023	COMMUNICATIONS SERVI	275,637.
FAEGRE DRINKER BIDDLE & REATH LLP	PROFESSIONAL	
P.O. BOX 536777, PITTSBURGH, PA 15253-5909	SERVICES FOR LEGISLA	161,241.
2 Total number of independent contractors (including but not limited to those listed	d above) who received more than	
\$100,000 of compensation from the organization 12		

SEE PART VII, SECTION A CONTINUATION SHEETS

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Form 990 AMYOTROP:									13-327	1855
Part VII Section A. Officers, Directors, Tre		nplo	yee			ligh	est (,	.
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos				Reportable	Reportable	Estimated
	hours	(Cl	heck	all t	that	app	ly)	compensation	compensation	amount of
	per week					au		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	r direc				ed em		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	organization
	related	tee o	ustee			ensat				and related
	organizations	al trus	onal tr		oloyee	dwoo				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) KENNETH MENKHAUS	2.00	드	드	6	ž	Ξ	Ŗ.			
TRUSTEE	2.00	х						0.	0.	0.
(28) KEVIN SPINELLA	2.00								•	•
TRUSTEE (THRU 12/22)		Х						0.	0.	0.
(29) LARRY FALIVENA	2.00									
TRUSTEE		Х						0.	0.	0.
(30) LOU LIBBY, MD	2.00									
TRUSTEE		Х						0.	0.	0.
(31) MARK CALMES	2.00									
TRUSTEE		Х						0.	0.	0.
(32) MARK STANCIL	2.00									
TRUSTEE		Х						0.	0.	0.
(33) MILLIE ARNOLD	2.00									
TRUSTEE		Х						0.	0.	0.
(34) NANCY LEAMOND	2.00								_	_
TRUSTEE		Х						0.	0.	0.
(35) PAUL INGHOLT	2.00									
TRUSTEE	2 00	Х						0.	0.	0.
(36) TOBIN M. KUCHARSKI	2.00	Х							_	_
TRUSTEE (THRU 02/22) (37) TOM CARROLL	2.00	Λ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(38) WARREN NELSON	2.00	Δ						0.	0.	0.
TRUSTEE	2.00	Х						0.	0.	0.
(39) WENDY J. SCHRIBER	2.00	22						0.	<u> </u>	· ·
TRUSTEE	2.00	х						0.	0.	0.
(40) KEN BALTES	2.00								•	
TRUSTEE (THRU 09/22)		Х						0.	0.	0.
(41) MICHAEL BENATAR	2.00							-	-	-
TRUSTEE		Х						0.	0.	0.
(42) KATHLEEN BOYCE	2.00									
TRUSTEE		Х	L			L		0.	0.	0.
(43) AMY BRACHIO	2.00									
TRUSTEE		Х						0.	0.	0.
(44) JOHN ROCKY DALLUM	2.00									
TRUSTEE		Х		_		_		0.	0.	0.
(45) PETER MCKOWN	2.00								_	_
TRUSTEE	1 2 2 2	Х						0.	0.	0.
(46) REBECCA MOSS	2.00								_	_
TRUSTEE	1	X	i .	i	ı	ı	i	0.	0.	0.

Form 990 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

Form 990 AMYOTROPE Part VII Section A. Officers, Directors, True	HIC LATE	RA	L	SC	LE	RO	SI	S ASSN.	13-327	1855	
Part VII Section A. Officers, Directors, Tru	stees, Key En	Employees, and Highest (Compensated Employ			
(A) Name and title	(B) Average hours	verage Position Reportable Reportable compensation					compensation	(F) Estimated amount of			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
47) KENTON VAN HARTEN	2.00	77								•	
RUSTEE		X						0.	0.	0	
otal to Part VII, Section A, line 1c											

Pa	rt \	VIII	Statement of Rev	ven	ue						
			Check if Schedule O c	ont	ains a resp	onse (or note to any line	e 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
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f b c d e f	Membership dues Fundraising events Related organizations Government grants (contri All other contributions, gifts, similar amounts not included Noncash contributions included in I	ibuti grani abov iines	1c 1d 1d 1e 1s, and 1/e 1f 1g 1g 1nue			53,676,289.			
	3 4 5	ļ	Investment income (includ other similar amounts) Income from investment o	f tax	c-exempt b			1,849,992.			1849992. 83.
	6	b	Gross rents Less: rental expenses Rental income or (loss)	6a 6b 6c	(i) Re	al	(ii) Personal				
	7	d	Net rental income or (loss) Gross amount from sales of assets other than inventory		(i) Secur 19,066,		(ii) Other				
Revenue		c d	Gain or (loss) Net gain or (loss)	7с		455.		-78,455.			-78,455.
Other	8	За	Gross income from fundraisir including \$ 7,8 contributions reported on Part IV, line 18	line	,854. of 1c). See		2,755,720.				
	9	С	Less: direct expenses Net income or (loss) from the Gross income from gaming	fund	raising eve	ents e	2,755,720.	0.			
		С	Part IV, line 19 Less: direct expenses Net income or (loss) from (gam	ing activiti	9b					
	10	b	Gross sales of inventory, leand allowances			10b					
eous	11	a	Thet income of (loss) from a				Business Code				
Miscellaneous Revenue		b d	All other revenue				900099	119,699.			119,699.
2			Total. Add lines 11a-11d					119,699.			
	12)	Total revenue. See instruction	ns				55,567,608.	0.	0.	1891319.

Part IX | Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			nplete column (A).	
	Check if Schedule O contains a respor		this Part IX	(0)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations	14 644 200	14 644 202		
	and domestic governments. See Part IV, line 21	14,641,389.	14,641,389.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,012,096.	2,012,096.		
3	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.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		4		
	trustees, and key employees	2,009,534.	655,782.	1,262,342.	91,410.
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	27,608,816.	15,966,274.	2,013,950.	9,628,592.
8	Pension plan accruals and contributions (include	<u> </u>			
	section 401(k) and 403(b) employer contributions)	1,706,558.	945,498.	205,493.	555,567.
9	Other employee benefits	2,683,237.	1,535,337.	199,699.	948,201.
10	Payroll taxes	2,202,494.	1,251,771.	212,462.	738,261.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	1,998,496.	11,325.	1,987,171.	
С	Accounting	215,467.	4,663.	88,147.	122,657.
	, 0	172,117.	172,117.		
е	Professional fundraising services. See Part IV, line 17	648,986.		100 001	648,986.
f	Investment management fees	180,821.		180,821.	
g	Other. (If line 11g amount exceeds 10% of line 25,			4 4 5 5 6 6 6	0.5= 0.00
	column (A), amount, list line 11g expenses on Sch 0.)	4,511,839.	2,470,962.	1,175,069.	865,808.
12	Advertising and promotion	2,043,993.	694,580.	28,220.	1,321,193.
13	Office expenses	2,070,747.	546,300.	71,601.	1,452,846.
14	Information technology	5,455,057.	2,207,417.	541,600.	2,706,040.
15	Royalties	1 541 161	015 505	120 500	
16	Occupancy	1,541,161.	817,587.	132,799.	590,775.
17	Travel	2,549,205.	1,256,172.	474,205.	818,828.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	207 710	100 057	41,311.	F7 F40
19	Conferences, conventions, and meetings	227,710. 28,346.	128,857.	28,346.	57,542.
20	Interest	20,340.		40,340.	
21	Payments to affiliates	1,924,151.	960,944.	184,623.	778,584.
22	Depreciation, depletion, and amortization	185,917.	85,629.	34,450.	65,838.
23	Insurance	103,317.	03,023.	34,430.	03,030.
24	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 0.) CHAPTER SUPPORT	3,534,121.	3,534,121.		
a	TELECOMMUNICATIONS	483,048.	245,266.	35,653.	202,129.
b	PRINTING AND PUBLICATIO	421,025.	225,737.	14,108.	181,180.
c	DUES AND SUBSCRIPTIONS	295,805.	101,526.	58,911.	135,368.
d		779,028.	593,088.	36,139.	149,801.
	All other expenses Add lines 1 through 24a	84,199,819.	53,133,093.	9,007,120.	22,059,606.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	U=, 133, U13.	JJ, 1JJ, UJJ.	J, UUI, 14U•	44,033,000.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here X if following SOP 98-2 (ASC 958-720)	2,978,000.	441,000.	0.	2,537,000.
	3110010 11010 121 11 10110WING SUP 98-2 (ASC 958-720)	4,510,000.	441,000.	0.	4,331,000.

Form 990 (2022)

Form 990 (2022)

Part X | Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	5,640,945.	1	4,617,066.
	2	Savings and temporary cash investments	924,888.	2	732,559.
	3	Pledges and grants receivable, net	4,188,908.	3	13,399,732.
	4	Accounts receivable, net	2,518,929.	4	2,928,243.
	5	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		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges	1,639,445.	9	1,909,791.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 16, 476, 709.			
	b	Less: accumulated depreciation 10b 11,877,931.	3,378,855.		4,598,778.
	11	Investments - publicly traded securities	78,900,690.	11	58,740,613.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1 150 400	14	F 510 040
	15	Other assets. See Part IV, line 11	1,150,423.	15	7,518,240.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	98,343,083.	16	94,445,022.
	17	Accounts payable and accrued expenses	3,519,829.	17	13,447,062.
	18	Grants payable	1,150,000.	18	3,462,525.
	19	Deferred revenue	0.	19	240,955.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lia	00	controlled entity or family member of any of these persons		22	
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0.	23 24	3,396,470.
	25	Other liabilities (including federal income tax, payables to related third	•	24	3,330,4700
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	2,583,421.	25	9,663,545.
	26	Total liabilities. Add lines 17 through 25	7,253,250.	26	30,210,557.
		Organizations that follow FASB ASC 958, check here	, , , , , , , , , , , , , , , , , , , ,		
es		and complete lines 27, 28, 32, and 33.			
auc	27	Net assets without donor restrictions	79,396,160.	27	52,105,755.
Bala	28	Net assets with donor restrictions	11,693,673.	28	12,128,710.
P		Organizations that do not follow FASB ASC 958, check here			
Ī		and complete lines 29 through 33.			
, or	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	91,089,833.	32	64,234,465.
_	33	Total liabilities and net assets/fund balances	98,343,083.	33	94,445,022.
					Form 990 (2022

Form 990 (2022)

	1 990 (2022) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-32	71855	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	55,567		
2	Total expenses (must equal Part IX, column (A), line 25)	2	84,199		
3	Revenue less expenses. Subtract line 2 from line 1	3 -	28,632	, 2:	<u> 11.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	91,089		
5	Net unrealized gains (losses) on investments	5	-6,798	, 20	04.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	8,575	, 04	47.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	64,234	, 4	65.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
За	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

232012 12-13-22

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other vour governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	29429700.	34202008.	33002036.	37557524.	53676289.	187867557
	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.
6	Public support. Subtract line 5 from line 4.						187364497
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4			33002036.	37557524.	53676289.	
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	2641824.	2782381.	1985828.	2158934.	1850075.	11419042.
9	Net income from unrelated business						
·	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	56,636.	57,282.	18,824.	21.419.	119.699.	273,860.
11	Total support. Add lines 7 through 10	20,000	0,72020				199560459
	Gross receipts from related activities.	etc (see instruction	ne)			12	293,362.
	First 5 years. If the Form 990 is for the	•	,	fourth or fifth tax			
	organization, check this box and sto						
Sec	ction C. Computation of Publ						
	Public support percentage for 2022 (column (f))		14	93.89 %
	Public support percentage from 2021					15	92.30 %
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to		•	•			
h	10% -facts-and-circumstances test	-	•		-		
J	more, and if the organization meets t	_					. 5,0 0.
	organization meets the facts-and-circ						
18	Private foundation. If the organization						
10	1 11 the organization	on alla flot official a	SOX OIT IIIIE TO, TO	u, 100, 17a, 01 17k	o, oricon triis box a		(Form 990) 2022

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.)

	Public Support	now, please comp	nete Part II.)				
	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
• •	ts, contributions, and	(4) 2010	(2) 2010	(6) 2020	(4) 252 1	(6) 2322	(i) rotal
, 0	ip fees received. (Do not						
include any	y "unusual grants.")						
	ipts from admissions,						
	se sold or services per-						
,	facilities furnished in that is related to the						
	n's tax-exempt purpose						
3 Gross rece	ipts from activities that						
are not an	unrelated trade or bus-						
iness unde	r section 513						
4 Tax revenu	ies levied for the organ-						
ization's be	enefit and either paid to						
or expende	ed on its behalf						
5 The value of	of services or facilities						
furnished b	y a governmental unit to						
the organiz	zation without charge						
6 Total. Add	lines 1 through 5						
7a Amounts in	ncluded on lines 1, 2, and						
3 received	from disqualified persons						
	ded on lines 2 and 3 received						
	n disqualified persons that eater of \$5,000 or 1% of the						
	13 for the year						
c Add lines 7	'a and 7b						
8 Public sup	port. (Subtract line 7c from line 6.)						
Section B. T	otal Support		T	T			.
Calendar year (or	fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts fi							
	me from interest, payments received on						
securities I	oans, rents, royalties,						
and incom	e from similar sources						
	usiness taxable income						
`	1 511 taxes) from businesses						
•	er June 30, 1975						
	0a and 10b				-		
	e from unrelated business ot included on line 10b,						
	not the business is						
regularly ca					-	-	
	me. Do not include gain n the sale of capital						
assets (Exp	olain in Part VI.)				-	+	
	rt. (Add lines 9, 10c, 11, and 12.)			1	1	1	
-	rs. If the Form 990 is for the	•		· ·	•	() ()	<i>'</i> —
	box and stop here						
	Computation of Public			. (0)		T I	
	port percentage for 2022 (li					15	%
	port percentage from 2021 Computation of Inves					16	%
	t income percentage for 20			ne 13 column (f)\		17	%
	t income percentage for 20 tincome percentage from 2					18	
	upport tests - 2022. If the						
							, 13 HUL
	33 1/3%, check this box an upport tests - 2021. If the						
	ot more than 33 1/3%, chec						
	undation. If the organization						

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

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

		Yes	No
	1		
	2		
	3a		
	- Ou		
	3b		
	20		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b 5c		
	- 55		
	6		
	0		
	7		
	8		
	0		
	9a		
	Oh		
	9b		
	9с		
	40-		
	10a		
	10b		
مار	A (Forn	n 990)	2022

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Schedule A (Form 990) 2022

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	dule A (Form 990) 2022 AMYOTROPHIC LATERAL SCI			13-3271855 Page 6
Pai				
1	Check here if the organization satisfied the Integral Part Test as a qualifying		•	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion 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	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	lly integrate	d Type III supporting or	ganization (see

Schedule A (Form 990) 2022

instructions).

AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 7 Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required provide details in Part VI) 5 6 Other distributions (describe in Part VI). See instructions. 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 Line 8 amount divided by line 9 amount 10 (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3i and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021

Schedule A (Form 990) 2022

e Excess from 2022

Schedule A (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER INCOME
2018 AMOUNT: \$ 56,636.
2019 AMOUNT: \$ 57,282.
2020 AMOUNT: \$ 18,824.
2021 AMOUNT: \$ 21,419.
2022 AMOUNT: \$ 119,699.

Schedule A (Form 990) 2022

. LISCLOSURE COPY *;

Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to 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: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 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 foundation Check 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 X 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

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

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Generalie B (Form 550) (2522)	1 agc
Name of organization	Employer identification number
AMYOTROPHIC LATERAL SCLEROSIS ASSN.	13-3271855

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,359,265. 	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$1,073,900.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3			Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

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

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** 13-3271855 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(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 for instructions and the latest information.

OMB No. 1545-0047 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) organizat	ions: Complete Part III.			
Nan	ne of organization				loyer identification number
		<u>PHIC LATERAL SCL</u>			13-3271855
Pa	art I-A Complete if the org	anization is exempt und	ler section 501(c)	or is a section 527 or	ganization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures		9	S
Pa	art I-B Complete if the org	anization is exempt und	ler section 501(c)(3).	
1	Enter the amount of any excise tax			-	8
2	Enter the amount of any excise tax	incurred by organization manag	ers under section 4955	(
3	If the organization incurred a section	n 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.				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c),	except section 501(e)(3).
	Enter the amount directly expended	, ,	•	***************************************	S
2	Enter the amount of the filing organ				
	exempt function activities				<u> </u>
3	Total exempt function expenditures		·		
	line 17b				
	Did the filing organization file Form Enter the names, addresses and en				
5	made payments. For each organizar				
	contributions received that were pro	•			•
	political action committee (PAC). If				
	(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

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Schedule C (Form 990) 2022

	section 501(h)).					
4	Check if the filing organiza	ation belongs to an affil	iated group (and list in	Part IV each affiliated	group member's name	e, address, EIN,
	expenses, and sha	re of excess lobbying e	expenditures).			
3	Check if the filing organiza	ation checked box A ar	nd "limited control" pro	visions apply.		
		its on Lobbying Exper ditures" means amou			(a) Filing organization's totals	(b) Affiliated group totals
1:	a Total lobbying expenditures to infl	uence public opinion (g	grassroots lobbying)		183,829.	
ı	b Total lobbying expenditures to infl	688,506.				
	c Total lobbying expenditures (add I	ines 1a and 1b)			872,335.	
(d Other exempt purpose expenditur	es			52,260,758.	
•	e Total exempt purpose expenditure	`			53,133,093.	
	f Lobbying nontaxable amount. Ent	er the amount from the	following table in both	columns.	1,000,000.	
	If the amount on line 1e, column (a)		bying nontaxable ame	ount is:		
	Not over \$500,000		the amount on line 1e.			
	Over \$500,000 but not over \$1,00		0 plus 15% of the exce			
	Over \$1,000,000 but not over \$1,5		0 plus 10% of the exce			
	Over \$1,500,000 but not over \$17		0 plus 5% of the exces	ss over \$1,500,000.		
	Over \$17,000,000	\$1,000,0	J00.			
	g Grassroots nontaxable amount (er	ator 25% of line 1f)			250,000.	
	= :				0.	
		h Subtract line 1g from line 1a. If zero or less, enter -0-				
	i Subtract line 1f from line 1c. If zero or less, enter -0-j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720				0.	
			ine 1i, did the organiza	tion file Form 4720	0.	
		ero on either line 1h or l	ine 1i, did the organiza	tion file Form 4720		Yes No
	j If there is an amount other than ze	year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not l ate instructions for lin	Section 501(h) nave to complete all c es 2a through 2f.)		
	j If there is an amount other than ze reporting section 4911 tax for this	year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not h	Section 501(h) nave to complete all c es 2a through 2f.)		
	j If there is an amount other than ze reporting section 4911 tax for this	year? 4-Year Ave hat made a section 50 See the separa	eraging Period Under 01(h) election do not l ate instructions for lin	Section 501(h) nave to complete all c es 2a through 2f.)		
	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) a Lobbying nontaxable amount	year? 4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under 01(h) election do not la ate instructions for lin nditures During 4-Yea (b) 2020	Section 501(h) nave to complete all c es 2a through 2f.) r Averaging Period	of the five columns be	(e) Total
	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in)	4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under 01(h) election do not la ate instructions for lin nditures During 4-Yea (b) 2020	Section 501(h) nave to complete all c les 2a through 2f.) r Averaging Period (c) 2021	of the five columns be	(e) Total
	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations to Calendar year (or fiscal year beginning in) a Lobbying nontaxable amount b Lobbying ceiling amount	4-Year Ave hat made a section 50 See the separa Lobbying Exper	eraging Period Under 01(h) election do not la ate instructions for lin nditures During 4-Yea (b) 2020	Section 501(h) nave to complete all c les 2a through 2f.) r Averaging Period (c) 2021	of the five columns be	(e) Total
-	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures	4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2019 1,000,000.	eraging Period Under D1(h) election do not hate instructions for line inditures During 4-Year (b) 2020	Section 501(h) have to complete all cles 2a through 2f.) r Averaging Period (c) 2021 1,000,000.	(d) 2022 1,000,000.	(e) Total 4,000,000. 6,000,000. 1,836,046.
-	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations t Calendar year (or fiscal year beginning in) a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures d Grassroots nontaxable amount	4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2019	eraging Period Under D1(h) election do not hate instructions for linuditures During 4-Year (b) 2020	Section 501(h) nave to complete all cles 2a through 2f.) r Averaging Period (c) 2021	(d) 2022	(e) Total 4,000,000. 6,000,000.
-	j If there is an amount other than ze reporting section 4911 tax for this (Some organizations the Calendar year (or fiscal year beginning in) a Lobbying nontaxable amount (150% of line 2a, column(e)) c Total lobbying expenditures	4-Year Ave hat made a section 50 See the separa Lobbying Exper (a) 2019 1,000,000.	eraging Period Under D1(h) election do not hate instructions for line inditures During 4-Year (b) 2020	Section 501(h) have to complete all cles 2a through 2f.) r Averaging Period (c) 2021 1,000,000.	(d) 2022 1,000,000.	(e) Total 4,000,000. 6,000,000. 1,836,046.

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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

Schedule C (Form 990) 2022

13-3271855 Page 2

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)).

of the lobbying activity.		1 1			
		Yes	No	Am	ount
During the year, did the filing organization attempt	ot to influence foreign, national, state, or				
local legislation, including any attempt to influence	e public opinion on a legislative matter				
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation	in expenses reported on lines 1c through 1i)?				
e Publications, or published or broadcast statemerf Grants to other organizations for lobbying purpos					
g Direct contact with legislators, their staffs, govern					
-	nment officials, or a legislative body?speeches, lectures, or any similar means?				
. 0.1 0					

2a Did the activities in line 1 cause the organization					
b If "Yes," enter the amount of any tax incurred un					
c If "Yes," enter the amount of any tax incurred by					
d If the filing organization incurred a section 4912 t					
Part III-A Complete if the organization is	s exempt under section 501(c)(4), sect	ion 501(c)(5	5), or s	ection	
			••		
501(c)(6).					
				Yes	N-
501(c)(6).	d nondeductible by members?		1		N
501(c)(6). 1 Were substantially all (90% or more) dues receive	d nondeductible by members?				N
501(c)(6). Were substantially all (90% or more) dues receive Did the organization make only in-house lobbying Did the organization agree to carry over lobbying Part III-B Complete if the organization is 501(c)(6) and if either (a) BOTH	•	the prior year? ion 501(c)(5	2 5), or s	ection	e 3, is
501(c)(6). 1 Were substantially all (90% or more) dues receive 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes."	expenditures of \$2,000 or less? and political campaign activity expenditures from sexempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered	the prior year ion 501(c)(5 d "No" OR	5), or s (b) Par	ection t III-A, line	
501(c)(6). Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me	expenditures of \$2,000 or less? and political campaign activity expenditures from sexempt under section 501(c)(4), sect	the prior year? ion 501(c)(5 d "No" OR	5), or s (b) Par	ection t III-A, line	
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501(c)(6). Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year	and political campaign activity expenditures from sexempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered embers cal expenditures (do not include amounts of polipaid).	the prior year? ion 501(c)(5 d "No" OR (2 3 5), or s (b) Par	ection t III-A, line	
501(c)(6). 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 3 Did the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year	expenditures of \$2,000 or less? and political campaign activity expenditures from sexempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered embers cal expenditures (do not include amounts of polipaid).	the prior year? ion 501(c)(5 d "No" OR (2 3 5), or s (b) Par	ection t III-A, line	
501(c)(6). Were substantially all (90% or more) dues received Did the organization make only in-house lobbying Did the organization agree to carry over lobbying art III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." Dues, assessments and similar amounts from me Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total Aggregate amount reported in section 6033(e)(1)	expenditures of \$2,000 or less? and political campaign activity expenditures from sexempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered embers cal expenditures (do not include amounts of polipaid).	the prior year?ion 501(c)(5 d "No" OR	2 3 5), or s (b) Par	ection t III-A, line	
501(c)(6). 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 2 Tat III-B Complete if the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1) 4 If notices were sent and the amount on line 2c expenses of the properties	expenditures of \$2,000 or less? and political campaign activity expenditures from a exempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered embers cal expenditures (do not include amounts of polipaid). (A) notices of nondeductible section 162(e) dues	the prior year? ion 501(c)(5 d "No" OR (2 3 5), or s (b) Par	ection t III-A, line	
501(c)(6). 1 Were substantially all (90% or more) dues received 2 Did the organization make only in-house lobbying 3 Did the organization agree to carry over lobbying 3 Did the organization agree to carry over lobbying 3 Did the organization is 501(c)(6) and if either (a) BOTH answered "Yes." 1 Dues, assessments and similar amounts from me 2 Section 162(e) nondeductible lobbying and politic expenses for which the section 527(f) tax was a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1) 4 If notices were sent and the amount on line 2c expenses the organization agree to carryover to the results.	and political campaign activity expenditures from sexempt under section 501(c)(4), sect I Part III-A, lines 1 and 2, are answered and expenditures (do not include amounts of polipaid). (A) notices of nondeductible section 162(e) dues acceeds the amount on line 3, what portion of the expenditure of nondeductible lobbying and	the prior year's ion 501(c)(5 d "No" OR of itical xcess I political	2 3 5), or s (b) Par 2 2 2 3	ection t III-A, line	

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 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

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		On piete ii trie
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(1)	(a) and and and a
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year) 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 v	I writing that the assets held in donor advis	ed funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
Ū	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai			
1	Purpose(s) of conservation easements held by the organization		arti, mo r.
•	Preservation of land for public use (for example, recreat		a historically important land area
	Protection of natural habitat	· 💳	a certified historic structure
	Preservation of open space	110001741101101	a continua motorio strastaro
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	is a conservation contribution in the form	Held at the End of the Tax Year
а			2a
b	-		
c	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
_			2d
3	Number of conservation easements modified, transferred, rele		
	year	acca, extinguierica, er terrimiatea ey are	organization daming the tark
4	Number of states where property subject to conservation eas	ement is located	
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, l		
		•	- ,
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing conserva-	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	e 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	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents that describes the
_	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for pub		•
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these item	S.
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
			The state of the s
2	If the organization received or held works of art, historical treat		I gain, provide
	the following amounts required to be reported under FASB A	· ·	
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

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Schedule D (Form 990) 2022

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

		PHIC LATERA					3271855 Page 2
Par	t III Organizations Maintaining Co	ollections of Art	, Historical 1	reasures, o	r Other S	Similar Ass	ets _(continued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the	e following tha	t make sign	nificant use of i	ts
	collection items (check all that apply):						
а	Public exhibition	d		xchange progr			
b	Scholarly research	е	Other				
С	Preservation for future generations						
4	Provide a description of the organization's co						art XIII.
5	During the year, did the organization solicit or				er similar as	ssets	
Do	to be sold to raise funds rather than to be ma						Yes No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Par		te if the organiza	tion answered	"Yes" on Fo	orm 990, Part	IV, line 9, or
		·					
1a	Is the organization an agent, trustee, custodia		•				
	on Form 990, Part X?						Yes No
b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:				Amount
	De siente a beleure						Amount
	Beginning balance					1c	
	Additions during the year					1d	
	Distributions during the year					1e	
	Ending balance Did the organization include an amount on Fo						Yes No
	If "Yes," explain the arrangement in Part XIII.				-	·	res No
Par							
	Complete	(a) Current year	(b) Prior year	(c) Two yea		I) Three years ba	ick (e) Four years back
1a	Beginning of year balance	6,509,730.	6,516,31		6,315.	6,454,73	
b	Contributions	, , .	, ,	,		, ,	, , .
	Net investment earnings, gains, and losses	-503,564.	429,10	9. 66	9,572.	587,97	461,584.
ď	Grants or scholarships	, .	,			,	, .
e	Other expenditures for facilities						
•	and programs	5,305,205.	435,69	4. 66	9,572.	526,39	0.
f	Administrative expenses	, ,	•			•	
g	End of year balance	700,961.	6,509,73	0. 6,51	6,315.	6,516,31	5. 6,454,731.
2	Provide the estimated percentage of the curre		(line 1a. column	(a)) held as:			<u> </u>
	Board designated or guasi-endowment	,	%	(*)			
b	Permanent endowment 30.7230	%					
С	Term endowment 69.2770	 %					
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.					
За	Are there endowment funds not in the posses	ssion of the organizat	ion that are held	and administe	red for the		
	organization by:						Yes No
	(i) Unrelated organizations						3a(i) X
	(ii) Related organizations						
b	If "Yes" on line 3a(ii), are the related organizate	tions listed as require	ed on Schedule I	?			3b
4	Describe in Part XIII the intended uses of the		vment funds.				
Par	t VI Land, Buildings, and Equipme						
	Complete if the organization answered	l "Yes" on Form 990,	Part IV, line 11a	. See Form 990	D, Part X, lin	ne 10.	
	Description of property	(a) Cost or ot	her (b) C	ost or other	(c) Acc	umulated	(d) Book value
		basis (investm	ent) ba	is (other)	depre	eciation	
1a	Land						
b	Buildings						4.05/.05/
	Leasehold improvements			27,429.		73,078.	1,054,351.
d	Equipment			79,173.		30,086.	349,087.
e	Other	- 1	14.1	70,107.	10,97	/4,767 .	3,195,340.

Schedule D (Form 990) 2022

4,598,778.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

			40.0054055
Part VII Investments - Other Securities.	LATERAL SCLE		13-3271855 Page 3
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: C	ost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) (B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Co	ost or end-of-year market value
(1)			
(2)			
		+	
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line	
DEVIDED OF A THEODOGRAPH OF THE DEVI	Description	10	(b) Book value
(1) BENEFICIAL INTEREST IN PER (2) CONTRIBUTIONS RECEIVABLE I			763,677. 103,853.
	ROM REMAINDE	K IKUSIS	6,650,710.
(3) RIGHT OF USE ASSET (4)			0,030,710:
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		7,518,240.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part	<u> </u>
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			050 005
(2) ANNUITY PAYMENT LIABILITY	DINC		959,985. 8,703,560.
(3) LEASE LIABILITIES - OPERA	TING		0,703,300.
<u>(4)</u>			
<u>(5)</u> (6)			
(7)			
(8)			
(9)			

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

9,663,545.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Schedule D (Form 990) 2022 AMYOTROPHIC LATERAL SCLERO	DOID ADDIN.	T2-	34/1000 Page 4
Part XI Reconciliation of Revenue per Audited Financial Statem		turn.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12			70 200 027
		1	70,288,037.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a -6,798,204.		
a Net unrealized gains (losses) on investmentsb Donated services and use of facilities			
c Recoveries of prior year grants		-	
d Other (Describe in Part XIII.)			
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.)	0 0 0 0 0 0 0 0 0 0		
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 Staten		Retur	n.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12			
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:	12 105 054		
a Donated services and use of facilities	1 1	_	
b Prior year adjustments			
c Other losses	1 1 40 550	-	
d Other (Describe in Part XIII.)			13 124 407
e Add lines 2a through 2d		2e	13,124,407. 84,018,998.
 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: 		3	04,010,990.
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 180,821.		
b Other (Describe in Part XIII.)			
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; Pa	rt IV, lines 1b and 2b; Part V, line	1; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			
PART V, LINE 4:			
EARNINGS FROM THE ENDOWMENT MUST BE USED TO	SUPPORT RESEARCH	АСТ	IVITIES.
UPON EXPIRATION OF THE TERM ENDOWMENT, THE C	ORPUS MAY ALSO BE	US	ED TO
GUDDADE DEGELDGU LGETUTETEG			
SUPPORT RESEARCH ACTIVITIES.			
PART X, LINE 2:			
THE ASSOCIATION DID NOT HAVE ANY UNRELATED T	AXABLE INCOME FOR	TH	E YEARS
ENDED TANITADY 21 2022 AND 2022 ACCORDINGLY	NO DDOWEGTON EC	ът	NCOME
ENDED JANUARY 31, 2023 AND 2022. ACCORDINGLY	, NO PROVISION FO	KI	NCOME
TAXES HAS BEEN PROVIDED IN THE FINANCIAL STA	TEMENTS.		
THE ASSOCIATION FOLLOWS THE ACCOUNTING STAND	ARD REGARDING THE	RE	COGNITION
AND MEASUREMENT OF UNCERTAIN TAX POSITIONS.	THE ASSOCIATION F	.Τ Δ Τ.	פידד מאַידאוו
232054 09-01-22	IIII ADDOCIATION E		dule D (Form 990) 2022

Schedule D (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part XIII Supplemental Information (continued)	13-3271855 Page 5
TAX POSITIONS AND DETERMINED THAT ITS POSITIONS ARE MORE-LIKE	
TO BE SUSTAINED ON EXAMINATION. THE ASSOCIATION'S TAX RETURNS	
TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.	THE BOBOLET
10 KUVIUW AND DAMINATION DI TUDUNAD AND DIATU AUTHORITIED.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-110,870.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	
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)

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.

2022 Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection
Employer identification number

AMYOTROPHIC	LATERAL	SCLEROSIS	ASSN

13-3271855

Part I General Info			รเ de the United States . Compl	ete if the organization answered "	
Form 990, Part I	V, line 14b.				
			ds to substantiate the amount of its grather the selection criteria used to award the		Yes No
2 For grantmakers. Description United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and other assistance out	side the
			an be duplicated if additional space is n		
(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, pro- gram 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
CAST 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
3 a Subtotalb Total from continuation	0	-			2,087,208
sheets to Part I c Totals (add lines 3a	0	0			0
and 3b)	1	<u> </u>			2,087,208

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

Part II

Page 2

13-3271855

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

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.

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		SUB-SAHARAN AFRICA	SEED GRANTS PROGRAM	.000,00	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.	125,000. WIRE TRANSFER	0	N/A	N/A
		EAST ASIA AND THE PACIFIC	SEED GRANTS PROGRAM	.000,00	50,000.WIRE TRANSFER	0	N/A	N/A
		EUROPE	DRUG DEVELOPMENT CONTRACT	.000,008	CHECK	.0	N/A	N/A
		EUROPE	PREVENTION PROGRAM	200,000.	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	снеск	.0	N/ A	N/A

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

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Schedule F (Form 990) 2022

Enter total number of other organizations or entities

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Continuation of Grants and Other Assistance to Organizations or
(c) Region grant
EUROPE SEED GRANTS PROGRAM
INVESTIGATOR INITIATED AWARD FITEODE
PREVEN
INVESTIGATOR INITIATED AWARD EUROPE MULTI-YEAR
POST DOCTORAL EUROPE FELLOWSHIP
EUROPE SEED GRANTS PROGRAM
INVESTIGATOR INITIATED AWARD EUROPE MULTI-YEAR
EUROPE SEED GRANTS PROGRAM
DRUG DEVELOPMENT NORTH AMERICA CONTRACT

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Page 2	(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A	N/A			
	(h) Description of non-cash assistance	N/A	N/A	N/A			
71855 90) Part II line 1	(g) Amount of non-cash assistance	0.	0	0.			
13-3271855 (Schedule F (Form 990) Part II line 1)	(f) Manner of cash disbursement	200,000. WIRE TRANSFER	снеск	снеск			
ASSN.	(e) Amount of cash grant	.000,000	.000,05	200,000. CHECK			
CLEROSIS Entities Outside	(d) Purpose of grant	PREVENTION PROGRAM	INVESTIGATOR INITIATED AWARD MULTI-YEAR	TRIAL CAPACITY PROGRAM			
(Form 990) AMYOTROPHIC LATERAL SC	(c) Region	NORTH AMERICA	NORTH AMERICA	NORTH AMERICA			
AMYOTI	(b) IRS code section and EIN (if applicable)	-	Ĩ	Ĩ			
Schedule F (Form 990) Part II Continuation of	J je						

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Page 3

Schedule F (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

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.

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Part III can be duplicated if additional space is needed.

		I		I			22
(h) Method of	valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2022
(g) Description of	noncash assistance						Schedi
(f) Amount of	noncash assistance						
(e) Manner of	cash disbursement						
(d) Amount of	cash grant						
(c) Number of	recipients						
ditional space is needec							
Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Beginn	ישן יאַרט טון שומוי טון מטטינמוסט						

Schedule F (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Part IV Foreign Forms

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Page 4

_			
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		T7
	Corporation (see Instructions for Form 926)	Yes	X 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	X 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	X 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	X 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	X 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	X No
		Schedule F (For	n 990) 2022

Schedule F (Form 990) 2022 AMYO'TROPHIC LATERAL SCLEROSIS ASSN.	13-32/1855	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (acco		
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method)		
(estimated number of recipients), as applicable. Also complete this part to provide any additional in	formation. See instructions.	
PART I, LINE 2:		
FARI I, DINE Z.		
FOREIGN RESEARCHERS, SIMILAR TO U.S. RESEARCHERS, ARE RE	QUIRED TO PROVII	ЭE
	20	
A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATI	ON OF THE GRANT	
ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION	N. IF ADJUSTMENT	rs
ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CA	TEGORIES, THESE	
WALLE WO DE DECLEGEED IN UDITATIVE AND ADDROVED DV OUR DECE	10011 DED1001101	
HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESE	ARCH DEPARTMENT	•

Schedule F (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

13-3271855 AMYOTROPHIC LATERAL SCLEROSIS ASSN. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not

- Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) LAUTMAN, MASKA, NEILL & Yes No COMPANY - 1730 RHODE ISLAND Х FUNDRAISING COUNSEL 4,586,736 366,850 4,219,886. CREATIVE DIRECT RESPONSE. INC. - 16900 SCIENCE DR SUITE FUNDRAISING COUNSEL Х 0 282,136 -282,136.
 - List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL	,AK,AZ	, AR, CA	, co,	CT,DE,	FL,GA	,HI,I	D,IL,	, IN , I.	A,KS	,KY,.	LA,ME	, MD, I	MA,MI	, MN,	MS,	MO
MT	, NE, NV	,NH,NJ	, NM,	NY,NC,	ND,OH	,OK,O	R,PA	,RI,S	C,SD	, TN , '	TX,UT	,VT,	/A,WA	, WV ,	WI,	WY
DC																
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990) 2022

3 937 750.

648,986.

4,586,736.

Total

DocuSign Envelope ID: ED416685-B02C-438F-8F6C-086C31700688 13-3271855 Page 2 AMYOTROPHIC LATERAL SCLEROSIS ASSN. Schedule G (Form 990) 2022 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 (b) Event #2 (c) Other events (d) Total events KANSAS CITY WASHINGTON (add col. (a) through WALK WALK col. (c)) (event type) (event type) (total number) 695,373 519,377. 9,387,824. 10,602,574. Gross receipts 6,702,630. 666,883 477,341. 7,846,854. 2 Less: Contributions 28,490. Gross income (line 1 minus line 2) 42,036. 2,685,194 2,755,720. 4 Cash prizes 9,907. 169,268. Noncash prizes 2,486. 181,661. Direct Expenses 3,966. 20,184. 597,217. 621,367. Rent/facility costs 460. 178. 109,263. 109,901. 7 Food and beverages 2,125. 79,775. 135. 82,035. Entertainment 8 14 022. 063. 729,671 1,760,756. Other direct expenses 755,720. 10 Direct expense summary. Add lines 4 through 9 in column (d) 0. 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes Volunteer labor No No 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:	
а	Is the organization licensed to conduct gaming activities in each of these states?	No
b	If "No," explain:	
100	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes	No
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes If "Yes," explain:	NO
23208	2 10-27-22 Schedule G (Form 990) 2	2022

232082 10-27-22

Sch	nedule G (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3	<u> 82718</u>	55 Page	3
11	Does the organization conduct gaming activities with nonmembers?	Y	es 🔲 N	ю
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?	Y	es 🔲 N	ю
13	Indicate the percentage of gaming activity conducted in:			
	a The organization's facility	13a		%
	b An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Maria			
	Name			—
	Address			
	Address			_
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Y	es 🔲 N	lo
		•		
k	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	c If "Yes," enter name and address of the third party:			
	Name			
	Address			_
16	Gaming manager information:			
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			
٠	retain the state gaming license?	Y	es 🔲 N	lo
ŀ	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 \$			
Pa	Art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part IV	t III, lines	9, 9b, 10b,	,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	<u>:</u>		
(I) NAME OF FUNDRAISER: LAUTMAN, MASKA, NEILL & COMPANY			
<u>/ </u>	. NAME OF FUNDRAISER. DAUIMAN, MASKA, NEIDD & COMPANI			_
(I) ADDRESS OF FUNDRAISER:			
<u> </u>				_
17	30 RHODE ISLAND AVE NW SUITE 301, WASHINGTON, DC 20036			
	· · · · · · · · · · · · · · · · · · ·			
<u>(I</u>) NAME OF FUNDRAISER: CREATIVE DIRECT RESPONSE, INC.			
, -	·\ ADDDEGG OF HUNDDATGED 16000 GGTTMG DD GTTMG 010 DOTTE	005	1 -	
(I	D) ADDRESS OF FUNDRAISER: 16900 SCIENCE DR SUITE 210, BOWIE, MD	207	Τ⊃	

Schedule G (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 4 Part IV Supplemental Information (continued)
PART I, LINE 2B, COLUMN (V):
THE ASSOCIATION RECEIVES ALL PROCEEDS FROM OUR DIRECT MAIL APPEALS
PROGRAM INCLUDING TELEMARKETING. HOWEVER, THE ASSOCIATION IS RESPONSIBLE
TO PAY FOR ALL EXPENSES INCURRED IN THE IMPLEMENTATION AND PRODUCTION OF
ALL THE DIRECT MAIL AND TELEMARKETING SOLICITATIONS.

SCHEDULE I (Form 990) Name of the organization

Department of the Treasury

Internal Revenue Service

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

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

OMB No. 1545-0047

Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

Open to Public

Employer identification number

Inspection

243. **ջ** ANNUAL GRANT PAYMENT FY23 13-3271855 (h) Purpose of grant RECOGNIZED TREATMENT RECOGNIZED TREATMENT EXCELLENCE/RESEARCH EXCELLENCE/RESEARCH EXCELLENCE/RESEARCH or assistance X Yes 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 ANNUAL GRANT CENTER OF CENTER OF CENTER OF CENTER CENTER 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 (g) Description of noncash assistance N/A N/A N/A N/A N/A N/A (f) Method of valuation (book, FMV, appraisal, other) N/A N/A N/A N/A 0. N/A 0. N/A o ं o Ö (e) Amount of assistance noncash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 10,000, 25,000. 25,000, 25,000, 10,000, 25,000 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table SCLEROSIS ASSN. (c) IRC section (if applicable) 501(C)3 501(C)3 46-0224743 501(C)3 74-1613878 501(C)3 501(C)3 74-1613878 501(C)3 Enter total number of other organizations listed in the line 1 table AMYOTROPHIC LATERAL 63-0976742 45-3674924 56-6060481 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization 2709 WATER RIDGE PARKWAY, STE 300 3105 INDEPENDENCE DR, STE 105 ALABAMA NEUROLOGY ASSOCIATES BAYLOR COLLEGE OF MEDICINE BAYLOR COLLEGE OF MEDICINE STE 506 or government ALLEGHENY HEALTH NETWORK 490 E NORTH AVE, STE 500 ATRIUM HEALTH FOUNDATION SIOUX FALLS, SD 57105 PITTSBURGH, PA 15212 BIRMINGHAM, AL 35209 CHARLOTTE, NC 28217 1301 S CLIFF AVE, HOUSTON, TX 77030 TX 75303 ONE BAYLOR PLAZA AVERA MCKENNAN PO BOX 301207 Part I DALLAS, Part II N

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Schedule I (Form 990) 2022

Schedule (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Dart Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		Schedule I (Form 000) Dart II.)	T (3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	/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.	0,0	N/A	N/A	ANNUAL GRANT
BROWN NEUROLOGY 593 EDDY ST, APC 5 PROVIDENCE, RI 02903	05-0448314	501(C)3	10,000.	0.0	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	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	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	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	501(C)3	25,000.	0 N	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	501(C)3	5,500.	N.0	N/A	N/A	MONTHLY GRANT Schedule I (Form 990)
							סכוובחתום ו לו סוווו סכסל

Schedule (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL Assistance to Dome	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 1.	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of (contract) (contrac	(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	.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)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	C LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of ih ce	(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	.000.	0. N/A		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		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		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		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		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		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		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		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		N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLERO	IC LATERA	L SCLEROSIS	ASSN.		20 (000 mm 27) I clink	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and organization or government assistant cash grant assistant cash grant assistant assistant assistant assistant assistant contracts.	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0	t of (f) Method of (f) welvation no (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	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	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	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	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	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.	0.0	N/ A	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	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	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	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 SCLERO	IC LATERA	L SCLEROSIS	ASSN.		(000)	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and or government assistance to Domestic Organization or government assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	t of (f) Method of (f) welvation (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	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	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	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	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	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	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	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	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	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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL ssistance to Dom	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 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 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 EDGEMONT 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 (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	1.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of sh ice	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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	.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	.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	.000,006	0. N/A		N/A	QUARTERLY GRANT
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990) Part II)	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0 1	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDICAL COLLEGE OF WISCONSIN, INC 8701 WATERTOWN PLANK RD - MILWAUKEE, WI 53226	39-0806261	501(C)3	.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	.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.	0.0	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)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	11.)	3-3271855 Page 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 non-cash assistance	(n) Purpose of grant or assistance
TIDAL HEALTH ALS CLINIC 100 E CARROLL ST SALISBURY, MD 21801	51-1851935	501(C)3	5,625.	, 0 M	N/A	N/A	QUARTERLY GRANT
TRINITY HEALTH GRAND RAPIDS HOSPITAL - 220 CHERRY ST SE - GRAND RAPIDS, MI 49503	38-2113393	501(C)3	.000.	0. N	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 M	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	.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)
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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS nestic Organizations	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	ih ce	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KANSAS ENDOWMENT 3599 RAINBOW BLVD. KANSAS CITY, KS 66160	48-0547734	501(C)3	59,587.	0.N/A		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		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		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		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		N/A	QUARTERLY GRANT
UNIVERSITY OF MIAMI 1120 NW 14TH ST, SUITE 1373 MIAMI, FL 33144	59-0624458	501(C)3	.000.	0. N/A		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		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		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. M/A		N/A	ANNUAL GRANT PAYMENT FY23 CENTER OF EXCELLENCE/RESEARCH
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLERO	IC LATERA	L SCLEROSIS	ASSN.		(1 to 0 (000 mac 2) 1 of body	T	3-3271855 Page 1
(a) Name and address of if applicable cash grant and government assistant and address of assistant and address of assistant cash grant assistant a	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER - MSC10 5620, 1 UNIV OF NM - ALBUQUERQUE, NM 87131	85-6000642	501(C)3	.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	.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	.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)

	tance to Domestic Organiz	Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments		(Schedule I (Form 990), Part II.)	T (+	3-32/1833 Page 1
(a) Name and address of cganization or government	(c) IRC section if applicable	ion (d) Amount of cash grant	1 550	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES - 1 MEDICAL CENTER BLVD WINSTON-SALEM, NC 27157 22-3849199	199 501(C)3	.000,25,000.	0	N/A	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	334 501(C)3	100,000.	0	N/A	N/A	PARTNERSHIP PROGRAM GRANT
ALS NEVERSURRENDER FOUNDATION PO BOX 3187 BRECKENRIDGE, CO 80424 47-4746935	935 501(C)3	.000,005	0	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-1717098	.098 501(C)3	.000,95	0	N/A	N/A	CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-17170	41-1717098 501(C)3	.005,2500.	0.	N/A	N/A	CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-1717098	098 501(C)3	.000,95	0	N/A	N/A	CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-17170	41-1717098 501(C)3	52,500.	0	N/A	N/A	CLINICAL RESEARCH TRAINING FELLOWSHIP
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-1717098	098 501(C)3	. 26,000.	0	N/A	N/ A	CLINICAL SCIENTIST DEVELOPMENT AWARD
AMERICAN BRAIN FOUNDATION 201 CHICAGO AVENUE MINNEAPOLIS, MN 55415 41-17170	41-1717098 501(C)3	.000,03	0	N/A	N/A	SHELIA ESSEY AWARD Schedule I (Form 990)

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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(1 400 000 mg/) Loli bodo	1	.3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 550 1	(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	.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	.000,27	•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	.000.	0.	N/A	N/A	POST DOCTORAL FELLOWSHIP
DUKE UNIVERSITY PO BOX 602651 CHARLOTTE, NC 28260	56-0532129	501(C)3	21,667.	0,0	N/ A	N/A	STRATEGIC INITIATIVE
							Schedule I (Form 990)

Schedule (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(+ 2 C (000 see 7) 51-45-540 (000)	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	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	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	N/A	POST DOCTORAL FELLOWSHIP
FOCUSED ULTRASOUND FOUNDATION 1230 CEDARS COURT, SUITE 206 CHARLOTTESVILLE, VA 22903	20-5744808	501(C)3	.000,005	0	N/A	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	501(C)3	60,449.	0	N/A	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	N/A	STRATEGIC INITIATIVE
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666 501(C)3	501(C)3	50,000.	0	N/A	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	N/ A	INVESTIGATOR INITIATED AWARD MULTI YEAR
GLADSTONE INSTITUTES 1650 OWENS STREET SAN FRANCISCO, CA 94158	23-7203666 501(C)3	501(C)3	.000,000	0	N/A	N/A	INVESTIGATOR INITIATED AWARD MULTI YEAR Schedule (Form 990)
							Schedule I (Fortii 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERAL	L SCLEROSIS	ASSN.		(1 400 (000 mm/J) cl. 400400	1	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0 1	(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.	0.0	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.	0.0	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	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	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	501(C)3	300,000.	0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
							Schedule I (Form 990)

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Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 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 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	.000,05	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 5T 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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS mestic Organizations	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	11.)	3-3271855 Page 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 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	.000,05	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.	N. 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.	0.0	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	.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	.000,000	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	IC LATERAL	L SCLEROSIS	ASSN.		(1 4 2 0 (000 month) - 21 - 12 - 12 - 12 - 12 - 12 - 12 - 1	1	3-3271855 Page 1
(a) Name and address of if applicable cash grant and order minens organization or government assistance to Domestic Organization or government assistan	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0	(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	°	N/A	N/A	TRIAL CAPACITY PROGRAM
F THE UNIVE - 5082 WOLV H STATE ST.	38-6006309	501(C)3	.000,000	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	.000,03	.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	.000,000	.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	.000,08	.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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL Assistance to Dome	L SCLEROSIS	ASSN.		(Schedule I (Form 990), Part II.)	T ()	3-3271855 Page 1
	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 550	(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	N/ A	DRUG DEVELOPMENT CONTRACT
STANFORD UNIVERSITY PO BOX 44253 SAN FRANCISCO, CA 94144	94-1156365	501(C)3	75,000.	0.	N/ A	N/ A	POST DOCTORAL FELLOWSHIP
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	15,243.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	20,801.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	19,342.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	16,317.	0,	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	11,252.	0,	N/A	N/ A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)3	10,981.	0.	N/A	N/A	STRATEGIC INITIATIVE
TACONIC BIOSCIENCES, INC 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104 501(C)3	501(C)3	15,344.	0.	N/A	N/A	STRATEGIC INITIATIVE
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN.		(Schedule I (Form 990) Part II.)	T ()	3-3271855 Page 1
1	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 5 7 0 1	(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	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	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	501(C)3	.000,002	•0	N/A	N/A	PARTNERSHIP PROGRAM GRANT
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1 11.)	3-3271855 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	nt of sh ice	(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	.000,000	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	.607,07	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		//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	4	//A	SEED GRANTS PROGRAM
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERAL	L SCLEROSIS	ASSN. and Domestic Go		(Schedule I (Form 990), Part II.)	1 1.)	3-3271855 Page 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 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							
	13-5598093	501(C)3	.000,25	0.N	N/A	N/A	STRATEGIC INITIATIVE
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK							
- 615 WEST 131ST ST., 3RD FL - NEW							INVESTIGATOR INITIATED
YORK, NY 10027	13-5598093	501(C)3	50,000.	0.0	N/A	N/A	AWARD MULTI YEAR
THE TRUSTEES OF COLUMBIA							
NE E							
I	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	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.	0.0	N/A	N/A	PREVENTION PROGRAM
THE TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3400 SPRUCE ST., 8							INVESTIGATOR INITIATED
W. GATES - PHILADELPHIA, PA 19104	23-1352685	501(C)3	50,000.	0 .	N/A	N/A	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	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF							
PENNSYLVANIA - 3400 SPRUCE ST. 8							INVESTIGATOR INITIATED
LADELPHIA, PA 1910	23-1352685	501(C)3	50,000.	0 N	N/A	N/A	AWARD MULTI YEAR
THE TRUSTIEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST. 8							
АДЕГРНІА, РА 1910	23-1352685	501(C)3	75,000.	0.N	N/A	N/A	POST DOCTORAL FELLOWSHIP
							Schedule I (Form 990)

Schedule I (Form 990) AMYOTROPHIC LATERAL SCLEROSIS ASSN.	IC LATERA	L SCLEROSIS	ASSN.		Schedille I (Form 000) Dart II)	1	3-3271855 Page 1
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	1 0	(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	23-1352685	501(C)3	.000,03	•0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
THE TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3400 SPRUCE ST., 8	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. Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments	IC LATERA Ssistance to Do	L SCLEROSIS mestic Organizations	ASSN.		(Schedule I (Form 990), Part II.)	1 1.)	3-3271855 Page 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 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	.000.	0.0	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.	0.0	N/A	N/A	DRUG DEVELOPMENT CONTRACT
WASHINGTON UNIVERSITY IN ST. LOUIS 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)3	.000,000	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	.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)

Schedule I (Form 990) 2022

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.

AMYOTROPHIC LATERAL SCLEROSIS ASSN

Page 2

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(f) Description of noncash assistance SUPPORT PATIENTS ဥ (e) Method of valuation (book, FMV, appraisal, other) ALL REQUESTED IN WRITING TO OUR RESEARCH DEPARTMENT. THE ASSOCIATION REQUIRES **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS 년 STAFF FOR APPROVAL. MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE GRANT AWARDED RESEARCHERS ARE REQUIRED TO PROVIDE A DETAILED REPORT PROGRESS REPORTS THROUGHOUT THE AWARD TO CONTINUE TO RECEIVE FUNDS. THESE HAVE TO BE COST . (d) Amount of non-cash assistance 2,012,096. (c) Amount of cash grant COMMITTEES AND BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, 2159 (b) Number of recipients GRANT APPLICATIONS ARE REVIEWED BY (a) Type of grant or assistance LINE PATIENT GRANTS PART I,

Schedule I (Form 990) 2022

SCHEDULE J (Form 990)

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.

2022

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

 $Employer\ identification\ number \\ 13-3271855$

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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	1b		
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?	2		
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.			
	X Compensation committee Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X 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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		х
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
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:			
а	The organization?	5a		X
	Any related organization?	5b		X
	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:			
	The organization?	6a		X
b	Any related organization?	6b		Х
	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			37
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

13-3271855

Schedule J (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855

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.

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	2 and/or 1099-MISC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) CALANEET BALAS	≘	404,213.	50,000.	2,453.	19,051.	22,048.	497,765.	0
PRESIDENT AND CEO	≘	0	0	0	0	0	0	0
(2) TINA ZEFF	€	268,389.	37,500.	2,139.	14,818.	26,738.	349,584.	0
CHIEF OPERATIONS OFFICER	≘	• 0	0.	0	• 0	0 •	0	0
(3) GREG MITCHELL	Ξ	272,824.	32,000.	2,144.	14,816.	0.	321,784.	0
CHIEF FINANCIAL OFFICER	≘	0	0	0	• 0	0	0	0
(4) NEIL THAKUR	Ξ	242,988.	30,500.	2,139.	18,246.	26,738.	320,611.	0
CHIEF MISSION OFFICER	≘	0	0	0	• 0	0	0	0
(5) DEAN FEENER	€	245,451.	0	2,009.	12,356.	0	259,816.	0
CHIEF INFORMATION AND MARKETING OFFI	≘	• 0	0.	0	• 0	0 •	0	0
(6) MONICA SANTA CRUZ	≘	244,142.	0.	3,218.	12,530.	85.	259,975.	0
CHIEF PEOPLE OFFICER	≘	• 0	• 0	• 0	• 0	0	• 0	0
(7) LANCE SLAUGHTER	≘	237,763.	0.	3,633.	13,169.	9,709.	264,274.	0
SVP STRATEGIC ALLIANCES AND GOVERNAN		0	0	0	0	0	0	0
(8) VICKIE LOBELLO	≘	223,885.	0.	4,439.	8,774.	10,369.	247,467.	0
SENIOR VICE PRESIDENT ORGANIZATIONAL		• 0	0.	0	• 0	0 •	0	0
(9) BRIAN FREDERICK	Ξ	222,913.	0.	2,013.	10,962.	0.	235,888.	0
SENIOR VICE PRESIDENT STRATEGIC COMM		• 0	• 0	• 0	• 0	0 •	0 • 0	• 0
(10) KULDIP DAVE	Ξ	220,727.	0.	2,031.	13,643.	35,913.	272,314.	0
SENIOR VICE PRESIDENT RESEARCH	(iii)	0	0.	0.	• 0		0.	0
(11) KEITH GARY	(i)	209,709.	0.	4,389.	11,542.	22,048.	247,688.	0
VICE PRESIDENT MISSION ACCELERATION	≘	•0	• 0	• 0	• 0	0.	0	0
	Ξ							
	▣							
	Ξ							
	▣							
	Ξ							
	≘							
	Ξ							
	≘							
	Ξ							
	(ii)							
							100400	CCOC (OOC mine)

Schedule J (Form 990) 2022

AMYOTROPHIC LATERAL SCLEROSIS ASSN

13-3271855

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 for instructions and the latest information.

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

Pai	rt I Types of Property	LATERA	L SCLERUS.	LO ASSIN.			13-3	<u> </u>	000	
rai	TI Types of Floperty	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	no	(d) Method of de oncash contribu	termir	•	s
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	PROCEED	S		
7	Boats and planes				•					
8	Intellectual property									
9	Securities - Publicly traded	Х	46	245	.957.	AVG	HIGH/LO	W A	T DZ	ATE
10	Securities - Closely held stock				,					
11	Securities - Partnership, LLC, or									
••										
12	trust interests Securities - Miscellaneous									
13	Qualified conservation contribution -									
13	I Paka da aku saku sa									
14	Qualified conservation contribution - Other	X	2	17/	702	NTEM	PROCEED	C		
15	Real estate - Residential			1/4	, 193.	NET	PROCEED	<u>0</u>		
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 (CRYPTO CURRENCY)	X	4		892.	NET	PROCEED	S		
26	Other ()									
27	Other ()									
28	Other ()									
29	Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions						
	for which the organization completed Form 82	-			29				0	
		, ,	J		•				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I. line	s 1 throug	nh 28. tl	nat it			
	must hold for at least 3 years from the date of									
	exempt purposes for the entire holding period'		Titribution, and win	•				30a		Х
h	If "Yes," describe the arrangement in Part II.	•						000		
	,	nolicy that ro	acuires the review	of any nonetandard	l contribu	tione?		24	х	
31	Does the organization have a gift acceptance p					10119 !		31	-22	
32a	Does the organization hire or use third parties contributions?		•					32a	Х	
b	If "Yes," describe in Part II.									
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column	(a) is che	cked,				
	describe in Part II.		,		•					
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 990).			Schedule N	1 (For	n 990)	2022

Schedule M (Form 990) 2022 AMYOTROPHIC LATERAL SCLEROSIS ASSN. 13-3271855 Page 2
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 M (Form 990) 2022

232142 09-09-22

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 for the latest information.

2022 Open to Public Inspection

OMB No. 1545-0047

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 AS OF JANUARY 31, 2023, THE ASSOCIATION ASSUMED THE CORPORATION. OPERATING ACTIVITY OF 17 OF ITS AFFILIATED CHAPTERS WHICH AGREED TO THIS MEANS THAT FORMER CHAPTER EMPLOYEES MERGE INTO THE ASSOCIATION. 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 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

Schedule O (Form 990) 2022 Page 2 **Employer identification number** Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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:

79

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

Schedule O (Form 990) 2022 Page 2

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 EXITS, 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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** AMYOTROPHIC LATERAL SCLEROSIS ASSN. 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 6,120,773. **ASSUMED** 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

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Client Name: Amyothrophic Lateral Sclerosis Assn

Client Number: A333359 Source Envelope:

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gmitchell@alsa-national.org Chief Financial Officer The ALS Association

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Signatures: 3

Initials: 1

Gregory Mitchell

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teri.harris@als.org

Security Level: Email, Account Authentication

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Certified Delivered	Security Checked	12/13/2023 12:05:09 PM				
Signing Complete	Security Checked	12/13/2023 12:05:36 PM				
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