

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning **FEB 1, 2010** and ending **JAN 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.		D Employer identification number 13-3271855
	Doing Business As THE ALS ASSOCIATION		E Telephone number 818-880-9007
	Number and street (or P.O. box if mail is not delivered to street address) 1275 K. STREET NW	Room/suite 1050	G Gross receipts \$ 18,607,524.
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 20005		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ 4119
F Name and address of principal officer: JANE H. GILBERT SAME AS C ABOVE		I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
J Website: ▶ WWW.ALSA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: DE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO LEAD THE FIGHT TO CURE AND TREAT ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	24
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	70
	6 Total number of volunteers (estimate if necessary)	6	38
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	14,583,917.	17,744,381.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	29,322.	39,580.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,780.	86,488.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,274.	159,020.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	14,754,293.	18,029,469.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	4,467,581.	3,054,267.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,746,685.	4,429,339.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,284,467.	0.	32,721.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,561,314.	6,442,061.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,775,580.	13,958,388.
19 Revenue less expenses. Subtract line 18 from line 12	978,713.	4,071,081.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	15,234,195.	17,742,395.
	22 Net assets or fund balances. Subtract line 21 from line 20	5,715,985.	3,854,362.
		9,518,210.	13,888,033.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	DANIEL M. REZNIKOV, CFO				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BRIAN D. YACKER				
Paid Preparer Use Only	Firm's name	Firm's EIN			
	▶ WINDES & MCCLAUGHRY ACCT. CORP.	▶			
Paid Preparer Use Only	Firm's address	Phone no.			
	▶ P.O. BOX 87 LONG BEACH, CA 90801-0087	(562) 435-1191			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission: LEADS THE FIGHT TO CURE AND TREAT ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH LOU GEHRIG'S DISEASE AND THEIR FAMILIES TO LIVE FULLER LIVES BY PROVIDING THEM WITH COMPASSIONATE CARE AND SUPPORT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 3,164,116. including grants of \$ 2,788,594.) (Revenue \$) RESEARCH PROGRAMS: FUND SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE.(50 RESEARCH GRANTS)

4b (Code:) (Expenses \$ 3,361,459. including grants of \$ 265,673.) (Revenue \$) PATIENT & COMMUNITY SERVICES - WE SERVE AS A CLEARING HOUSE FOR ALS SPECIFIC INFORMATION, RESOURCES AND REFERRALS TO PATIENTS, FAMILIES, HEALTH CARE PROFESSIONALS AND THE GENERAL COMMUNITY AT LARGE.(32 CLINICAL MANAGEMENT & ALSA CENTER GRANTS)

4c (Code:) (Expenses \$ 2,295,049. including grants of \$) (Revenue \$ 39,580.) PUBLIC & PROFESSIONAL EDUCATION - TO DEVELOP AWARENESS AND UNDERSTANDING OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) AND THE WORK OF THE ALS ASSOCIATION AMONG THE GENERAL PUBLIC, HEALTHCARE PROFESSIONALS AND SCIENTIFIC COMMUNITIES. FOR CERTAIN CONFERENCES HOSTED BY ALSA, FEES ARE CHARGED FOR ATTENDANCE.

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

4e Total program service expenses 8,820,624.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b			

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Input box for Schedule O response

Main table with columns for question number, description, and Yes/No response. Includes questions 1a through 14b regarding Form 1096, Form W-2G, backup withholding, Form W-3, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a 24		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 24		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization	X	
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **CA, AL, AZ, AK, AR, CO, CT, DE, DC, FL, GA, HI**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN W. APPLGATE - 818-880-9007**
27001 AGOURA ROAD, SUITE 250, CALABASAS HILLS, CA 91301

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

Check if Schedule O contains a response to any question in this Part VII

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HONORABLE JAY DAUGHERTY CHAIRMAN	2.00	X		X			0.	0.	0.	
ROBIN R. GANZERT VICE CHAIRMAN	2.00	X		X			0.	0.	0.	
BENJAMIN S. OHRENSTEIN TREASURER	2.00	X		X			0.	0.	0.	
LAURAL WINSTON SECRETARY	2.00	X		X			0.	0.	0.	
LAWRENCE R. BARNETT BOARD MEMBER	2.00	X					0.	0.	0.	
ROBERT V. ABENDROTH BOARD MEMBER - UNTIL 05/10	2.00	X					0.	0.	0.	
ROBERT J. BJORSETH BOARD MEMBER - UNTIL 05/10	2.00	X					0.	0.	0.	
ANDREW T. BROPHY BOARD MEMBER	2.00	X					0.	0.	0.	
BARBARA J. DICKINSON BOARD MEMBER - UNTIL 04/10	2.00	X					0.	0.	0.	
CYNTHIA D. DOUTHAT BOARD MEMBER	2.00	X					0.	0.	0.	
RICHARD P. ESSEY BOARD MEMBER - UNTIL 05/10	2.00	X					0.	0.	0.	
ALLEN FINKELSTEIN BOARD MEMBER - UNTIL 10/10	2.00	X					0.	0.	0.	
ANDREW FLEESON BOARD MEMBER	2.00	X					0.	0.	0.	
ALAN R. GRIFFITH BOARD MEMBER	2.00	X					0.	0.	0.	
WILSON N. KRAHNKE BOARD MEMBER	2.00	X					0.	0.	0.	
JOHN P. KRAVE BOARD MEMBER - UNTIL 05/10	2.00	X					0.	0.	0.	
LUIS E. LEON BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM G. MATTHEWS BOARD MEMBER	2.00	X						0.	0.	0.
EDMUND G. MCCURTAIN II BOARD MEMBER	2.00	X						0.	0.	0.
VALERIE HARWELL MYERS BOARD MEMBER - UNTIL 05/10	2.00	X						0.	0.	0.
STUART OBERMANN BOARD MEMBER - UNTIL 02/10	2.00	X						0.	0.	0.
ELIZABETH ROSENBERG BOARD MEMBER	2.00	X						0.	0.	0.
HOWARD SAFENOWITZ BOARD MEMBER	2.00	X						0.	0.	0.
STEPHEN H. SALTZMAN BOARD MEMBER	2.00	X						0.	0.	0.
KENNETH F. WIEGAND BOARD MEMBER - UNTIL 05/10	2.00	X						0.	0.	0.
DOUG BUTCHER BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,084,502.	0.	57,219.
d Total (add lines 1b and 1c)								1,084,502.	0.	57,219.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **10**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
GRIZZARD COMMUNICATIONS GROUP, 229 PEACHTREE ST., SUITE 1400, ATLANTA, LUCIE BRUIJN, FLAT 5, 15 ST. GERMANS PLACE, LONDON, UNITED KINGDOM SE3 ONN	CONSULTANT IMPLEMENTATION MANAGEMENT	1,326,736.
CHARITY DYNAMICS, 3420 EXECUTIVE CENTER DR. STE. 160, AUSTIN, TX 78731-1630	MANAGEMENT SUPPORT	187,400.
PREMIER FULFILLMENT & PROCESSING, INC. 4841 DILLON DRIVE, PUEBLO, CO 81008	REMITTANCE PROCESSING SERVICES	102,470.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514		
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	202,134.				
	b	Membership dues	1b					
	c	Fundraising events	1c	690,533.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	296,611.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	16,555,103.				
	g	Noncash contributions included in lines 1a-1f: \$		122,553.				
	h	Total. Add lines 1a-1f		17,744,381.				
	Program Service Revenue	2 a	CONFERENCE FEES	Business Code 900099	39,580.	39,580.		
b								
c								
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		39,580.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		55,620.			55,620.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			30,868.			30,868.
	8 a	Gross income from fundraising events (not including \$ 690,533. of contributions reported on line 1c). See Part IV, line 18	a					
		Less: direct expenses	b					
		Net income or (loss) from fundraising events			-55,982.			-55,982.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	UNUSED/REIMB GRANTS	900099	183,258.			183,258.		
b	MISCELLANEOUS INCOME	900099	31,744.			31,744.		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		215,002.					
12	Total revenue. See instructions.		18,029,469.	39,580.	0.	245,508.		

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	2,682,381.	2,682,381.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	13,553.	13,553.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	358,333.	358,333.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	398,433.	199,216.	119,530.	79,687.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,478,683.	1,772,086.	762,187.	944,410.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	90,937.	46,314.	20,017.	24,606.
9 Other employee benefits	189,742.	96,541.	42,571.	50,630.
10 Payroll taxes	271,544.	138,075.	61,672.	71,797.
11 Fees for services (non-employees):				
a Management	1,014,864.	907,354.	107,510.	
b Legal	3,539.		3,539.	
c Accounting	43,000.		43,000.	
d Lobbying	105,597.	94,411.	11,186.	
e Professional fundraising services. See Part IV, line 17	32,721.			32,721.
f Investment management fees				
g Other	1,587,835.	143,653.	17,021.	1,427,161.
12 Advertising and promotion	944,582.	823,127.	5,257.	116,198.
13 Office expenses	266,003.	86,246.	62,395.	117,362.
14 Information technology				
15 Royalties				
16 Occupancy	572,050.	259,782.	162,171.	150,097.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,161,094.	991,042.	92,442.	77,610.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	265,391.	94,876.	40,201.	130,314.
23 Insurance	30,351.		30,351.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a TELECOMMUNICATIONS	161,291.	77,810.	42,772.	40,709.
b BAD DEBT EXPENSE	156,141.		156,141.	
c BANK FEES	73,334.		73,334.	
d EQUIPMENT	49,293.	35,824.		13,469.
e				
f All other expenses	7,696.			7,696.
25 Total functional expenses. Add lines 1 through 24f	13,958,388.	8,820,624.	1,853,297.	3,284,467.
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	1,024,000.	382,000.	0.	642,000.

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	3,409,136.	1	2,836,720.	
	2 Savings and temporary cash investments	2,734,586.	2	6,503,756.	
	3 Pledges and grants receivable, net	5,718,330.	3	4,938,546.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	139,891.	9	158,646.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,245,234.			
	b Less: accumulated depreciation	10b 966,206.	491,563.	10c 279,028.	
	11 Investments - publicly traded securities	2,069,848.	11	2,330,676.	
	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	670,841.	15	695,023.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,234,195.	16	17,742,395.		
Liabilities	17 Accounts payable and accrued expenses	2,329,252.	17	2,508,477.	
	18 Grants payable	3,386,733.	18	1,345,885.	
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	5,715,985.	26	3,854,362.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,240,391.	27	6,719,179.	
	28 Temporarily restricted net assets	4,445,646.	28	6,301,552.	
	29 Permanently restricted net assets	832,173.	29	867,302.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,518,210.	33	13,888,033.	
34 Total liabilities and net assets/fund balances	15,234,195.	34	17,742,395.		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,029,469.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,958,388.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,071,081.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,518,210.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	298,742.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	13,888,033.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,748,215.	14,631,277.	15,917,492.	14,583,917.	17,744,381.	80,625,282.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17,748,215.	14,631,277.	15,917,492.	14,583,917.	17,744,381.	80,625,282.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						80,625,282.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	17,748,215.	14,631,277.	15,917,492.	14,583,917.	17,744,381.	80,625,282.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	414,455.	428,296.	186,824.	77,526.	55,620.	1,162,721.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)		14,630.	49,499.	47,654.	31,744.	143,527.
11 Total support. Add lines 7 through 10						81,931,530.
12 Gross receipts from related activities, etc. (see instructions)					12	68,902.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	98.41	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	98.00	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2010

Name of the organization

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

13-3271855

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization 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), and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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 line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>	_____ _____ _____	\$ <u>1,181,920.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>2</u>	_____ _____ _____	\$ <u>500,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
<u>3</u>	_____ _____ _____	\$ <u>400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

Part II Noncash Property (see instructions)

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. 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 information once. See instructions.) ▶ \$

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

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2010

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

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

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

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

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

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

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

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

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

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

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

- A Check if the filing organization belongs to an affiliated group.
 B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	34,220.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	335,935.													
c	Total lobbying expenditures (add lines 1a and 1b)	370,155.													
d	Other exempt purpose expenditures	11775137.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	12145292.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	757,265.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	189,316.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total	
2a	Lobbying nontaxable amount	882,073.	853,321.	661,049.	757,265.	3,153,708.
b	Lobbying ceiling amount (150% of line 2a, column(e))					4,730,562.
c	Total lobbying expenditures	550,581.	412,018.	380,508.	370,155.	1,713,262.
d	Grassroots nontaxable amount	220,518.	213,330.	165,262.	189,316.	788,426.
e	Grassroots ceiling amount (150% of line 2d, column (e))					1,182,639.
f	Grassroots lobbying expenditures	51,726.	46,020.	48,887.	34,220.	180,853.

Schedule C (Form 990 or 990-EZ) 2010

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)).

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities? If "Yes," describe in Part IV			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement and charitable purposes.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose(s) of easements, total number, acreage, and number of easements on historic structures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question, Amount. Rows include questions about reporting works of art and historical treasures, and amounts for revenues and assets.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	240,000.	240,000.	240,000.		
b Contributions					
c Net investment earnings, gains, and losses	26,305.	12,739.	18,675.		
d Grants or scholarships		12,739.	18,675.		
e Other expenditures for facilities and programs	26,305.				
f Administrative expenses					
g End of year balance	240,000.	240,000.	240,000.		

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		185,327.	63,988.	121,339.
d Equipment		1,059,907.	902,218.	157,689.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				279,028.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	18,029,469.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,958,388.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	4,071,081.
4	Net unrealized gains (losses) on investments	4	228,112.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	70,630.
9	Total adjustments (net). Add lines 4 through 8	9	298,742.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,369,823.

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

1	Total revenue, gains, and other support per audited financial statements	1	18,112,232.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	228,112.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	70,630.
e	Add lines 2a through 2d	2e	298,742.
3	Subtract line 2e from line 1	3	17,813,490.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	215,979.
c	Add lines 4a and 4b	4c	215,979.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	18,029,469.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	13,742,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	13,742,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	215,979.
c	Add lines 4a and 4b	4c	215,979.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	13,958,388.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE RESEARCH ENDOWMENT PRINCIPAL IS HELD IN PERPETUITY

TO GENERATE EARNINGS TO SUPPORT RESEARCH EXPENDITURES.

PART X, LINE 2: THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE TAXES RELATED TO

REVENUE RECEIVED IN CONNECTION WITH EXEMPT PROGRAMS. THE ASSOCIATION

RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS

FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX

Part XIV Supplemental Information (continued)

AUTHORITY WOULD MORE LIKELY THAN NOT SUSTAIN THE POSITION FOLLOWING AN AUDIT. THE ASSOCIATION IS SUBJECT TO POTENTIAL INCOME TAX AUDITS ON OPEN TAX YEARS BY ANY TAXING JURISDICTION IN WHICH IT OPERATES. THE STATUTE OF LIMITATIONS FOR FEDERAL PURPOSES IS THREE YEARS AND FOR STATE PURPOSES IS GENERALLY THREE TO FOUR YEARS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	35,129.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	35,501.
TOTAL TO SCHEDULE D, PART XI, LINE 8	70,630.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	35,129.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	35,501.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	70,630.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

RETURNED PORTIONS OF UNUSED GRANTS	183,258.
CAR DONATION PROGRAM COST	32,721.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	215,979.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RETURNED PORTIONS OF UNUSED GRANTS	183,258.
CAR DONATION PROGRAM COST	32,721.
TOTAL TO SCHEDULE D, PART XIII, LINE 4B	215,979.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANT MAKING		237,500.
NORTH AMERICA	0	0	GRANT MAKING		80,000.
SOUTH AMERICA	0	0	GRANT MAKING		37,500.
3 a Sub-total	0	0			355,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			355,000.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	80,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	80,000.	CHECK & WIRE TRANSFER	0.		
		NORTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	80,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	40,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	37,500.	CHECK & WIRE TRANSFER	0.		
		SOUTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	37,500.	CHECK & WIRE TRANSFER	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 6

3 Enter total number of other organizations or entities 0

Part IV Foreign Forms

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

Schedule F (Form 990) 2010

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

SCHEDULE F, PART I, LINE 2: FOREIGN INVESTIGATORS, SIMILAR TO US INVESTIGATORS, ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING AND APPROVED BY THE CHIEF SCIENTIST.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

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

OMB No. 1545-0047

2010

Open To Public
Inspection

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

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AMERICA'S CAR DONATION CENTER - 3755 OMEC CR #4, RANCHO	CAR DONATIONS	X		97,406.	32,721.	64,685.
Total				97,406.	32,721.	64,685.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ALSA WALK - PORTLAND (event type)	ALSA WALK - BUFFALO (event type)	14 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	120,679.	95,638.	475,546.	691,863.
	2 Less: Charitable contributions	120,679.	95,638.	474,216.	690,533.
	3 Gross income (line 1 minus line 2)			1,330.	1,330.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	867.	1,619.	4,069.	6,555.
	7 Food and beverages	133.	1,050.	391.	1,574.
	8 Entertainment				
	9 Other direct expenses	6,043.	7,580.	35,560.	49,183.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(57,312)
	11 Net income summary. Combine line 3, column (d), and line 10				-55,982.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in:
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

(I) NAME OF FUNDRAISER: AMERICA'S CAR DONATION CENTER

(I) ADDRESS OF FUNDRAISER: 3755 OMEC CR #4, RANCHO CORDOVA, CA 95742

SCHEDULE G, PART II, LINE 11

FUNDRAISING EVENTS

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) HELD WALKS TO FUNDRAISE AND RAISE PUBLIC AWARENESS ABOUT ALS. ALL REVENUE RAISED FROM

Part IV Supplemental Information (continued)

EVENTS ARE CONSIDERED TO BE CHARITABLE CONTRIBUTIONS. ALL INCOME FROM THE WALKS AND EVENTS HELD IS CATEGORIZED AS CONTRIBUTION REVENUE, AS THE SUPPORTERS OF THE WALKS WHO CONTRIBUTE MONEY ARE ABLE TO FULLY DEDUCT THEIR CONTRIBUTIONS IN SUPPORT OF THE EVENT. AS SUCH, THE ENTITY REPORTS A LOSS FROM SPECIAL EVENTS, EVEN THOUGH THE EVENTS WERE PROFITABLE.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

OMB No. 1545-0047

2010

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE GENERAL HOSPITAL CORPORATION 50 STANIFORD STREET, SUITE 1001 BOSTON, MA 02114-2554	04-2697983	501(C)(3)	173,450.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVENUE BOSTON, MA 02199	04-2697983	501(C)(3)	150,000.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	129,550.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST, P-221 FRANKLIN BLDG - PHILADELPHIA, PA 19104-6205	23-1352685	501(C)(3)	116,970.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102-5405	59-0624458	501(C)(3)	102,700.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NATIONAL INSTITUTE ON AGING 251 BAYVIEW BLVD., BRC/04C029 BALTIMORE, MD 21224	52-0858115	501(C)(3)	100,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

2 Enter total number of section 501(c)(3) and government organizations ▶ **70.**

3 Enter total number of other organizations ▶ **0.**

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

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK STREET, SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NORTHWESTERN UNIVERSITY 633 CLARK STREET EVANSTON, IL 60208-1110	36-2167817	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF WASHINGTON 3903 BROOKLYN AVENUE, NE SEATTLE, WA 98105	91-6001537	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM206 HOUSTON, TX 77030	74-1613878	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CEDARS SINAI 8700 BEVERLY BLVD, 6500 WIL #11504720-5940 - LOS ANGELES, CA 99048	95-1644600	501(C)(3)	75,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY AT EASTERN - 1101 EAST 33RD STREET, SUITE B-219 - BALTIMORE, MD 21218	52-0595110	501(C)(3)	74,240.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508-1873	06-0646973	501(C)(3)	72,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
RUXTON PHARMACEUTICALS, INC. 12321 MIDDLEBROOK RD., STE 210 GERMANTOWN, MD 20874	43-0654872	501(C)(3)	70,482.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUKE UNIVERSITY MEDICAL CENTER DUMC BOX 3333, 932 MORRENE ROAD DURHAM, NC 27705	56-0532129	501(C)(3)	70,000.	0.			ALSA CENTER GRANT
MAYO CLINIC JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	55,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION - 1080 MONTREAL AVE. - ST. PAUL, MN 55116	41-0726167	501(C)(3)	52,500.	0.			ALS CLINICAL SCIENTIST AWARD
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609-1500	01-0211513	501(C)(3)	43,278.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA - 11000 KINROSS AVE, STE 102 - LOS ANGELES, CA 90095	95-6006143	501(C)(3)	40,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	04-2697983	501(C)(3)	40,000.	0.			MAJOR DONOR RESEARCH PROGRAM GRANT
OREGON HEALTH AND SCIENCE UNIVERSITY - 2525 SW FIRST, STE 220 - PORTLAND, OR 97201	93-1176109	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH - 9500 GILMAN DRIVE, ROOM 3041, CMM EAST - LA JOLLA, CA 92093-0660	23-7121131	501(C)(3)	40,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD SOUTH JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	40,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDEIS UNIVERSITY 415 SOUTH STREET, MS 144 WALTHAM, MA 02454	04-1103552	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF ROCHESTER 518 HYLAND BUILDING ROCHESTER, NY 14627	16-0743209	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
WASHINGTON UNIVERSITY 700 ROSEDALE AVE, BOX 1034 ST. LOUIS, MO 63112	43-0653611	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NORTHWESTERN UNIVERSITY 303 E. CHICAGO AVE., TARRY 13-715 CHICAGO, IL 60611-3008	36-2167817	501(C)(3)	40,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH - 9500 GILMAN DR., RM 3041, CMM EAST, MC0660 - LA JOLLA, CA 92093-0660	23-7121131	501(C)(3)	40,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF MIAMI PO BOX 025405 MIAMI, FL 33102-5405	59-0624458	501(C)(3)	39,986.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
INDIANA UNIVERSITY 1050 WISHARD BLVD. INDIANAPOLIS, IN 46202	52-0595110	501(C)(3)	39,603.	0.			ALSA CENTER GRANT
BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 NORTH PARK STREET, STE 6401 - MADISON, WI 53715-1218	39-6006492	501(C)(3)	36,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY RESEARCH ADMINISTRATION, UNIVERSITY OF CHICAGO - 970 EAST 58TH STREET - CHICAGO, IL 60637	36-2177139	501(C)(3)	30,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY RESEARCH ADMINISTRATION - UNIV. OF CHICAGO - 6030 S. ELLIS AVENUE, ROOM 114 - CHICAGO, IL 60637	36-2177139	501(C)(3)	30,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS, MEDICAL SCHOOL - 55 LAKE AVENUE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	30,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION - 1080 MONTREAL AVE. - ST. PAUL, MN 55116	41-0726167	501(C)(3)	25,000.	0.			ALS CLINICAL SCIENTIST AWARD
PENNSYLVANIA HOSPITAL 330 S. NINTH STREET PHILADELPHIA, PA 19107	24-6000376	501(C)(3)	21,000.	0.			ALSA CENTERS
THE OHIO STATE UNIVERSITY RES. FOUNDATION - 1960 KENNY ROAD - COLUMBUS, OH 43210	31-6025986	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF PITTSBURGH 350 THACKERAY HALL PITTSBURGH, PA 15260	25-0965591	501(C)(3)	12,500.	0.			CLINICAL GRANT - OPTIMIZING NIPPV USE FOR PATIENTS
CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO STREET SAN FRANCISCO, CA 94115	26-2047755	501(C)(3)	12,500.	0.			WILL ROGERS GRANT
VIRGINIA MASON MEDICAL CENTER 1100 NINTH AVENUE, P.O. BOX 900 SEATTLE, WA 98111	91-0565539	501(C)(3)	11,000.	0.			ALSA CENTERS
UNIVERSITY OF CALIFORNIA-SF 350 PARNASUS AVENUE, SUITE 500 SAN FRANCISCO, CA 94117	94-6036493	501(C)(3)	10,500.	0.			ALSA CENTERS

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIRKEN DEPARTMENT OF NEUROLOGY 10 UNION SQUARE EAST NEW YORK, NY 10003	04-2103881	501(C)(3)	10,500.	0.			ALSA CENTERS
UNIVERSITY OF KENTUCKY DEPARTMENT OF NEUROLOGY LEXINGTON, KY 40536	61-6001218	501(C)(3)	10,500.	0.			ALSA CENTERS
CENTER FOR ALS & RELATED DISORDERS 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	10,500.	0.			ALSA CENTERS
CALIFORNIA PACIFIC MEDICAL CENTER 2324 SACRAMENTO STREET SAN FRANCISCO, CA 94115	26-2047755	501(C)(3)	10,500.	0.			ALSA CENTERS
HARRY J. HOENSELAAR ALS CLINIC 825 SOUTH EIGHTH STREET, SUITE 250 MINNEAPOLIS, MN 55404	38-1357020	501(C)(3)	10,500.	0.			ALSA CENTERS
INDIANA UNIVERSITY 1050 WISHARD BLVD. INDIANAPOLIS, IN 46202	52-0595110	501(C)(3)	10,500.	0.			ALSA CENTERS
MAYO CLINIC 13400 EAST SHEA BLVD. SCOTTSDALE, AZ 85259-5404	59-3337028	501(C)(3)	10,500.	0.			ALSA CENTERS
UNIVERSITY OF MICHIGAN HEALTH SYSTEM - 1500 E. MEDICAL CENTER DRIVE - ANN ARBOR, MI 48109-0316	38-6006309	501(C)(3)	10,500.	0.			ALSA CENTERS
UTHSCSA 7703 FLOYD CURL DR. SAN ANTONIO, TX 78284-7883	74-1586031	501(C)(3)	10,500.	0.			ALSA CENTERS

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS CLINIC DUMC BOX 3333, 932 MORRENE RD DURHAM, NC 27705	56-0532129	501(C)(3)	10,500.	0.			ALSA CENTERS
THE UNIVERSITY OF MISSOURI P.O. BOX 80712 KANSAS CITY, MO 64180	43-6003859	501(C)(3)	10,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NEUROSCIENCE CLINICS 1012 E. WILLETTA STREET PHOENIX, AZ 85006	41-0726167	501(C)(3)	10,000.	0.			ALSA CENTERS
HENNEPIN FACULTY ASSOCIATES 825 SOUTH EIGHTH STREET, SUITE 250 MINNEAPOLIS, MN 55404	38-1357020	501(C)(3)	10,000.	0.			ALSA CENTERS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	10,000.	0.			ALSA CENTERS
MEDICAL COLLEGE OF WISCONSIN/FROEDTERT HOSPITAL - 9200 W. WISCONSIN AVE. - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	10,000.	0.			ALSA CENTERS
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL - 97 PATERSON STREET - NEW BRUNSWICK, NJ 08903	20-1285267	501(C)(3)	10,000.	0.			ALSA CENTERS
UNIVERSITY OF KANSAS MEDICAL CENTER - 1008 WESCOE, 3901 RAINBOW BLVD. - KANSAS CITY, KS 66160-7314	48-0647721	501(C)(3)	10,000.	0.			ALSA CENTERS
UNIVERSITY OF VERMONT 89 BEAUMONT AVENUE BURLINGTON, VT 05405	03-0179440	501(C)(3)	10,000.	0.			ALSA CENTERS

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Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAKE FOREST UNIVERSITY HEALTH SCIENCES - MEDICAL CENTER BLVD. - WINSTON-SALEM, NC 27157-1063	22-3849199	501(C)(3)	10,000.	0.			ALSA CENTERS
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE - 89 BEAUMONT AVENUE - BURLINGTON, VT 05405	03-0179440	501(C)(3)	10,000.	0.			NNE - ALSA CENTER GRANT
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	02-0222139	501(C)(3)	9,500.	0.			ALSA CENTERS
DEPT. OF NEUROLOGY-ALS CENTER 2150 PENNSYLVANIA AVENUE, NW, 7-401 WASHINGTON, DC 20037	54-2126575	501(C)(3)	9,500.	0.			ALSA CENTERS
LAHEY CLINIC - DEPARTMENT OF NEUROLOGY - 41 MALL ROAD - BURLINGTON, MA 01805	23-7121131	501(C)(3)	9,500.	0.			ALSA CENTERS
MASSACHUSETTS GENERAL HOSPITAL 50 STANIFORD STREET, STE 1001 BOSTON, MA 02114-2554	04-2103594	501(C)(3)	9,500.	0.			ALSA CENTERS
ST. LOUIS UNIVERSITY HOSPITAL 3660 VISTA AVENUE ST LOUIS, MO 63110	14-1381104	501(C)(3)	9,500.	0.			ALSA CENTERS
UNIVERSITY OF NEW MEXICO 2211 LOMAS, NE - MSC 10 5620 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	9,500.	0.			ALSA CENTERS
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	02-0222139	501(C)(3)	9,500.	0.			NNE - ALSA CENTER GRANT

LHA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALS CENTER AT STONYBROOK UNIV. MED. CTR - 179 BELLE MEADE RD, STE 3 - EAST SETAUKET, NY 11733	11-3243405	501(C)(3)	7,470.	0.			ALSA CENTERS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
RESPITE CARE PROGRAM	16	13,553.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: ALL APPLICANTS PROVIDE A DETAILED APPLICATION
 OUTLINING THEIR EXPERIMENTAL PLAN AND TIMELINES. THESE ARE SCIENTIFICALLY
 REVIEWED AND IF APPROVED FOR FUNDING THE INVESTIGATORS ARE REQUIRED TO
 PROVIDE WRITTEN REPORTS THAT ARE REVIEWED AND APPROVED PRIOR TO ADDITIONAL
 FUNDS BEING RELEASED. REPORTS ARE RECEIVED EITHER ELECTRONICALLY OR VIA
 MAIL.

SCHEDULE I, PART III

Part IV Supplemental Information

APPLICANTS THAT RECEIVE GRANTS FOR THE RESPITE CARE PROGRAMS ARE
REQUIRED TO SUBMIT TIMESHEETS FOR CAREGIVERS THAT THE GRANTS ARE
PROVIDED FOR.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

Part I Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input checked="" type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
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	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	X	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply. <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?		X
b	Any related organization?		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JANE H. GILBERT	(i)	250,000.	0.	0.	7,500.	6,894.	264,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 GORDON LAVIGNE	(i)	158,125.	0.	0.	2,475.	5,694.	166,294.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 STEVE GIBSON	(i)	160,000.	0.	0.	4,800.	6,732.	171,532.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 SHARON MATLAND	(i)	146,000.	0.	0.	4,380.	6,708.	157,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A: THE CEO, JANE GILBERT, IS REIMBURSED EXPENSES INCURRED
 FOR TIME SPENT BETWEEN THE WASHINGTON, DC AND CALABASAS OFFICES OF THE ALS
 ASSOCIATION. SHE RESIDES IN WASHINGTON, DC AND THE ORGANIZATION PROVIDES
 HER AN ALLOWANCE FOR AN APARTMENT IN CALABASAS, CALIFORNIA. THAT, ALONG
 WITH A LIMITED AMOUNT OF EXPENSES ASSOCIATED WITH HER TRAVEL, ARE
 REIMBURSED BY ALSA. THIS ENDED IN JULY 2010.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

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.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	174	97,406.	FMV
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SOFTWARE</u>)	X	1	22,817.	FMV
26 Other ▶ (<u>MISCELLANEOUS</u>)	X	1	1,760.	FMV
27 Other ▶ (<u>TRAVEL</u>)	X	1	500.	FMV
28 Other ▶ (<u>STAMPS</u>)	X	8	70.	FMV

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2010)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33.
Also complete this part for any additional information.

SCHEDULE M, LINE 32B: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION
(ALSA) USED THE SERVICES OF A CAR DONATION PROGRAM, AMERICA'S CAR
DONATION CENTER, TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF
AUTOMOBILES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

FORM 990, PART VI, SECTION B, LINE 11: THE CFO OF ALSA WILL REVIEW AND COMMENT ON A DRAFT OF THE RETURN. AFTER ANY CHANGES, A COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE. UPON RECEIPT, THE COMMITTEE WILL REVIEW THE TAX RETURN AND DISCUSS ANY QUESTIONS OR ISSUES WITH THE PREPARER. UPON SATISFACTION OF ANY ISSUES, THE FINAL COPY OF THE 990 AND ITS SUPPORTING STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THEN, THE ENTITY WILL MAIL THE FINAL COPY TO THE IRS AND APPROPRIATE STATE AGENCIES.

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

FORM 990, PART VI, SECTION B, LINE 15: A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA AND A COMPENSATION STUDY TO CALCULATE THE PRESIDENT'S SALARY. THE SALARY IS THEN VOTED ON BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT.

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN.	Employer identification number 13-3271855
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THE COMPENSATION FOR OTHER KEY EMPLOYEES AS WELL AS THE ASSOCIATION'S DEPARTMENT CHIEFS AND VICE PRESIDENTS, IS SET BY THE PRESIDENT AND SUBJECT TO REVIEW BY THE COMPENSATION COMMITTEE. IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA WITH SUCH REVIEW BEING DOCUMENTED IN THE MINUTES OF THE COMPENSATION COMMITTEE AND THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
CA, AL, AZ, AK, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
MO, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) FORM 990S, FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY AND GOVERNING DOCUMENTS ARE AVAILABLE FOR REVIEW AT THE AGENCY'S OFFICE UPON WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS:	228,112.
GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	35,129.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	35,501.
TOTAL TO FORM 990, PART XI, LINE 5	298,742.

FORM 990, PART IX, LINE 11G, COLUMN D

FUNDRAISING EXPENSES - OTHER PROFESSIONAL SERVICES

OTHER FUNDRAISING EXPENSES ARE PRIMARILY PROFESSIONAL SERVICES RELATED TO THE CONSULTING, ANALYSIS, PRINTING AND POSTAGE FOR DIRECT MAIL AND OTHER FUNDRAISING ACTIVITIES.

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number
13-3271855

FORM 990, PART VIII, LINE 8C

FUNDRAISING EVENTS

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) HELD WALKS TO BOTH FUNDRAISE AND RAISE PUBLIC AWARENESS ABOUT ALS. ALL REVENUE RAISED FROM EVENTS ARE CONSIDERED TO BE CHARITABLE CONTRIBUTIONS. ALL INCOME FROM THE WALKS AND EVENTS HELD IS CATEGORIZED AS CONTRIBUTION REVENUE, AS THE SUPPORTERS OF THE WALKS WHO CONTRIBUTE MONEY ARE ABLE TO FULLY DEDUCT THEIR CONTRIBUTIONS IN SUPPORT OF THE EVENT. AS SUCH, THE ENTITY REPORTS A LOSS FROM SPECIAL EVENTS, EVEN THOUGH THE EVENTS WERE PROFITABLE.