

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning FEB 1, 2013 and ending JAN 31, 2014

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 202-407-8580
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 25,671,171.
	1275 K. STREET NW	250	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20005		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
F Name and address of principal officer: JANE H. GILBERT SAME AS C ABOVE			H(c) Group exemption number 4119
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	18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18	
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	73	
	6 Total number of volunteers (estimate if necessary)	6	18	
	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)	19,357,009.	23,517,487.	
	9 Program service revenue (Part VIII, line 2g)	46,000.	56,675.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	208,866.	440,600.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,377.	15,925.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,690,252.	24,030,687.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	6,843,097.	7,086,727.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.	
Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,138,716.	5,843,475.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	709,621.	467,822.	
	b Total fundraising expenses (Part IX, column (D), line 25)	3,600,970.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,105,147.	7,766,341.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,796,581.	21,164,365.	
	19 Revenue less expenses. Subtract line 18 from line 12	-106,329.	2,866,322.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	20,059,969.	24,512,086.
21 Total liabilities (Part X, line 26)		2,557,775.	4,111,696.	
22 Net assets or fund balances. Subtract line 21 from line 20		17,502,194.	20,400,390.	

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	
	WARREN R. NELSON, TREASURER	June 11, 2014	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	DONITA M. JOSEPH		
Firm's name	Firm's address	Firm's EIN	PTIN
	WINDES, INC. P.O. BOX 87 LONG BEACH, CA 90801-0087	95-3001179	P00286656
Phone no. (562) 435-1191			

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 7,170,481. Including grants of \$ 6,652,904.) (Revenue \$)
 RESEARCH PROGRAMS - FUND SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE. (113 RESEARCH GRANTS)

4b (Code:) (Expenses \$ 5,089,534. Including grants of \$ 433,824.) (Revenue \$)
 PATIENT & COMMUNITY SERVICES - THE ASSOCIATION PROVIDES OVERSIGHT AND SUPPORT SERVICES TO ITS CHAPTERS. THROUGH THESE CHAPTERS THE ASSOCIATION SERVES AS A CLEARING HOUSE FOR ALS SPECIFIC INFORMATION, RESOURCES AND REFERRALS TO PATIENTS, FAMILIES, AND HEALTH CARE PROFESSIONALS. WE NOT ONLY PROVIDE OVERSIGHT AND ORGANIZATIONAL DEVELOPMENT SUPPORT TO THE ASSOCIATION'S CHAPTERS IN SUPPORT OF THOSE SERVICES, BUT ALSO PROVIDE GRANTS TO THE ASSOCIATION'S CERTIFIED CENTERS.

4c (Code:) (Expenses \$ 3,387,682. Including grants of \$) (Revenue \$ 56,675.)
 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.

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **15,647,697.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	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? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	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? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	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? If "Yes," complete Schedule D, Part VI	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? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		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? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2013)

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? If "Yes," complete Schedule L, Part IV	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38 X	

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

Form 990 (2013)

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 69		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 73		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966? N/A		
b	Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? N/A Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2013)

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 or note to any line in this Part VI ☒

Section A. Governing Body and Management

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	18			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b Enter the number of voting members included in line 1a, above, who are independent		18		
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 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	X	
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a Has the organization provided a complete 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 Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did 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	
b Other officers or key employees of the organization	X	
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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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

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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **JOHN W. APPEGATE - 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 ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(1) WILLIAM THOET CHAIRMAN	2.00	X		X				0.	0.	0.
(2) LUIS E. LEON TREASURER	2.00	X		X				0.	0.	0.
(3) DOUGLAS BUTCHER SECRETARY	2.00	X		X				0.	0.	0.
(4) LAWRENCE R. BARNETT, ESQ TRUSTEE	2.00	X						0.	0.	0.
(5) PHYLLIS R. BROURMAN, ESQ TRUSTEE	2.00	X						0.	0.	0.
(6) CHRIS W. BRUSSALIS TRUSTEE	2.00	X						0.	0.	0.
(7) DANIEL DEGRANDPRE TRUSTEE	2.00	X						0.	0.	0.
(8) CYNTHIA DOUTHAT TRUSTEE	2.00	X						0.	0.	0.
(9) DON CASEY TRUSTEE	2.00	X						0.	0.	0.
(10) KIM ANN MINK, PHD TRUSTEE	2.00	X						0.	0.	0.
(11) ELLYN G. PHILLIPS TRUSTEE	2.00	X						0.	0.	0.
(12) JONATHAN ROBERTS TRUSTEE	2.00	X						0.	0.	0.
(13) ALLAN J. TOBIN TRUSTEE	2.00	X						0.	0.	0.
(14) WILLIAM D. SOFFEL TRUSTEE	2.00	X						0.	0.	0.
(15) EDMUND G. MCCURTAIN II TRUSTEE	2.00	X						0.	0.	0.
(16) ANDREA PAULS BACKMEN TRUSTEE	2.00	X						0.	0.	0.
(17) STUART OBERMANN TRUSTEE	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
(18) MARTY HERBERT TRUSTEE	2.00	X						0.	0.	0.
(19) JANE H. GILBERT PRESIDENT AND CEO	40.00			X				339,475.	0.	22,983.
(20) DANIEL M. REZNIKOV CHIEF FINANCIAL OFFICER	40.00			X				201,260.	0.	11,264.
(21) STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	40.00				X			182,862.	0.	19,343.
(22) KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICE	40.00				X			160,646.	0.	8,778.
(23) LANCE SLAUGHTER CHIEF CHAPTER RELATIONS OF	40.00				X			152,692.	0.	16,686.
(24) MICHELLE KEEGAN CHIEF DEVELOPMENT OFFICER	40.00				X			178,744.	0.	17,136.
(25) JOHN W. APPELGATE ASSOCIATION FINANCE OFFICER	40.00					X		118,726.	0.	15,743.
(26) DAVID MOSES DIRECTOR, PLANNED GIVING	40.00					X		112,509.	0.	15,508.
1b Sub-total								1,446,914.	0.	127,441.
c Total from continuation sheets to Part VII, Section A								365,894.	0.	39,525.
d Total (add lines 1b and 1c)								1,812,808.	0.	166,966.

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

14

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

	Yes	No
3		X
4	X	
5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NNE MARKETING 105 PAUL REVERE RD, CONCORD, MA 01742	MARKETING	352,554.
LUCIE BRUIJN, PHD, FLAT 5, 15 ST. GERMANS PLACE, LONDON, UNITED KINGDOM SE3 ONN	RESEARCH CONSULTANT	250,000.
2RIVER CONSULTING, LLC 315 C STREET SE, WASHINGTON, DC 20003	CONSULTANT	140,000.
MICHAEL COSCIA, 304 TWELFTH STREET SE PO BOX 15084, WASHINGTON, DC 20003	MARKETING	117,312.
BLACKSTONE MEDIA GROUP, 304 TWELFTH STREET SE PO BOX 15084, WASHINGTON, DC 20003	MEDIA PRODUCTION	101,156.

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

5

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2013)

[illegible]

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a	280,720.			
	b	Membership dues	1b				
	c	Fundraising events	1c	335,522.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	363,067.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	22,538,178.			
	g	Noncash contributions included in lines 1a-1f: \$		259,375.			
	h	Total. Add lines 1a-1f		23,517,487.			
Program Service Revenue	Business Code						
	2 a	CONFERENCE FEES	900099	56,675.	56,675.		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		56,675.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		179,732.			179,732.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		260,868.		260,868.	
	8 a	Gross income from fundraising events (not including \$ 335,522. of contributions reported on line 1c). See Part IV, line 18	a	33,459.			
	b	Less: direct expenses	b	33,459.			
	c	Net income or (loss) from fundraising events		0.			
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS INCOME	900099	15,925.			15,925.	
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		15,925.				
12	Total revenue. See instructions.		24,030,687.	56,675.	0.	456,525.	

Part IX Statement of Functional Expenses

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

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

☒ X

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 United States. See Part IV, line 21	6,231,235.	6,231,235.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	6,974.	6,974.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	848,518.	848,518.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,313,769.	760,222.	284,623.	268,924.
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	3,610,724.	2,187,073.	583,840.	839,811.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	171,082.	103,704.	27,615.	39,763.
9 Other employee benefits	356,385.	210,821.	66,645.	78,919.
10 Payroll taxes	391,515.	234,237.	69,135.	88,143.
11 Fees for services (non-employees):				
a Management				
b Legal	14,233.		5,810.	8,423.
c Accounting	55,730.		55,730.	
d Lobbying	106,721.	106,721.		
e Professional fundraising services. See Part IV, line 17	467,822.			467,822.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,420,747.	1,795,057.	377,349.	1,248,341.
12 Advertising and promotion	456,306.	347,120.	3,851.	105,335.
13 Office expenses	297,451.	119,964.	63,468.	114,019.
14 Information technology	14,336.	5,773.	8,563.	
15 Royalties				
16 Occupancy	512,312.	249,597.	157,519.	105,196.
17 Travel	1,348,628.	1,156,778.	86,069.	105,781.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	103,087.	54,243.	29,130.	19,714.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CHAPTER SUPPORT	1,110,321.	1,110,321.		
b TELECOMMUNICATIONS	179,204.	108,027.	41,900.	29,277.
c MISCELLANEOUS	120,137.	11,312.	54,451.	54,374.
d CAR DONATION PROGRAM	27,128.			27,128.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,164,365.	15,647,697.	1,915,698.	3,600,970.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	1,056,192.	176,732.	0.	879,460.

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	5,525,946.	1	8,998,024.
	2 Savings and temporary cash investments	1,776,766.	2	1,427,846.
	3 Pledges and grants receivable, net	3,933,182.	3	1,541,569.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	230,418.	9	262,525.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,487,063.		
	b Less: accumulated depreciation	10b 1,251,449.		
		222,142.	10c	235,614.
	11 Investments - publicly traded securities	7,314,287.	11	7,778,069.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	1,057,228.	15	4,268,439.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,059,969.	16	24,512,086.	
Liabilities	17 Accounts payable and accrued expenses	2,377,441.	17	2,242,302.
	18 Grants payable	180,334.	18	1,002,005.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	867,389.
	26 Total liabilities. Add lines 17 through 25	2,557,775.	26	4,111,696.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		8,317,870.	27	8,312,123.
28 Temporarily restricted net assets		8,260,444.	28	11,169,117.
29 Permanently restricted net assets		923,880.	29	919,150.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		17,502,194.	33	20,400,390.
34 Total liabilities and net assets/fund balances	20,059,969.	34	24,512,086.	

Form 990 (2013)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,030,687.
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,164,365.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,866,322.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,502,194.
5	Net unrealized gains (losses) on investments	5	-21,681.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	53,555.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	20,400,390.

Part XII Financial Statements and Reporting

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

☐

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

Form 990 (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,583,917.	17,744,381.	19,126,742.	19,357,009.	23,550,946.	94,362,995.
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	14,583,917.	17,744,381.	19,126,742.	19,357,009.	23,550,946.	94,362,995.
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)						4,089,387.
6 Public support. Subtract line 5 from line 4.						90,273,608.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	14,583,917.	17,744,381.	19,126,742.	19,357,009.	23,550,946.	94,362,995.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,526.	55,620.	119,967.	174,222.	179,732.	607,067.
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.)	47,654.	31,744.	14,736.	30,161.	15,926.	140,221.
11 Total support. Add lines 7 through 10						95,110,283.
12 Gross receipts from related activities, etc. (see instructions)					12	211,052.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	94.91	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	97.68	%
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 - 2012. 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"/>		

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18 %

19a 33 1/3% support tests - 2013. 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 - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.
----------------	--

Also complete this part for any additional information. (See instructions).

100 complete and partially completed

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

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, total 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 total 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 its Form 990-PF, Part I, line 2, 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) (2013)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 5,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total 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.) ▶ \$

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

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

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

**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 35c (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-.

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

Schedule C (Form 990 or 990-EZ) 2013

LHA

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		43,750.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		397,107.													
c Total lobbying expenditures (add lines 1a and 1b)		440,857.													
d Other exempt purpose expenditures		15,206,840.													
e Total exempt purpose expenditures (add lines 1c and 1d)		15,647,697.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		932,385.													
<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)		233,096.													
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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	757,265.	869,634.	879,798.	932,385.	3,439,082.
b Lobbying ceiling amount (150% of line 2a, column(e))					5,158,623.
c Total lobbying expenditures	370,155.	374,683.	285,767.	440,857.	1,471,462.
d Grassroots nontaxable amount	189,316.	217,409.	219,950.	233,096.	859,771.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,289,657.
f Grassroots lobbying expenditures	34,220.	32,593.	26,625.	43,750.	137,188.

Schedule C (Form 990 or 990-EZ) 2013

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

FORM 990, SCHEDULE C, PART II-B

EXPLANATION: THE PURPOSE OF OUR ADVOCACY PROGRAM IS TO SENSITIZE
 LEGISLATORS TO, AND OBTAIN THEIR SYMPATHY FOR, THE PLIGHT OF ALS VICTIMS,
 PATIENTS AND THEIR FAMILIES, AND TO INFLUENCE LEGISLATION REGARDING THE
 APPROPRIATION OF FEDERAL FUNDS FOR ALS RESEARCH AND THE USE AND COST TO
 PATIENTS OF "ORPHAN" DRUGS. THE ASSOCIATION BELIEVES THIS KIND OF

Part IV	Supplemental Information <i>(continued)</i>
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ACTIVITY, WHICH IT INTENDS TO CONTINUE AS ITS ADVOCACY PROGRAM, IS
CRITICAL TO THE ACHIEVEMENT OF ITS MISSION, AND THEREFORE, IS IN DIRECT
RELATION TO ITS TAX-EXEMPT PURPOSE.

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2013

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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$

(ii) Assets included in Form 990, Part X

▶ \$

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$

b Assets included in Form 990, Part X

▶ \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

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

Part V Endowment Funds. Complete if the organization answered "Yes" 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	5,990,000.	240,000.	240,000.	240,000.	240,000.
b Contributions					
c Net investment earnings, gains, and losses	21,965.	13,666.	8,091.	26,305.	12,739.
d Grants or scholarships					12,739.
e Other expenditures for facilities and programs	21,965.	13,666.	8,091.	26,305.	
f Administrative expenses					
g End of year balance	5,990,000.	240,000.	240,000.	240,000.	240,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 4.00 %
 c Temporarily restricted endowment ☒ 96.00 %

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

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

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		216,335.	149,682.	66,653.
d Equipment		1,270,728.	1,101,767.	168,961.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				235,614.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OFFICE LEASE DEPOSITS	51,262.
(2) VENDOR DEPOSITS	1,401.
(3) OTHER RECEIVABLES	152,669.
(4) BENEFICIAL INTEREST IN PERPETUAL TRUSTS	997,093.
(5) REVENUES AND LOANS RECEIVABLE FROM CHAPTERS	3,066,014.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	4,268,439.

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) ANNUITY PAYMENT LIABILITY	867,389.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	867,389.	

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

Schedule D (Form 990) 2013

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	29,102,318.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-21,681.
b	Donated services and use of facilities	2b	5,066,885.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	53,555.
e	Add lines 2a through 2d	2e	5,098,759.
3	Subtract line 2e from line 1	3	24,003,559.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	27,128.
c	Add lines 4a and 4b	4c	27,128.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	24,030,687.

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	26,204,122.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	5,066,885.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	5,066,885.
3	Subtract line 2e from line 1	3	21,137,237.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	27,128.
c	Add lines 4a and 4b	4c	27,128.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	21,164,365.

Part XIII Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: IN DECEMBER 2013, THE ASSOCIATION RECEIVED A BEQUEST TOTALING \$5,750,000, ESTABLISHING A TERM ENDOWMENT ACCORDING TO DESIGNATIONS MADE BY THE DONOR. THE PROCEEDS OF THIS BEQUEST ARE TO BE MAINTAINED BY THE ASSOCIATION IN AN ENDOWMENT FUND FOR A PERIOD OF TEN YEARS. EARNINGS FROM THE FUND ARE RESTRICTED TO SUPPORT RESEARCH AND MAY BE SPENT ON A CURRENT BASIS. UPON EXPIRATION OF THE ENDOWMENT TERM, THE CORPUS OF THE FUND MUST ALSO BE USED TO SUPPORT RESEARCH. THE ASSOCIATION ANTICIPATES THAT IT WILL RECEIVE ADDITIONAL CONTRIBUTIONS FROM THE DONOR'S ESTATE WHICH ARE NOT CURRENTLY ABLE TO BE ESTIMATED.

THE RESEARCH ENDOWMENT PRINCIPAL IS HELD IN PERPETUITY TO GENERATE

Part XIII Supplemental Information (continued)

EARNINGS TO SUPPORT RESEARCH EXPENDITURES.

PART X, LINE 2:

EXPLANATION: 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 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 2D - OTHER ADJUSTMENTS:

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUSTS	-4,730.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	58,285.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	53,555.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CAR DONATION PROGRAM COST	27,128.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

CAR DONATION PROGRAM COST	27,128.
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SCHEDULE F
(Form 990)Department of the Treasury
Internal Revenue Service**Statement of Activities Outside the United States**

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013Open 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" on Form 990, Part IV, line 14b.

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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	RESEARCH	532,045.
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	GRANT MAKING	RESEARCH	276,473.
MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	0	0	GRANT MAKING	RESEARCH	40,000.
3 a Sub-total	0	0			848,518.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			848,518.

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

Schedule F (Form 990) 2013

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

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) -	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	85,000.	CHECK & WIRE TRANSFER	0.		
		SOUTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	79,545.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	POST DOCTORAL FELLOWSHIP RESEARCH GRANTS	50,000.	CHECK & WIRE TRANSFER	0.		
		MIDDLE EAST AND NORTH AFRICA - ALGERIA, BAHRAIN, DJIBOUTI, EGYPT,	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	40,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	80,000.	CHECK & WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	20,000.	CHECK & WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	152,819.	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

13

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2013

Part II Continuation of Grants and Other Assistance to Organizations or Entities Outside the United States. (Schedule F (Form 990), Part II, line 1)

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	20,000.	CHECK & WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	63,655.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	100,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA,	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	70,000.	CHECK & WIRE TRANSFER	0.		
		NORTH AMERICA - CANADA AND MEXICO, BUT BUT NOT THE UNITED	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	40,000.	CHECK & WIRE TRANSFER	0.		
		EUROPE (INCLUDING ICELAND & GREENLAND) -	TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS	27,500.	CHECK & WIRE TRANSFER	0.		

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621) ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865) ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713) ☐ Yes ☒ No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: FOREIGN INVESTIGATORS, SIMILAR TO U.S. INVESTIGATORS, ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT. ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING AND APPROVED BY OUR RESEARCH CONSULTANT.

PART I, LINE 3:

EXPLANATION: ALL FOREIGN APPLICANTS, SIMILAR TO U.S. INVESTIGATORS, 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. ALL REPORTS ARE ELECTRONICALLY RECEIVED.

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number	13-3271855
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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			
NNE MARKETING LLC - 105 PAUL REVERE ROAD, CONCORD, MA	FUNDRAISING COUNSEL		X	3,051,581.	305,554.	2,746,027.
STRATEGIC FUNDRAISING, INC. - 7591 9TH STREET NORTH, ST.	MANAGES TELEMARKETING SOLICITATIONS		X	132,667.	110,910.	5,893.
AMERICA'S CAR DONATION CENTER - 3755 OMEC CR #4, RANCHO	CAR DONATIONS	X		78,487.	51,358.	22,011.
Total				3,262,735.	467,822.	2,773,931.

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

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

Schedule G (Form 990 or 990-EZ) 2013

SEE PART IV FOR CONTINUATIONS

332081
09-12-13

37

09310613 794084 87573

2013.03050 AMYOTROPHIC LATERAL SCLEROS 87573 1

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 (add col. (a) through col. (c))
		ALSA WALK - BANGOR (event type)	ALSA WALK - BURLINGTON (event type)	6 (total number)	
Revenue	1 Gross receipts	48,472.	47,234.	273,275.	368,981.
	2 Less: Contributions	45,652.	43,353.	246,517.	335,522.
	3 Gross income (line 1 minus line 2)	2,820.	3,881.	26,758.	33,459.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		1,418.	5,938.	7,356.
	7 Food and beverages		90.	2,008.	2,098.
	8 Entertainment			200.	200.
	9 Other direct expenses	2,820.	2,373.	18,612.	23,805.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				33,459.
	11 Net income summary. Subtract line 10 from line 3, column (d)				0.

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization 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. 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: NNE MARKETING LLC

(I) ADDRESS OF FUNDRAISER: 105 PAUL REVERE ROAD, CONCORD, MA 01742

(I) NAME OF FUNDRAISER: STRATEGIC FUNDRAISING, INC.

(I) ADDRESS OF FUNDRAISER: 7591 9TH STREET NORTH, ST. PAUL, MN 55128

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

Part IV Supplemental Information (continued)

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

SCHEDULE G, PART II, LINE 11

EXPLANATION: THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) HELD WALKS TO 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.

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.

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

OMB No. 1545-0047

2013

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. 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 ALS ASSOCIATION-GEORGIA CHAPTER - 1955 CLIFF VALLEY WAY - ATLANTA, GA 30329	58-1943490	501(C)(3)	25,000.	0.			CHAPTER DEVELOPMENT GRANT
BAYLOR COLLEGE OF MEDICINE - ALS CLINIC, DEPT OF NEUROLOGY - 6550 FANNIN, SUITE 1801 (SMITH TOWER) - HOUSTON, TX 77030	74-1613878	501(C)(3)	11,800.	0.			ALSA CENTER
CURT AND SHONDA SCHILLING ALS CLINIC - 41 MALL ROAD - BURLINGTON, MA 01805	23-7121131	501(C)(3)	11,800.	0.			ALSA CENTER
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	02-0222139	501(C)(3)	11,800.	0.			ALSA CENTER
GEROGE WASHINGTON UNIVERSITY, DEPT. OF NEUROLOGY - ALS CENTER - 2150 PENNSYLVANIA AVE., NW, 7-401 - WASHINGTON, DC 20037	54-2126575	501(C)(3)	11,800.	0.			ALSA CENTER
MAYO CLINIC - ALS CLINIC 13400 EAST SHEA BLVD SCOTTSDALE, AZ 85259-5404	59-3337028	501(C)(3)	11,800.	0.			ALSA CENTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **104.**

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

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

Schedule I (Form 990) (2013)

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 OF NEW MEXICO - SCHOOL OF MEDICINE - 2211 LOMAS, NE - MSC 10 5620 - ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	11,800.	0.			ALSA CENTER
UNIVERSITY OF VERMONT ALS CLINICAL DEPARTMENT OF NEUROLOGY - 89 BEAUMONT AVENUE - BURLINGTON, VT 05405	030-179440	501(C)(3)	11,800.	0.			ALSA CENTER
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 03756-0001	02-0222139	501(C)(3)	11,800.	0.			ALSA CENTER-NNE
BANNER GOOD SAMARITAN MEDICAL CENTER - 1012 E. WILLET TA STREET - PHOENIX, AZ 85006	41-0726167	501(C)(3)	12,500.	0.			ALSA CENTER
HENNEPIN COUNTY MEDICAL CENTER 825 SOUTH EIGHTH STREET, SUITE 250 MINNEAPOLIS, MD 55404	38-1357020	501(C)(3)	12,500.	0.			ALSA CENTER
MAYO FOUNDATION-DEPT. OF NEUROLOGY 200 FIRST STREET, S.W. ROCHESTER, MD 55905	41-6011702	501(C)(3)	12,500.	0.			ALSA CENTER
NEUROLOGY ASSOCIATES OF STONY BROOK - 179 BELLE MEADE ROAD, SUITE 3 - EAST SETAUKET, NY 11733	11-3243405	501(C)(3)	12,500.	0.			ALSA CENTER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL & UMDNJ MEDICAL SCHOOL - 97 PATERSON ST. - NEW BRUNSWICK, NJ 08903	20-1285267	501(C)(3)	12,500.	0.			ALSA CENTER
WAKE FOREST BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD, 3RD FLOOR, MEADS - WINSTON-SALEM, NC 27157-1078	22-3849199	501(C)(3)	12,500.	0.			ALSA CENTER

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 ALS CENTER ALS CENTER, HERSHEY MEDICAL CENTER, H037 - 500 UNIVERSITY BETH ISRAEL MEDICAL CENTER ALS CLINIC KEN DEPARTMENT OF NEUROLOGY - 10 UNION SQUARE EAST - NEW YORK, NY	24-6000376	501(C)(3)	13,100.	0.			ALSA CENTER
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	13,100.	0.			ALSA CENTER
DUKE UNIVERSITY MEDICAL CENTER DUMC BOX 3333 932 MORRENE ROAD DURHAM, NC 27705	56-0532129	501(C)(3)	13,100.	0.			ALSA CENTER
FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO ST. SAN FRANCISCO, CA 94115	26-2047755	501(C)(3)	13,100.	0.			ALSA CENTER
GEORGIA HEALTH SCIENCES FOUNDATION, INC. - 1120 15TH STREET, BP 4390 - AUGUSTA, GA 30912-0004	35-2310573	501(C)(3)	13,100.	0.			ALSA CENTER
HARRY J. HOENSLAAR ALS CLINIC 2799 WEST GRAND AVE., K-11 NEUROLOG DETROIT, MI 48202	38-1357020	501(C)(3)	13,100.	0.			ALSA CENTER
INDIANA UNIVERSITY ALS CENTER 1050 WISHARD BLVD. REGENSTRIEF 6TH INDIANAPOLIS, IN 46202	52-0595110	501(C)(3)	13,100.	0.			ALSA CENTER
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S CANNADAY 2E JACKSONVILLE, FL 32224-1865	59-3337028	501(C)(3)	13,100.	0.			ALSA CENTER

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
MEDICAL COLLEGE OF WISCONSIN/FROEDTERT HOSPITAL - 9200 W. WISCONSIN AVE. - MILWAUKEE, WI 53226	39-0806261	501(C)(3)	13,100.	0.			ALSA CENTER
PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	13,100.	0.			ALSA CENTER
PROVIDENCE ALS CENTER 5050 NE HOYT, STE 315 PORTLAND, OR 97213	93-1176109	501(C)(3)	13,100.	0.			ALSA CENTER
SOUTH TEXAS ALS CLINIC 8300 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO, TX 78229-3900	74-1586031	501(C)(3)	13,100.	0.			ALSA CENTER
ST. LOUIS UNIVERSITY HOSPITAL 1438 SOUTH GRAND BLVD, MONTELEONE ST. LOUIS, MO 63104	43-0654872	501(C)(3)	13,100.	0.			ALSA CENTER
SUNY RESEARCH FOUNDATION 750 E. ADAMS ST. SYRACUSE, NY 13210	14-1368361	501(C)(3)	13,100.	0.			ALSA CENTER
THE NEUROMUSCULAR ALS CLINIC 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0546766	501(C)(3)	13,100.	0.			ALSA CENTER
UNIVERSITY OF CALIFORNIA-SAN FRANCISCO - 350 PARNASSUS AVENUE, SUITE 500 - SAN FRANCISCO, CA 94117	94-6036493	501(C)(3)	13,100.	0.			ALSA CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER - 3599 RAINBOW BLVD., MAIL STOP 2012 - KANSAS CITY, KS 66160	48-0647721	501(C)(3)	13,100.	0.			ALSA CENTER

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.)

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UNIVERSITY OF KENTUCKY/CARDINAL HILL ALSA CTR - ALBERT CHANDLER MED. CTR. - LEXINGTON, KY 40536	61-6001218	501(C)(3)	13,100.	0.			ALSA CENTER
UNIVERSITY OF MICHIGAN HEALTH SYSTEM - 1500 E. MEDICAL CENTER DR. - ANN ARBOR, MI 48109-0316	38-6006309	501(C)(3)	13,100.	0.			ALSA CENTER
VIRGINIA MASON MEDICAL CENTER ALS CLINIC - PO BOX 900, M/S X7 NEU - SEATTLE, WA 98111	91-0565539	501(C)(3)	13,100.	0.			ALSA CENTER
SRI INTERNATIONAL 333 RAVENSWOOD AVENUE MENLO PARK, CA 94025	94-1160950	501(C)(3)	13,678.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
CENTER FOR NEUROLOGIC STUDY 7825 FAY AVENUE, SUITE 200 LA JOLLA, CA 92037	95-3374771	501(C)(3)	14,760.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
JOHNS HOPKINS UNIVERSITY 725 N WOLFE ST WBSB 1003 BALTIMORE, MD 21205	52-0595110	501(C)(3)	15,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TRUSTEES OF DARTMOUTH COLLEGE 11 ROPE FERRY ROAD, #6210 HANOVER, NH 03755	02-0222111	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CINCINNATI CHILDREN'S HOSPITAL 3333 BURNET AVENUE, ML 4900 CINCINNATI, OH 45229-3039	31-0833936	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

Schedule I (Form 990)

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OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE J. DAVID GLADSTONE INSTITUTES 1650 OWENS ST SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1530 3RD AVENUE S, AB 990 - BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CLEVELAND CLINIC FOUNDATION PO BOX 931531 CLEVELAND, OH 44193	34-0714585	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ST ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF FLORIDA 1233 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	20,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
THE ROBERT PACKARD CENTER FOR ALS RESEARCH - 5801 SMITH AVE MCAULEY SUITE 110 - BALTIMORE, MD 21209	52-0595110	501(C)(3)	23,537.	0.			PACKARD PAYMENT FOR ALS WINOKUR RESEARCH FUND
AMERICAN ACADEMY OF NEUROLOGY 1080 MONTREAL AVENUE ST. PAUL, MN 55116	41-0726167	501(C)(3)	25,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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.)

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RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	29,837.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE ALS ASSOCIATION-TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING, TX 75038	74-2678974	501(C)(3)	37,500.	0.			CHAPTER DEVELOPMENT GRANT
UNIVERSITY OF FLORIDA 219 GRINTER HALL, PO BOX 115500 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	39,825.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM - 21 N. PARK, ST. SUITE 6401 - MADISON, WI 53715-1218	39-6006492	501(C)(3)	39,982.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRANDEIS UNIVERSITY 415 SOUTH STREET MS 144 WALTHAM, MA 02454	04-1103552	501(C)(3)	40,000.	0.			POST DOCTORAL FELLOWSHIP 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 660 SOUTH EUCLID AVENUE ST LOUIS, MO 63110	43-0653611	501(C)(3)	40,000.	0.			TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
UCSD-OPAFS 9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 92093-0009	95-6006144	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE JACKSON LABORATORY 600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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.)

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JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA, 12529 COLLECTIONS CENTER DR - CHICAGO, IL 60693	52-0595110	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
NORTHWESTERN UNIVERSITY 750 NORTH LAKE SHORE DR, 7TH FLOOR CHICAGO, IL 60611	36-2167817	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - PO BOX 951406, 11000 KINROSS BLDG, #211 - LOS ANGELES, CA 90095	94-6036493	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UT SOUTHWESTERN MEDICAL CENTER PO BOX 841753 DALLAS, TX 75284	75-6002868	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BROWN UNIVERSITY PO BOX 1929 PROVIDENCE, RI 02912	05-0258809	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
STANFORD UNIVERSITY SCHOOL OF MEDICINE - PO BOX 44253 - SAN FRANCISCO, CA 94144	94-1156365	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
HARVARD UNIVERSITY PO BOX 415649 BOSTON, MA 02241	04-2103580	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

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.)

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UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
HOSPITAL OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT ST - PHILADELPHIA, PA 19104	31-1538725	501(C)(3)	40,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	40,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK - PO BOX 29789 GENERAL POST OFFICE - NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	40,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL - 700 CHILDREN'S PLACE - COLUMBUS, OH 43205	31-6056230	501(C)(3)	45,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
TACONIC FARMS INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)(3)	45,852.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF FLORIDA PO BOX 115500, 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
HARVARD UNIVERSITY HOLYOKE CENTER, #600, 1350 MASSACHUSETTS AVE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 262 DANNY THOMAS PLACE, MS 509 - MEMPHIS, TN 38105	62-0646012	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS

Schedule I (Form 990)

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UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
TRUSTEES OF COLUMBIA IN THE CITY OF NEW YORK - 630 WEST 168TH ST, BOX 49 - NEW YORK, NY 10032	13-5598093	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
NORTHWESTERN UNIVERSITY 1801 MAPLE AVE, 2ND FL #2410 EVANSTON, IL 60201	36-2167817	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	50,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
DIGNITY HEALTH ST. JOSEPH'S HOSPITAL AZ FILE 57431 LOS ANGELES, CA 90074	86-0096787	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
THE SCRIPPS RESEARCH INSTITUTE - FLORIDA - 10550 N TORREY PINES RD, TPC-7 - LA JOLLA, CA 92037	33-0435954	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH - PO BOX 12385 - LA JOLLA, CA 92093	23-7121131	501(C)(3)	50,000.	0.			POST DOCTORAL FELLOWSHIP RESEARCH GRANTS

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.)

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THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET, RESEARCH ADMIN, WH 1111D - SYRACUSE, NY 13210	14-1368361	501(C)(3)	50,675.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
BETH ISRAEL MEDICAL CENTER 10 UNION SQUARE EAST NEW YORK, NY 10003	13-5564934	501(C)(3)	53,300.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE CURATORS OF THE UNIVERSITY OF MISSOURI - P O BOX 80712 - KANSAS CITY, MO 64180	43-6003859	501(C)(3)	60,021.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	65,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH - 9500 GILMAN DR, MC-0660, CMM-EAST, RM 3041 - LA JOLLA, CA 92093	23-7121131	501(C)(3)	65,500.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
AMERICAN ACADEMY OF NEUROLOGY FOUNDATION - 1080 MONTREAL AVENUE - ST PAUL, MN 55116	41-0726167	501(C)(3)	66,445.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
TACONIC FARMS INC. 273 HOVER AVE GERMANTOWN, NY 12526	14-1381104	501(C)(3)	67,894.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
WASHINGTON UNIVERSITY 700 ROSEDALE AVE ST. LOUIS, MO 63112	43-0653611	501(C)(3)	69,426.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
SUNY UPSTATE MEDICAL UNIVERSITY 750 E ADAMS STREET SYRACUSE, NY 13210	14-1368361	501(C)(3)	70,765.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)

Schedule I (Form 990)

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EMORY UNIVERSITY 1599 CLIFTON RD., 4TH FLOOR ATLANTA, GA 30322-4250	58-0566256	501(C)(3)	71,338.	0.			TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 337 FRANK D PETERSON SERVICE BLDG - LEXINGTON, KY 40506-0005	61-6033693	501(C)(3)	79,482.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
PRESIDENT AND FELLOWS OF HARVARD UNIVERSITY - HOLYOKE CENTER, SUITE 600, 1350 MASSACHUSETTS AVE - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	79,823.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
OREGON HEALTH AND SCIENCE UNIVERSITY - 0690 SW BANCROFT L106SPA - PORTLAND, OR 97239	93-1176109	501(C)(3)	80,000.	0.			TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
LSU HEALTH SCIENCES CENTER 433 BOLIVAR STREET ORLEANS, LA 70112	72-6087770	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH - P. O. BOX 3887 - BOSTON, MA 02241-3887	04-2312909	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRIGHAM AND WOMEN'S HOSPITAL BANK OF AMERICA N.A. PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
TRUSTEES OF COLUMBIA UNIVERSITY PO BOX 29789, GENERAL POST OFFICE NEW YORK, NY 10087-9789	13-5598093	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE, MC 0934 - LA JOLLA, CA 92093	94-6036493	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

Schedule I (Form 990)

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CEDARS SINAI MEDICAL CENTER 8700 BEVERLY BLVD, 6500 WIL, SUITE LOS ANGELES, CA 90048	95-1644600	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM - 21 N PARK ST, SUITE 6401 - MADISON, WI 53715	39-6006492	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 9500 GILMAN DRIVE, MC 0934 - LA JOLLA, CA 92093-0934	94-6036493	501(C)(3)	80,000.	0.			TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA, 12529 COLLECTIONS CENTER DR - CHICAGO, IL 60693	52-0595110	501(C)(3)	80,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MARYLAND, BALTIMORE PO BOX 41428 BALTIMORE, MD 21203	52-6002033	501(C)(3)	83,137.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501(C)(3)	100,000.	0.			CLINICAL MANAGEMENT AWARD
UNIVERSITY OF KENTUCKY C/O PNC BANK, PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(C)(3)	100,000.	0.			CLINICAL MANAGEMENT AWARD
EMORY UNIVERSITY 1599 CLIFTON RD, 4TH FLOOR ATLANTA, GA 30322	58-0566256	501(C)(3)	107,649.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
NYU SCHOOL OF MEDICINE ONE PARK AVENUE 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	113,808.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)

Schedule I (Form 990)

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UNIVERSITY OF KANSAS MEDICAL CENTER - 3901 RAINBOW BLVD, MSN 1039 - KANSAS CITY, KS 66160	48-0647721	501(C)(3)	116,882.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL - 55 LAKE AVE NORTH - WORCESTER, MA 01655	04-3167352	501(C)(3)	120,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	131,875.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA, 12529 COLLECTIONS CENTER DR - CHICAGO, IL 60693	52-0595110	501(C)(3)	144,116.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY 1830 E. MONUMENT STREET, SUITE 9030 BALTIMORE, MD 21205	52-0595110	501(C)(3)	148,424.	0.			CLINICAL PILOT AWARD STUDY
EMORY UNIVERSITY 101 WOODRUFF CIR ATLANTA, GA 30322	58-0566256	501(C)(3)	149,486.	0.			CLINICAL PILOT AWARD STUDY
UNIVERSITY OF MICHIGAN 3003 S. STATE STREET ROOM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	150,000.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET, RESEARCH ADMIN, WH 1111D - SYRACUSE, NY 13210	14-1368361	501(C)(3)	150,000.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
UNIVERSITY OF MIAMI 1400 NW 10 AVE MIAMI, FL 33136	59-0624458	501(C)(3)	150,000.	0.			CLINICAL PILOT AWARD STUDY

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
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE #300 BOSTON, MA 02199	04-2697983	501(C)(3)	150,000.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE BOSTON, MA 02199	04-2697983	501(C)(3)	179,065.	0.			TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
BRIGHAM AND WOMEN'S HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	243,504.	0.			TREAT ALS GRANTS
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS (NINDS/NIH/DHHS) - 9000 ROCKVILLE PIKE - BETHESDA, MD 20892	52-0858115	501(C)(3)	250,000.	0.			LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS

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
GRANTS FOR CHAPTER DEVELOPMENT	1	1,474.	0.	CASH	
CARE SERVICES	1	5,000.	0.	CASH	
CERTIFIED CENTER COST STUDY IRS UNDERWRITTEN TOTAL	1	500.	0.	CASH	

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

EXPLANATION: 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. ALL REPORTS ARE ELECTRONICALLY RECEIVED.

SCHEDULE I, PART III

EXPLANATION: ALL GRANT AWARDED INVESTIGATORS ARE REQUIRED TO PROVIDE A

Part IV Supplemental Information

DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT.

ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION. IF

ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT

CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING TO OUR RESEARCH

CONSULTANT.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

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Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number
13-3271855

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

Only section 501(c)(3) 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?
- b** Any related organization?
- 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?
- b** Any related organization?
- 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

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

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

Yes No

1b

2

3

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2013

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JANE H. GILBERT	(i)	323,850.	15,625.	0.	12,500.	10,483.	362,458.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) DANIEL M. REZNIKOV	(i)	201,260.	0.	0.	10,079.	1,185.	212,524.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) STEVE GIBSON	(i)	182,862.	0.	0.	9,270.	10,073.	202,205.	0.
CHIEF PUBLIC POLICY OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) KIMBERLY HARDING-MAGINNIS	(i)	160,646.	0.	0.	7,983.	795.	169,424.	0.
CHIEF CARE SERVICES OFFICE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) LANCE SLAUGHTER	(i)	152,692.	0.	0.	7,750.	8,936.	169,378.	0.
CHIEF CHAPTER RELATIONS OF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHELLE KEEGAN	(i)	178,744.	0.	0.	9,000.	8,136.	195,880.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CARRIE MUNK	(i)	142,875.	0.	0.	7,152.	871.	150,898.	0.
CHIEF COMMUNICATIONS & MARKETING OFF	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental information

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

PART I, LINE 3:

EXPLANATION: THE EXECUTIVE COMPENSATION & EVALUATION COMMITTEE OF THE
BOARD OF DIRECTORS DETERMINES THE COMPENSATION OF THE PRESIDENT AND CEO AND
MUST BE APPROVED BY THE EXECUTIVE COMMITTEE.

THE PRESIDENT AND CEO DETERMINES THE COMPENSATION OF THE THE TOP FINANCIAL
EMPLOYEE AND ANY KEY EMPLOYEES.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2013

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▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

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

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	X		2,000.	FMV
5 Clothing and household goods				
6 Cars and other vehicles	X	149	78,487.	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 ▶ (ELEVATOR SEAT)	X	80	200,000.	FMV
26 Other ▶ (SEAT LIFTS)	X	25	57,375.	FMV
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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?

	Yes	No
30a		X
31	X	
32a	X	
33		

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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) (2013)

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

EXPLANATION: THE AMOUNTS IN PART I, COLUMN (B) REPRESENT THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, LINE 32B:

EXPLANATION: 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

2013

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Inspection

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

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

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

EXPLANATION: THE TREASURER 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:

EXPLANATION: 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:

EXPLANATION: A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT,

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
332211
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

BY PROVIDING COMPARABLE DATA TO CALCULATE THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS ANNUALLY WITHOUT THE PARTICIPATION OF THE PRESIDENT.

THE COMPENSATION FOR OTHER KEY EMPLOYEES IS SET BY THE PRESIDENT AND REVIEWED BY THE COMPENSATION COMMITTEE ANNUALLY. IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA.

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

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

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

EXPLANATION: 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 IX, LINE 11G, OTHER FEES:

OTHER PROFESSIONAL EXPENSES:

PROGRAM SERVICE EXPENSES	1,615,986.
MANAGEMENT AND GENERAL EXPENSES	376,606.
FUNDRAISING EXPENSES	77,193.
TOTAL EXPENSES	2,069,785.

APPEAL EXPENSES:

PROGRAM SERVICE EXPENSES	179,071.
MANAGEMENT AND GENERAL EXPENSES	743.

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number

13-3271855

FUNDRAISING EXPENSES	1,171,148.
TOTAL EXPENSES	1,350,962.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,420,747.

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

GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST	-4,730.
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	58,285.
TOTAL TO FORM 990, PART XI, LINE 9	53,555.

FORM 990, PART VIII, LINE 8C

EXPLANATION: 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.

FORM 990, SCHEDULE D, PART XII, LINE 2B AND PART XIII, LINE 2A

EXPLANATION: THE ASSOCIATION PRODUCES AND DISTRIBUTES PUBLIC SERVICE TELEVISION ANNOUNCEMENTS THAT FOCUS ATTENTION ON EDUCATION AND AWARENESS. THESE PUBLIC SERVICE ANNOUNCEMENTS ARE DISTRIBUTED TO MEDIA STATIONS NATIONWIDE AND RUN FREE OF CHARGE. THE ASSOCIATION HAS CONTRACTED WITH AN INDEPENDENT OUTSIDE AGENCY TO TRACK THE DATE AND TIME THAT EACH PUBLIC SERVICE ANNOUNCEMENT RUNS, AND THE VALUE OF THE ANNOUNCEMENTS IS BASED ON THE DATE, TIME, AND MARKET. FOR THE YEAR ENDED JANUARY 31, 2014, THE ASSOCIATION RECORDED \$5,066,885 OF

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number
13-3271855

CONTRIBUTED PUBLIC SERVICE ANNOUNCEMENTS.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No. 1545-0047

2013

Open to Public
Inspection

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSN.

Employer identification number
13-3271855

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2013

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

[illegible]

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

[illegible]

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

