

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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 02-01-2012, 2012, and ending 01-31-2013

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **AMYOTROPHIC LATERAL SCLEROSIS ASSN**
 Doing Business As: **THE ALS ASSOCIATION**
 Number and street (or P.O. box if mail is not delivered to street address): **1275 K STREET NW NO 250**
 Room/suite:
 City or town, state or country, and ZIP + 4: **WASHINGTON, DC 20005**

D Employer identification number: **13-3271855**

E Telephone number: **(202) 407-8580**

G Gross receipts \$ **21,211,696**

F Name and address of principal officer:
JANE H GILBERT
1275 K STREET NW NO 250
WASHINGTON, DC 20005

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number **4119**

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

J Website: **WWW ALSA ORG**

K Form of organization: Corporation Trust Association Other
L Year of formation: **1985** **M** State of legal domicile: **DE**

Part I Summary

Activities & Governance	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	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	71
	6 Total number of volunteers (estimate if necessary)	6	31
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	19,126,742	19,357,009
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	39,475	46,000
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,223	208,866
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,758,826	19,690,252
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,394,391	6,843,097
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,865,099	5,138,716
	16a Professional fundraising fees (Part IX, column (A), line 11e)	298,692	709,621
	b Total fundraising expenses (Part IX, column (D), line 25) 3,030,168		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	6,266,025	7,105,147
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,824,207	19,796,581	
19 Revenue less expenses Subtract line 18 from line 12	3,934,619	-106,329	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	20,256,339	20,059,969
	21 Total liabilities (Part X, line 26)	2,760,956	2,557,775
22 Net assets or fund balances Subtract line 21 from line 20	17,495,383	17,502,194	

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: 2013-08-05

DANIEL M REZNIKOV CFO
 Type or print name and title

Paid Preparer Use Only

Preparer's name: DONITA M JOSEPH
 Preparer's signature: _____
 Date: _____
 Check if self-employed
 PTIN: P00286656
 Firm's name: WINDES & MCCLAUGHRY ACCT CORP
 Firm's EIN: 95-3001179
 Firm's address: PO BOX 87
 Phone no: (562) 435-1191
 LONG BEACH, CA 908010087

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

LEADS THE FIGHT TO CURE AND TREAT ALS THROUGH GLOBAL, CUTTING-EDGE RESEARCH AND TO EMPOWER PEOPLE WITH LOU GEHRIG'S DISEASE AND THEIR FAMILIES TO LIVE FULLER LIVES BY PROVIDING THEM WITH COMPASSIONATE CARE AND SUPPORT

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

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 \$ 6,636,606 including grants of \$ 6,014,185) (Revenue \$)
RESEARCH PROGRAMS - FUND SCIENTIFIC RESEARCH GRANTS TO DOCTORS/SCIENTISTS TO FIND THE CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE (91 RESEARCH GRANTS)

























4b (Code) (Expenses \$ 5,086,234 including grants of \$ 808,912) (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 \$ 2,848,548 including grants of \$ 20,000) (Revenue \$ 46,000)
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 14,571,388

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> 	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> 		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> 	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> 		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> 		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> 		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> 		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> 		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> 	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> 	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> 		No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> 		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> 	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> 		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> 	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> 	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> 		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> 	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> 	Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> 		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> 	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> 	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> 		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
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		
2b	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)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," 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)?		No
b	If "Yes," enter the name of the foreign country <input type="text"/> 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?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	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?		No
6b	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?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	Yes	
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.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders		
11b	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?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (19); 1b Enter the number of voting members included in line 1a, above, who are independent (19); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. Row 17: List the States with which a copy of this Form 990 is required to be filed (CA, AL, AZ, AK, AR, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, NE, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, UT, VA, WA, WV, WI); Row 18: Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); Row 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; Row 20: State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JOHN WAPPLEGATE 27001 AGOURA ROAD SUITE 250 CALABASAS HILLS, CA (818) 880-9007

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

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

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

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

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

• List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

• List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAY DAUGHERTY CHAIRMAN	2 00	X		X			0	0	0	
(2) WILLIAM THOET VICE CHAIRMAN	2 00	X		X			0	0	0	
(3) LUIS E LEON TREASURER	2 00	X		X			0	0	0	
(4) DOUGLAS BUTCHER SECRETARY	2 00	X		X			0	0	0	
(5) LAWRENCE R BARNETT ESQ TRUSTEE	2 00	X					0	0	0	
(6) PHYLLIS R BROURMAN ESQ TRUSTEE	2 00	X					0	0	0	
(7) CHRIS BRUSSALIS TRUSTEE	2 00	X					0	0	0	
(8) DANIEL DEGRANDPRE TRUSTEE	2 00	X					0	0	0	
(9) CYNTHIA DOUTHAT TRUSTEE	2 00	X					0	0	0	
(10) ROBIN GANZERT TRUSTEE	2 00	X					0	0	0	
(11) WILSON KRAHNKE TRUSTEE	2 00	X					0	0	0	
(12) EDMUND G MCCURTAIN II TRUSTEE	2 00	X					0	0	0	
(13) KIM ANN MINK PHD TRUSTEE	2 00	X					0	0	0	
(14) TIMOTHY O'TOOLE TRUSTEE	2 00	X					0	0	0	
(15) ELLYN G PHILLIPS TRUSTEE	2 00	X					0	0	0	
(16) JONATHAN ROBERTS TRUSTEE	2 00	X					0	0	0	
(17) ELIZABETH ROSENBERG 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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WILLIAM D SOFFEL TRUSTEE	2 00	X					0	0	0	
(19) CHRIS STEVENS TRUSTEE	2 00	X					0	0	0	
(20) JANE H GILBERT PRESIDENT AND CEO	37 50			X			297,288	0	22,667	
(21) DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	37 50			X			195,190	0	10,772	
(22) KENNETH NICHOLLS CHIEF CHAPTER RELATIONS OFFICER	37 50				X		177,374	0	19,396	
(23) STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	37 50				X		176,430	0	17,802	
(24) KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICER	37 50				X		152,264	0	4,924	
(25) JOHN W APPLGATE ASSOCIATION FINANCE OFFICER	37 50					X	115,652	0	14,475	
(26) DAVID MOSES DIRECTOR, PLANNED GIVING	37 50					X	108,813	0	14,223	
(27) LANCE SLAUGHTER CHIEF CHAPTER RELATIONS OFFICER	37 50					X	106,058	0	13,310	
(28) KAREN STARLEAF DIRECTOR, DONOR DEVELOPMENT	37 50					X	105,979	0	20,234	
(29) LEIGH ANN CARDENAS DIRECTOR, DEVELOPMENT OPERATIONS	37 50					X	104,657	0	13,475	
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,539,705	0	151,278	

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 **11**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NNE MARKETING 105 PAUL REVERE RD CONCORD MA 01742	MARKETING	320,850
LOST HILLS OFFICE PARTNERS LLC 26901 AGOURA RD STE 180-B CALABASAS HILLS CA 91301	LANDLORD	297,046
MICHAEL COSCIA 304 TWELFTH STREET SE PO BOX 15084 WASHINGTON DC 20003	MARKETING	233,253
LUCIE BRUIJN PHD FLAT 5 15 ST GERMAN'S PLACELONDONUKSE3 ONN	RESEARCH CONSULTANT	226,667
METRO K LLC CO COLLIER'S INTERNATIONAL PO BOX 4857 PORTLAND OR 972084857	LANDLORD	219,487

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**

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question 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, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a 327,865					
	b Membership dues 1b					
	c Fundraising events 1c 342,976					
	d Related organizations 1d					
	e Government grants (contributions) 1e 909,874					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 17,776,294					
	g Noncash contributions included in lines 1a-1f \$ 4,740					
	h Total. Add lines 1a-1f	19,357,009				
Program Service Revenue	2a CONFERENCE FEES	46,000	46,000			
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f	46,000				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	162,972			162,972	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties	11,250			11,250	
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,534,182			
		(ii) Other				
		b Less cost or other basis and sales expenses	1,488,288			
		c Gain or (loss)	45,894			
	d Net gain or (loss)	45,894			45,894	
	8a Gross income from fundraising events (not including \$ 342,976 of contributions reported on line 1c) See Part IV, line 18	a	7,400			
		b Less direct expenses b	33,156			
c Net income or (loss) from fundraising events		-25,756			-25,756	
9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	Business Code					
11a UNUSED/REIMB GRANTS	900099	62,722			62,722	
b MISCELLANEOUS INCOME	900099	30,161			30,161	
c						
d All other revenue						
e Total. Add lines 11a-11d		92,883				
12 Total revenue. See Instructions		19,690,252	46,000	0	287,243	

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 to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	6,104,600	6,104,600		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	1,863	1,863		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	736,634	736,634		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,068,398	638,143	209,723	220,532
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	3,260,161	1,947,260	639,960	672,941
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	145,627	86,982	28,586	30,059
9	Other employee benefits	313,366	187,170	61,513	64,683
10	Payroll taxes	351,164	209,746	68,933	72,485
11	Fees for services (non-employees)				
a	Management	1,691,174	1,388,753	260,397	42,024
b	Legal	11,399	1,900		9,499
c	Accounting	44,725		44,725	
d	Lobbying	36,717	36,717		
e	Professional fundraising services. See Part IV, line 17	709,621			709,621
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	449,292	341,266	3,683	104,343
13	Office expenses	343,579	173,482	63,370	106,727
14	Information technology				
15	Royalties				
16	Occupancy	485,933	237,171	158,134	90,628
17	Travel	1,171,175	1,069,243	50,591	51,341
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	85,124	46,994	24,570	13,560
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	APPEAL EXPENSES	1,005,480	238,468		767,012
b	CHAPTER SUPPORT	1,005,327	1,005,327		
c	MISCELLANEOUS	341,156	18,858	275,326	46,972
d	BAD DEBT RECOVERY	268,146		268,146	
e	All other expenses	165,920	100,811	37,368	27,741
25	Total functional expenses. Add lines 1 through 24e	19,796,581	14,571,388	2,195,025	3,030,168
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	1,005,480	238,468	0	767,012

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	5,017,270	1	5,525,946
	2 Savings and temporary cash investments	1,817,700	2	1,776,766
	3 Pledges and grants receivable, net	5,068,863	3	3,933,182
	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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	305,027	9	230,418
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,370,420		
	b Less accumulated depreciation	10b 1,148,278	165,883	10c 222,142
	11 Investments—publicly traded securities	6,724,420	11	7,314,287
	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	1,157,176	15	1,057,228
16 Total assets. Add lines 1 through 15 (must equal line 34)	20,256,339	16	20,059,969	
Liabilities	17 Accounts payable and accrued expenses	2,307,400	17	2,377,441
	18 Grants payable	453,556	18	180,334
	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		25	
	26 Total liabilities. Add lines 17 through 25	2,760,956	26	2,557,775
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	8,106,576	27	8,317,870
	28 Temporarily restricted net assets	8,492,325	28	8,260,444
	29 Permanently restricted net assets	896,482	29	923,880
	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	17,495,383	33	17,502,194	
34 Total liabilities and net assets/fund balances	20,256,339	34	20,059,969	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	19,690,252
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,796,581
3	Revenue less expenses Subtract line 2 from line 1	3	-106,329
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	17,495,383
5	Net unrealized gains (losses) on investments	5	163,682
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	-50,542
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	17,502,194

Part XII Financial Statements and Reporting

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

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

Additional Data

Software ID:

Software Version:

EIN: 13-3271855

Name: AMYTROPHIC LATERAL SCLEROSIS ASSN

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAY DAUGHERTY CHAIRMAN	2 00	X		X				0	0	0
WILLIAM THOET VICE CHAIRMAN	2 00	X		X				0	0	0
LUIS E LEON TREASURER	2 00	X		X				0	0	0
DOUGLAS BUTCHER SECRETARY	2 00	X		X				0	0	0
LAWRENCE R BARNETT ESQ TRUSTEE	2 00	X						0	0	0
PHYLLIS R BROURMAN ESQ TRUSTEE	2 00	X						0	0	0
CHRIS BRUSSALIS TRUSTEE	2 00	X						0	0	0
DANIEL DEGRANDPRE TRUSTEE	2 00	X						0	0	0
CYNTHIA DOUTHAT TRUSTEE	2 00	X						0	0	0
ROBIN GANZERT TRUSTEE	2 00	X						0	0	0
WILSON KRAHNKE TRUSTEE	2 00	X						0	0	0
EDMUND G MCCURTAIN II TRUSTEE	2 00	X						0	0	0
KIM ANN MINK PHD TRUSTEE	2 00	X						0	0	0
TIMOTHY O'TOOLE TRUSTEE	2 00	X						0	0	0
ELLYN G PHILLIPS TRUSTEE	2 00	X						0	0	0
JONATHAN ROBERTS TRUSTEE	2 00	X						0	0	0
ELIZABETH ROSENBERG TRUSTEE	2 00	X						0	0	0
WILLIAM D SOFFEL TRUSTEE	2 00	X						0	0	0
CHRIS STEVENS TRUSTEE	2 00	X						0	0	0
JANE H GILBERT PRESIDENT AND CEO	37 50			X				297,288	0	22,667
DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	37 50			X				195,190	0	10,772
KENNETH NICHOLLS CHIEF CHAPTER RELATIONS OFFICER	37 50				X			177,374	0	19,396
STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	37 50				X			176,430	0	17,802
KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICER	37 50				X			152,264	0	4,924
JOHN W APPLGATE ASSOCIATION FINANCE OFFICER	37 50					X		115,652	0	14,475

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID MOSES DIRECTOR, PLANNED GIVING	37 50					X		108,813	0	14,223
LANCE SLAUGHTER CHIEF CHAPTER RELATIONS OFFICER	37 50					X		106,058	0	13,310
KAREN STARLEAF DIRECTOR, DONOR DEVELOPMENT	37 50					X		105,979	0	20,234
LEIGH ANN CARDENAS DIRECTOR, DEVELOPMENT OPERATIONS	37 50					X		104,657	0	13,475

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Name of the organization AMYTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number 13-3271855

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 3 columns: Question (11g(i), 11g(ii), 11g(iii)), Yes, No

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of monetary support. Includes a Total row.

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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,917,492	14,583,917	17,744,381	19,126,742	19,357,009	86,729,541
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	15,917,492	14,583,917	17,744,381	19,126,742	19,357,009	86,729,541
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)						1,036,939
6 Public support. Subtract line 5 from line 4						85,692,602

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	15,917,492	14,583,917	17,744,381	19,126,742	19,357,009	86,729,541
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	186,824	77,526	55,620	283,223	220,116	823,309
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.)	49,499	47,654	31,744	14,736	30,161	173,794
11 Total support (Add lines 7 through 10)						87,726,644
12 Gross receipts from related activities, etc. (see instructions)					12	154,377
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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 2012 (line 6, column (f) divided by line 11, column (f))	14	97.680%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	97.710%

- 16a 33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support test—2011.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 17a 10%-facts-and-circumstances test—2012.** 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
- b 10%-facts-and-circumstances test—2011.** 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
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to 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).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

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 the 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

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received and promptly and directly delivered to a separate political organization.

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)	26,625													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	259,142													
c	Total lobbying expenditures (add lines 1a and 1b)	285,767													
d	Other exempt purpose expenditures	14,310,191													
e	Total exempt purpose expenditures (add lines 1c and 1d)	14,595,958													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	879,798													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	219,950													
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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount	661,049	757,265	869,634	879,798	3,167,746
b Lobbying ceiling amount (150% of line 2a, column(e))					4,751,619
c Total lobbying expenditures	380,508	370,155	374,683	285,767	1,411,113
d Grassroots nontaxable amount	165,262	189,316	217,409	219,950	791,937
e Grassroots ceiling amount (150% of line 2d, column(e))					1,187,906
f Grassroots lobbying expenditures	48,887	34,220	32,593	26,625	142,325

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

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
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

Complete this part to 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.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		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 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)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number

13-3271855

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements. Includes checkboxes for preservation purposes, questions about easement details, monitoring, and expenses.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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	240,000	240,000	240,000	240,000	240,000
b Contributions					
c Net investment earnings, gains, and losses	13,666	8,091	26,305	12,739	18,675
d Grants or scholarships				12,739	18,675
e Other expenditures for facilities and programs	13,666	8,091	26,305		
f Administrative expenses					
g End of year balance	240,000	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 100.000 %
 - c** Temporarily restricted endowment
- 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	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment. 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		185,327	114,507	70,820
d Equipment		1,084,231	1,033,771	50,460
e Other		100,862		100,862
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				222,142

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

1	Total revenue, gains, and other support per audited financial statements	1	25,744,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	163,682
b	Donated services and use of facilities	2b	6,030,011
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	-50,542
e	Add lines 2a through 2d	2e	6,143,151
3	Subtract line 2e from line 1	3	19,601,361
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	88,891
c	Add lines 4a and 4b	4c	88,891
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	19,690,252

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

1	Total expenses and losses per audited financial statements	1	25,737,701
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	6,030,011
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	6,030,011
3	Subtract line 2e from line 1	3	19,707,690
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	88,891
c	Add lines 4a and 4b	4c	88,891
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	19,796,581

Part XIII Supplemental Information

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE RESEARCH ENDOWMENT PRINCIPAL IS HELD IN PERPETUITY TO GENERATE EARNINGS TO SUPPORT RESEARCH EXPENDITURES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	THE ASSOCIATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C) (3) AND STATE TAXES RELATED TO REVENUE RECEIVED IN CONNECTION WITH EXEMPT PROGRAMS THE ASSOCIATION RECOGNIZES THE FINANCIAL STATEMENT BENEFIT OF TAX POSITIONS, SUCH AS ITS FILING STATUS AS TAX-EXEMPT, ONLY AFTER DETERMINING THAT THE RELEVANT TAX 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 27,398 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -77,940
PART XI, LINE 4B - OTHER ADJUSTMENTS		RETURNED PORTIONS OF UNUSED GRANTS 62,722 CAR DONATION PROGRAM COST 26,169
PART XII, LINE 4B - OTHER ADJUSTMENTS		RETURNED PORTIONS OF UNUSED GRANTS 62,722 CAR DONATION PROGRAM COST 26,169

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		EUROPE (INCLUDING ICELAND & GREENLAND) -	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	178,768	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	37,500	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	79,422	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS	51,993	CHECK & WIRE TRANSFER			
		MIDDLE EAST AND NORTH AFRICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	100,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	80,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	35,997	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	32,954	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	CHECK & WIRE TRANSFER			
		EUROPE (INCLUDING ICELAND & GREENLAND)	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	20,000	CHECK & WIRE TRANSFER			
		NORTH AMERICA	TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS	40,000	CHECK & WIRE TRANSFER			

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

3 Enter total number of other organizations or entities

Part IV Foreign Forms

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

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

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. Form 990-EZ filers are not required to complete this part.

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

Department of the Treasury Internal Revenue Service

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number 13-3271855

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations, b Internet and email solicitations, c Phone solicitations, d In-person solicitations, e Solicitation of non-government grants, f Solicitation of government grants, g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... 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

Table with 6 columns: (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. Includes rows for NNE MARKETING LLC, AMERICA'S CAR DONATION CENTER, and STRATEGIC FUNDRAISING INC.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ALSA WALK - PORTLAND</u> (event type)	<u>ALSA WALK - BURLINGTON</u> (event type)	<u>12</u> (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	115,578	77,724	157,074	350,376
	2 Less Contributions	115,578	77,724	149,674	342,976
	3 Gross income (line 1 minus line 2)			7,400	7,400
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,739	1,143	2,998	5,880
	7 Food and beverages		118		118
	8 Entertainment		25		25
	9 Other direct expenses	7,429	4,296	15,408	27,133
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
11 Net income summary Combine line 3, column (d), and line 10 ▶					-25,756

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 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in 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 _____

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Identifier	Return Reference	Explanation
FUNDRAISING EVENTS	SCHEDULE G, PART II, LINE 11	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)

OMB No 1545-0047

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I 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?
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.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code 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.

See Additional Data Table

Main data table grid with 8 columns corresponding to the headers in Part II.

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

Part III Grants and Other Assistance to 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

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 ALL APPLICANTS PROVIDE A DETAILED APPLICATION OUTLINING THEIR EXPERIMENTAL PLAN AND TIMELINES THESE ARE SCIENTIFICALLY REVIEWED, AND IF APPROVED FOR FUNDING, THE INVESTIGATORS ARE REQUIRED TO PROVIDE WRITTEN REPORTS THAT ARE REVIEWED AND APPROVED PRIOR TO ADDITIONAL FUNDS BEING RELEASED ALL REPORTS ARE ELECTRONICALLY RECEIVED
		SCHEDULE I, PART III ALL GRANT AWARDED INVESTIGATORS ARE REQUIRED TO PROVIDE A DETAILED REPORT OF THEIR EXPENDITURES AT THE TERMINATION OF THE GRANT ANY UNEXPENDED FUNDS MUST BE RETURNED TO THE ORGANIZATION IF ADJUSTMENTS ARE MADE TO THE BUDGET-TRANSFER OF FUNDS TO DIFFERENT CATEGORIES, THESE HAVE TO BE REQUESTED IN WRITING TO OUR RESEARCH CONSULTANT

Software ID:
Software Version:
EIN: 13-3271855
Name: AMYOTROPHIC LATERAL SCLEROSIS ASSN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF NEUROLOGY1080 MONTREAL AVENUE ST PAUL,MN 55116	41-0726167	501(C)(3)	25,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF WASHINGTON3903 BROOKLYN AVENUE NE SEATTLE,WA 98105	91-6001537	501(C)(3)	13,301				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE JACKSON LABORATORY600 MAIN STREET BAR HARBOR, ME 046091500	01-0211513	501(C)(3)	44,671				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
BRANDEIS UNIVERSITY415 SOUTH STREET MS 144 WALTHAM,MA 02454	04-1103552	501(C)(3)	80,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF ROCHESTER518 HYLAND BUILDING ROCHESTER,NY 14627	16-0743209	501(C)(3)	80,000				TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
BETH ISRAEL MEDICAL CENTER10 UNION SQUARE EAST NEWYORK,NY 10003	13-5564934	501(C)(3)	53,300				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)	52,500				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS (NINDSNIHDHHS)9000 ROCKVILLE PIKE BETHESDA,MD 20892	52-0858115	501(C)(3)	250,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DR MC-0660 CMM-EAST RM 3041 LA JOLLA,CA 92093	23-7121131	501(C)(3)	65,500				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITYC/O BANK OF AMERICA 12529 COLLECTIO CENTER DR CHICAGO,IL 60693	52-0595110	501(C)(3)	80,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE LUDWIG INSTITUTE FOR CANCER RESEARCH 9500 GILMAN DR MC-0660 CMM - EAST ROOM 3041 LA JOLLA,CA 92093	23-7121131	501(C)(3)	64,255				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS55 LAKE AVE NORTH WORCESTER,MA 01655	04-3167352	501(C)(3)	120,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
EMORY UNIVERSITY1599 CLIFTON RD 4TH FLOOR ATLANTA,GA 30322	58-0566256	501(C)(3)	151,480				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
UNIVERSITY OF MIAMI MILLER SCHOOL OF MEDICINE1400 NW 10TH AVE MIAMI,FL 33136	59-0624458	501(C)(3)	125,630				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NYPO BOX 29789 GENERAL POST OFFICE NEWYORK,NY 100879789	13-5598093	501(C)(3)	126,923				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
HUDSON ALPHA INSTITUTE FOR BIOTECHNOLOGY601 GENOME WAY HUNTSVILLE,AL 35806	43-2059317	501(C)(3)	125,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
THE TRUSTEES OF COLUMBIA UNIVERSITY IN THE CITY OF NY630 WEST 168TH ST BOX 49 NEWYORK,NY 100323702	13-5598093	501(C)(3)	120,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
CENTER FOR NEUROLOGIC STUDY7825 FAY AVENUE SUITE 200 LA JOLLA,CA 92037	95-3374771	501(C)(3)	14,758				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL101 HUNTINGTON AVE BOSTON,MA 02199	04-2697983	501(C)(3)	138,106				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
RESEARCH FOUNDATION OF SUNYPO BOX 9 ALBANY,NY 12201	14-1368361	501(C)(3)	30,163				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 RESEARCH INSTITUTE AT NATIONWIDE CHILDREN'S HOSPITAL700 CHILDRENS PLACE COLUMBUS, OH 43205	31-6056230	501(C)(3)	45,000				LOU GEHRIG CHALLENGE -ALS ASSOC INITIATED RESEARCH GRANTS
WASHINGTON UNIVERSITY 660 SOUTH EUCLID AVENUE ST LOUIS, MO 63110	43-0653611	501(C)(3)	80,000				TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY AT EASTERN 1101 EAST 33RD STREET SUITE B-219 BALTIMORE, MD 21218	52-0595110	501(C)(3)	74,240				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL - RESEARCHBANK OF AMERICA NA PO BOX 414876 BOSTON, MA 02241	04-2697983	501(C)(3)	274,411				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE RESEARCH FOUNDATION OF SUNY750 EAST ADAMS STREET WEISKOTTEN HALL ROOM 1111D SYRACUSE, NY 13210	14-1368361	501(C)(3)	130,163				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
JOHNS HOPKINS UNIVERSITY1830 E MONUMENT STREET SUITE 9030 BALTIMORE, MD 21205	52-0595110	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY855 N WOLFE ST RANGOS 242 BALTIMORE, MD 21205	52-0595110	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
MAYO CLINIC JACKSONVILLE FLORIDA 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
LUDWIG INSTITUTE FOR CANCER RESEARCH9500 GILMAN DRIVE MC-0660 LA JOLLA, CA 920930660	23-7121131	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
PRESIDENT AND FELLOWS OF HARVARD COLLEGE 13500 MASSACHUSETTS AVENUE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	40,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF FLORIDA PO BOX 115500 219 GRINTER HALL GAINESVILLE, FL 32611	59-6002052	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
HARVARD UNIVERSITY HOLYOKE CENTER 600 1350 MASSACHUSET S AVE CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
ST JUDE CHILDREN'S RESEARCH HOSPITAL262 DANNY THOMAS PLACE MS 509 MEMPHIS, TN 38105	62-0646012	501(C)(3)	50,000				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	50,000				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				POST DOCTORAL FELLOWSHIP RESEARCH GRANTS
UNIVERSITY OF MICHIGAN 3003 S STATE STREET ROOM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	150,000				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
OREGON HEALTH AND SCIENCE UNIVERSITY0690 SW BANCROFT L106SPA PORTLAND, OR 97239	93-1176109	501(C)(3)	80,000				TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
LSU HEALTH SCIENCES CENTER433 BOLIVAR STREET ORLEANS, LA 70112	72-6087770	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
EMORY UNIVERSITY1599 CLIFTON RD 4TH FLOOR ATLANTA, GA 303224250	58-0566256	501(C)(3)	69,318				TRADITIONAL- INVESTIGATOR INITIATED RESEARCH GRANTS
BOARD OF REGENTS OF UNIVERSITY OF WISCONSIN SYSTEM21 N PARK ST SUITE 6401 MADISON, WI 537151218	39-6006492	501(C)(3)	79,972				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH P O BOX 3887 BOSTON, MA 022413887	04-2312909	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UCSD-OPAFS9500 GILMAN DRIVE MC 0009 LA JOLLA, CA 920930009	95-6006144	501(C)(3)	80,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION 337 FRANK D PETERSON SERVICE BLDG LEXINGTON, KY 405060005	61-6033693	501(C)(3)	78,342				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF MASSACHUSETTS MEDICAL SCHOOL55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	501(C)(3)	20,000				ALAN PHILLIPS
ROCKEFELLER UNIVERSITY 1230 YORK AVENUE BOX 259A NEW YORK, NY 10065	13-1624158	501(C)(3)	20,000				ALAN PHILLIPS
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	32,500				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
TRUSTEES OF DARTMOUTH COLLEGE11 ROPE FERRY ROAD 6210 HANOVER, NH 03755	02-0222111	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE JACKSON LABORATORY600 MAIN STREET BAR HARBOR, ME 04609	01-0211513	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CINCINNATI CHILDREN'S HOSPITAL3333 BURNET AVENUE ML 4900 CINCINNATI, OH 452293039	31-0833936	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MEDICAL COLLEGE OF WISCONSIN8701 WATERTOWN PLANK RD MILWAUKEE, WI 53226	39-0806261	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
OHIO STATE UNIVERSITY 1960 KENNY ROAD COLUMBUS, OH 43210	31-6401599	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF FLORIDA 219 GRINTER HALL PO BOX 115500 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
BRIGHAM AND WOMEN'S HOSPITALBANK OF AMERICA NA PO BOX 3887 BOSTON, MA 02241	04-2312909	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE J DAVID GLADSTONE INSTITUTES1650 OWENS ST SAN FRANCISCO, CA 94158	23-7203666	501(C)(3)	20,000				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)	39,863				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
TRUSTEES OF COLUMBIA UNIVERSITYPO BOX 29789 GENERAL POST OFFICE NEW YORK, NY 100879789	13-5598093	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
UNIVERSITY OF ALABAMA AT BIRMINGHAM1530 3RD AVENUE S AB 990 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA9500 GILMAN DRIVE MC 0934 LA JOLLA, CA 92093	94-6036493	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
CEDARS SINAI MEDICAL CENTER8700 BEVERLY BLVD 6500 WIL SUITE 1150 LOS ANGELES, CA 90048	95-1644600	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM21 N PARK ST SUITE 6401 MADISON, WI 53715	39-6006492	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CHILDREN'S HOSPITAL BOSTON PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	20,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
JOHNS HOPKINS UNIVERSITY C/O BANK OF AMERICA 12529 COLLECTIO S CENTER DR CHICAGO, IL 60693	52-0595110	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
REGENTS OF THE UNIVERSITY OF CALIFORNIA 9500 GILMAN DRIVE MC 0934 LA JOLLA, CA 920930934	94-6036493	501(C)(3)	40,000				TRADITIONAL - INVESTIGATOR INITIATED RESEARCH GRANTS
MASSACHUSETTS GENERAL HOSPITAL 149 13TH STREET STE 2264 CHARLESTOWN, MA 02129	04-2697983	501(C)(3)	150,000				TREAT ALS GRANTS (CLINICAL SCIENTIST)
THE RESEARCH FOUNDATION OF SUNY 750 E ADAMS STREET RESEARCH ADMIN WH 1111D SYRACUSE, NY 13210	14-1368361	501(C)(3)	75,000				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
MASSACHUSETTS GENERAL HOSPITAL 101 HUNTINGTON AVE 300 BOSTON, MA 02199	04-2697983	501(C)(3)	100,000				CLINICAL MANAGEMENT AWARD
UNIVERSITY OF MIAMI 1400 NW 10 AVE MIAMI, FL 33136	59-0624458	501(C)(3)	150,000				CLINICAL PILOT AWARD STUDY
EMORY UNIVERSITY 101 WOODRUFF CIR ATLANTA, GA 30322	58-0566256	501(C)(3)	149,486				CLINICAL PILOT AWARD STUDY
UNIVERSITY OF KENTUCKY C/O PNC BANK PO BOX 931113 CLEVELAND, OH 44193	61-6033693	501(C)(3)	100,000				CLINICAL MANAGEMENT AWARD
JOHNS HOPKINS UNIVERSITY 1830 E MONUMENT STREET SUITE 9030 BALTIMORE, MD 21205	52-0595110	501(C)(3)	148,034				CLINICAL PILOT AWARD STUDY
RESEARCH FOUNDATION OF SUNY PO BOX 9 ALBANY, NY 12201	14-1368361	501(C)(3)	150,000				CLINICAL PILOT AWARD STUDY
BRIGHAM AND WOMEN'S HOSPITAL RESEARCH PO BOX 3887 BOSTON, MA 022413887	04-2312909	501(C)(3)	121,752				TREAT ALS GRANTS (DRUG DEVELOPMENT & CLINICAL TRIALS)
THE ALS ASSOCIATION- GOLDEN WEST CHAPTER PO BOX 565 AGOURA HILLS, CA 913760565	95-4163338	501(C)(3)	20,000				IN SUPPORT OF THE CA STATE ADVOCACY 414 CAMPAIGN
THE ALS ASSOCIATION- UPSTATE NEW YORK CHAPTER 890 SEVENTH NORTH STREET LIVERPOOL, NY 13088	37-1667986	501(C)(3)	195,308				GRANTS FOR CHAPTER DEVELOPMENT
THE ALS ASSOCIATION- TEXAS CHAPTER 1231 GREENWAY DRIVE SUITE 295 IRVING, TX 75038	74-2678974	501(C)(3)	66,099				GRANTS FOR CHAPTER DEVELOPMENT
ALS CENTER 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	13,100				ALSA CENTER
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL & MEDICAL 97 PATERSON ST NEW BRUNSWICK, NJ 08903	20-1285267	501(C)(3)	25,600				ALSA CENTER
BANNER GOOD SAMARITAN MEDICAL CENTER 1012 E WILLETTA STREET PHOENIX, AZ 85006	41-0726167	501(C)(3)	12,500				ALSA CENTER
BAYLOR COLLEGE OF MEDICINE 6550 FANNIN SUITE 1801 SMITH TOWER HOUSTON, TX 77030	74-1613878	501(C)(3)	11,800				ALSA CENTER
BETH ISRAEL MEDICAL CENTER ALS CLINIC 10 UNION SQUARE EAST NEW YORK, NY 10003	04-2103881	501(C)(3)	13,100				ALSA CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	12,500				ALSA CENTER
CURT AND SHONDA SCHILLING ALS CLINIC 41 MALL ROAD BURLINGTON, MA 01805	23-7121131	501(C)(3)	11,800				ALSA CENTER
DUKE UNIVERSITY MEDICAL CENTER DUMC BOX 3333 932 MORRENE ROAD DURHAM, NC 27705	56-0532129	501(C)(3)	13,100				ALSA CENTER
FORBES NORRIS ALS RESEARCH CENTER 2324 SACRAMENTO ST SAN FRANCISCO, CA 94115	26-2047755	501(C)(3)	13,100				ALSA CENTER
GEORGE WASHINGTON UNIVERSITY 2150 PENNSYLVANIA AVE NW 7-401 WASHINGTON, DC 20037	54-2126575	501(C)(3)	11,800				ALSA CENTER
GEORGIA HEALTH SCIENCES FOUNDATION INC 1120 15TH STREET BP 4390 AUGUSTA, GA 309120004	35-2310573	501(C)(3)	13,100				ALSA CENTER
HARRY J HOENSLAAR ALS CLINIC 2799 WEST GRAND AVE K-11 NEUROLOGY DETROIT MI, MI 48202	38-1357020	501(C)(3)	13,100				ALSA CENTER
HENNEPIN COUNTY MEDICAL CENTER (HCMC) 825 SOUTH EIGHTH STREET SUITE 250 MINNEAPOLIS, MD 55404	38-1357020	501(C)(3)	12,500				ALSA CENTER
INDIANA UNIVERSITY ALS CENTER 1050 WISHARD BLVD REGENSTRIEF 6TH FLOOR INDIANAPOLIS, IN 46202	52-0595110	501(C)(3)	13,100				ALSA CENTER
MAYO CLINIC - ALS CLINIC 13400 EAST SHEA BLVD SCOTTSDALE, AZ 852595404	59-3337028	501(C)(3)	11,800				ALSA CENTER
MAYO CLINIC JACKSONVILLE 4500 SAN PABLO ROAD S CANNADAY 2E JACKSONVILLE, FL 322241865	59-3337028	501(C)(3)	13,100				ALSA CENTER
MAYO MEDICAL CLINIC 200 FIRST STREET SW ROCHESTER, MD 55905	41-6011702	501(C)(3)	12,500				ALSA CENTER
MEDICAL COLLEGE OF WISCONSIN FROEDTERT HOSPITAL 9200 W WISCONSIN AVE MILWAUKEE, WI 53226	39-0806261	501(C)(3)	13,100				ALSA CENTER
NEUROLOGY ASSOCIATES OF STONY BROOK 179 BELLE MEADE ROAD SUITE 3 EAST SETAUKET, NY 11733	11-3243405	501(C)(3)	12,500				ALSA CENTER
PENN STATE UNIVERSITY 500 UNIVERSITY DRIVE HERSHEY, PA 17033	24-6000376	501(C)(3)	13,100				ALSA CENTER
PROVIDENCE ALS CENTER 5050 NE HOYT STE 315 PORTLAND, OR 97213	93-1176109	501(C)(3)	13,100				ALSA CENTER
SOUTH TEXAS ALS CLINIC 8300 FLOYD CURL DRIVE MSC 7883 SAN ANTONIO, TX 782293900	74-1586031	501(C)(3)	13,100				ALSA CENTER
ST LOUIS UNIVERSITY HOSPITAL 1438 SOUTH GRAND BLVD MONTELEONE HALL ST LOUIS, MO 63104	43-0654872	501(C)(3)	13,100				ALSA CENTER
SUNY RESEARCH FOUNDATION 750 E ADAMS ST SYRACUSE, NY 13210	14-1368361	501(C)(3)	13,100				ALSA CENTER
THE HITCHCOCK FOUNDATION ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)(3)	11,800				ALSA CENTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 NEUROMUSCULAR ALS CLINIC 2150 CORBIN AVE NEW BRITAIN, CT 06053	06-0546766	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF CALIFORNIA-SAN FRANCISCO 350 PARNASSUS AVENUE SUITE 500 SAN FRANCISCO, CA 94117	94-6036493	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF KANSAS MEDICAL CENTER 3599 RAINBOW BLVD MAIL STOP 2012 KANSAS CITY, KS 66160	48-0647721	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF KENTUCKY CARDINAL HILL ALSA CTALBERT CHANDLER MED CTR LEXINGTON, KY 405360084	61-6001218	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF MICHIGAN HEALTH SYSTEM 1500 E MEDICAL CENTER DR ANN ARBOR, MI 481090316	38-6006309	501(C)(3)	13,100				ALSA CENTER
UNIVERSITY OF NEW MEXICO-SCHOOL OF MEDICINE 2211 LOMAS NE - MSC 10 5620 ALBUQUERQUE, NM 87131	85-6000642	501(C)(3)	25,400				ALSA CENTER
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE 89 BEAUMONT AVENUE BURLINGTON, VT 05405	03-0179440	501(C)(3)	12,500				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				ALSA CENTER
WAKE FOREST BAPTIST MEDICAL CENTER MEDICAL CENTER BLVD 3RD FLOOR MEADS WINSTONSALEM, NC 271571078	22-3849199	501(C)(3)	12,500				ALSA CENTER
DARTMOUTH HITCHCOCK MEDICAL CENTER ONE MEDICAL CENTER DRIVE LEBANON, NH 037560001	02-0222139	501(C)(3)	11,800				ALSA CENTER-NNE
UNIV OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO 7703 FLOYD CURL DR MSC 6248 SAN ANTONIO, TX 782293900	74-1586031	501(C)(3)	25,000				CLINICAL GRANT

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

Open to Public Inspection

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

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

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

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 checked="" 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 501(c)(3) and 501(c)(4) organizations only 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	Yes	
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

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

For each individual whose compensation must be reported 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) JAY DAUGHERTY CHAIRMAN	(i)	0	0	0	0	0	0	0
	(ii)	0	0	0	0	0	0	0
(2) JANE H GILBERT PRESIDENT AND CEO	(i)	297,288	0	0	13,188	9,479	319,955	0
	(ii)	0	0	0	0	0	0	0
(3) DANIEL M REZNIKOV CHIEF FINANCIAL OFFICER	(i)	195,190	0	0	9,445	1,327	205,962	0
	(ii)	0	0	0	0	0	0	0
(4) KENNETH NICHOLLS CHIEF CHAPTER RELATIONS OFFICER	(i)	177,374	0	0	8,503	10,893	196,770	0
	(ii)	0	0	0	0	0	0	0
(5) STEVE GIBSON CHIEF PUBLIC POLICY OFFICER	(i)	176,430	0	0	8,663	9,139	194,232	0
	(ii)	0	0	0	0	0	0	0
(6) KIMBERLY HARDING-MAGINNIS CHIEF CARE SERVICES OFFICER	(i)	152,264	0	0	4,263	661	157,188	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to 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

Identifier	Return Reference	Explanation
	PART I, LINE 3	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)**

Noncash Contributions

OMB No 1545-0047

2012

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number
13-3271855

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	116	70,788	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 ▶ (MICROSOFT OFFICE PROFESSIONAL PLUS 2010 SOFTWARE)	X	1	4,590	FMV
26 Other ▶ (THE CONTAINER STORE GIFT CARDS)	X	3	150	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	
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	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part III Supplemental Information. Complete this part to 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.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION (ALSA) USED THE SERVICES OF A CAR DONATION PROGRAM, AMERICA'S CAR DONATION CENTER, TO ACCEPT, PROCESS, AND SELL NON-CASH DONATIONS OF AUTOMOBILES

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

**Open to Public
Inspection**

Name of the organization
AMYOTROPHIC LATERAL SCLEROSIS ASSN

Employer identification number

13-3271855

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	ALSA MADE THE FOLLOWING CHANGES TO SECTION 8 8 1 OF IT'S BYLAWS FOR FYE 01/31/13 - APPOINTMENTS TO THE CARE SERVICES COMMITTEE ARE NO LONGER LIMITED TO "STAFF OF" THE CARE SERVICES DEPARTMENT THEY NOW INCLUDE "THOSE PEOPLE AFFILIATED WITH" THE CARE SERVICES DEPARMENT - VACANCIES FILLED WITHIN THE CARE SERVICES COMITTEE ARE NO LONGER LIMITED TO "STAFF MEMBERS OF" THE CARE SERVICES DEPARTMENT THEY NOW INCLUDE THOSE "AFFILIATED WITH" THE CARE SERVICES DEPARTMENT

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

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	A COMPENSATION COMMITTEE ASSISTS THE BOARD IN FULFILLING ITS RESPONSIBILITY TO OVERSEE THE COMPENSATION AND BENEFITS TO ITS PRESIDENT, BY PROVIDING COMPARABLE DATA TO CALCULATE THE PRESIDENT'S SALARY. THE SALARY IS THEN REVIEWED BY THE BOARD OF DIRECTORS WITHOUT THE PARTICIPATION OF THE PRESIDENT. THE COMPENSATION FOR OTHER KEY EMPLOYEES IS SET BY THE PRESIDENT AND REVIEWED BY THE COMPENSATION COMMITTEE. IN EACH CASE, THE REVIEW INCLUDES THE USE OF APPROPRIATE COMPARABILITY DATA.

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	GAIN ON BENEFICIAL INTEREST IN PERPETUAL TRUST 27,398 CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -77,940

Identifier	Return Reference	Explanation
FUNDRAISING EVENTS	FORM 990, PART VIII, LINE 8C	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.

Identifier	Return Reference	Explanation
DONATED SERVICES	FORM 990, SCHEDULE D, PART XII, LINE 2B AND PART XIII, LINE 2A	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, 2013, THE ASSOCIATION RECORDED \$6,030,011 OF CONTRIBUTED PUBLIC SERVICE ANNOUNCEMENTS.