** PUBLIC DISCLOSURE COPY **

(Rev. January 2020) Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

ΑF	or the	e 2019 calendar year, or tax year beginning an	d ending	_	
B c	heck if	C Name of organization		D Employer identif	fication number
	Addre chang				
	Name chang	Doing business as		83-20162	277
X	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite 14135	E Telephone numb	
	termir ated			G Gross receipts \$	2,591,486.
	Amen			H(a) Is this a group	
	Application	-		for subordinate	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates	
	ax-ex	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527	1	a list. (see instructions)
		te: NWW.IAMALS.ORG	027	H(c) Group exempti	
		organization: X Corporation Trust Association Other ►	I Year		M State of legal domicile: IL
	rt I	Summary	L 1001	or formation.	IVI Otate of legal dofficie. ==
		Briefly describe the organization's mission or most significant activities: SEE	PART T	TT. LINE 1.	
Governance	'	bliefly describe the organization's mission of most significant activities.			
nar	2	Check this box if the organization discontinued its operations or disp	osod of more	than 25% of its not a	pecote
Ve		- · · · · · · · · · · · · · · · · · · ·		ı	1
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b			+
დ ა		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			+
iţie	6	Total number of volunteers (estimate if necessary)			+
Activities		Total unrelated business revenue from Part VIII, column (C), line 12			·
ĕ		Net unrelated business taxable income from Form 990-T, line 39			+
		Not difficiated business taxable moonle from 550 f, iiile 55		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		THO TCU	2,574,735.
Revenue	9				0.
		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			16,751.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			2,591,486.
	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			10,000.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	
(A		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			234,195.
ses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
Expenses	h	Total fundraising expenses (Part IX, column (D), line 25) 61,	123.		
EX	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			683,304.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			927,499.
		Revenue less expenses. Subtract line 18 from line 12			1,663,987.
or es	13	Trevenue less expenses, oubtract line to from line 12	Be	ginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1	925	
Ass Ba	21	Total liabilities (Part X, line 26)			20,602.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		925	
Pa	irt II	Signature Block			
		Ities of perjury, I declare that I have examined this return, including accompanying schedu	lles and statem	ents, and to the best of r	ny knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of			,
Sign	n	Signature of officer		Date	
Her		DANIELLE CARNIVAL, CHIEF EXECUTIVE O	FFICER		
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature /		Date Check	PTIN
Paid	ı		easts.	6/2/2020 if self-emplo	P00288314
	arer	Firm's name GELMAN, ROSENBERG & FREEDMAN		Firm's EIN	/
	Only	Firm's address 4550 MONTGOMERY AVE SUITE 800N		0	- · · ·
		BETHESDA, MD 20814-2930		Phone no (3	301) 951-9090
May	the I	RS discuss this return with the preparer shown above? (see instructions)		[1 Hollo Ho. (s	X Ves No

Pai	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO RAISE AWARENESS AS WELL AS SUPPORT, CARE AND FUNDING FOR
	AMYOTROPHIC LATERAL SCLEROSIS ("ALS") AND THE SEARCH FOR CURES FOR
	ALS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 181,742. including grants of \$) (Revenue \$)
	DELIVER FOR PATIENTS - DELIVER A COMPREHENSIVE NAVIGATION PROGRAM
	SERVICING ALS PATIENTS AND THEIR FAMILIES TO EMPOWER PATIENTS AND THEIR
	FAMILIES WITH RELEVANT MEDICAL AND RESEARCH INFORMATION, SUPPORT THEM
	EMOTIONALLY, CONNECT THEM WITH PRACTICAL RESOURCES, AND HELP THEM BUILD
	A COMMUNITY AROUND THEM. I AM ALS NAVIGATION WILL CONNECT THOSE IT
	SERVES TO THE PROGRAMS AND SERVICES THAT BEST FIT THEIR NEEDS AND BE A PARTNER EVERY STEP OF THE WAY IN THEIR ALS JOURNEY.
	PARTNER EVERY STEP OF THE WAY IN THEIR ALS JOURNEY.
4b	(Code:) (Expenses \$ 286,913 • including grants of \$ 10,000 •) (Revenue \$)
40	(Code:) (Expenses \$ 286,913. including grants of \$ 10,000.) (Revenue \$) MOBILIZE PATIENTS AND THEIR NETWORKS AND TRANSFORM PUBLIC UNDERSTANDING
	- PROVIDE A WAY FOR THOSE IMPACTED BY ALS TO SERVE AS A DRIVING FORCE
	IN MAKING PROGRESS IN THE ALS FIGHT. ENSURE THAT THOSE OUTSIDE OF THE
	ALS COMMUNITY KNOW WHAT ALS IS AND PROVIDE TOOLS FOR AN ARMY OF
	EMPOWERED ADVOCATES TO MAKE REAL PROGRESS ON POLICY AND LEGISLATIVE
	GOALS, INCREASE FUNDING FOR ALS RESEARCH, AND ENGAGE EVERYONE IN THIS
	FIGHT.
4c	(Code:) (Expenses \$115 , 184 • including grants of \$) (Revenue \$)
	INCREASE RESEARCH FUNDING AND SPEEDING OF CURES - BUILD A COLLABORATIVE
	ALS RESEARCH PLATFORM TO ENABLE TRANSFORMATIVE RESEARCH AND EXECUTE ON
	LEGISLATIVE PRIORITIES TO DRAMATICALLY INCREASE RESEARCH FUNDING,
	IMPROVE PATIENT ACCESS TO POTENTIALLY LIFE-CHANGING THERAPIES, AND
	DELIVER NEEDED SERVICES AND CARE FOR PEOPLE LIVING WITH ALS AND THEIR
	CAREGIVERS.
4-1	Other pregram comices (Describe on Schedule O.)
40	Other program services (Describe on Schedule O.)
40	(Expenses \$\frac{\text{including grants of \$}}{\text{583,839}}\text{) (Revenue \$}
10	Form 990 (2019)

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Form 990 (2019) I AM ALS Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
4	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		X
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		 -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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I AM ALS

Part IV	Checklist of Required Schedules (continued)

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

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2019) I AM ALS Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return 2a 4									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X						
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X						
D	If "Yes," enter the name of the foreign country									
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?										
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5b 5c		<u> </u>						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7с		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	_		v						
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
f										
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	7h								
	sponsoring organization have excess business holdings at any time during the year? N/A	8								
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders N/A 11a									
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a								
	Note: See the instructions for additional information the organization must report on Schedule O.									
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans									
	Enter the amount of reserves on hand			77						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b								
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		Х						
	excess parachute payment(s) during the year? If "Yos " soo instructions and file Form 4720. Schodule N.	15		Λ						
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.	10								
	Too, complete Form His Lo, contourie of	Eor~	000	(2010)						

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

						Λ					
Sec	tion A. Governing Body and Management										
		1 1	4 4 F		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11								
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b	10								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	p with any other									
	officer, director, trustee, or key employee?		L	2	Х						
3	Did the organization delegate control over management duties customarily performed by or under the	ne direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?		L	3		X					
4	Did the organization make any significant changes to its governing documents since the prior Form	990 was filed?	Г	4		Х					
5 Did the organization become aware during the year of a significant diversion of the organization's assets?											
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a										
	more members of the governing body?			7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		····								
	persons other than the governing body?			7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye		···								
а	The governing body?	-		8a	Х						
b	Each committee with authority to act on behalf of the governing body?			8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		····								
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Fi										
					Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		Γ	10a		X					
	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of		····								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo			11a	Х						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	.,g									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If ")		····								
_	in Schedule O how this was done			12c	Х						
13	Did the organization have a written whistleblower policy?		····	13	Х						
14	Did the organization have a written document retention and destruction policy?			14	X						
15	Did the process for determining compensation of the following persons include a review and approv		···								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official			15a	Х						
	Other officers or key employees of the organization			15b		Х					
_	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 arrange	ment with a									
	taxable entity during the year?			16a		Х					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		····								
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organizati										
	exempt status with respect to such arrangements?			16b							
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶SEE SCHEDULE	0									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a		(c)(3)s	only) avail	able					
-	for public inspection. Indicate how you made these available. Check all that apply.	. (=======	. , (-,-	,	,						
		on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, c		, and	finar	ncial						
	statements available to the public during the tax year.		, 4.14	α							
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records									
	DANIELLE CARNIVAL - (202)505-1256										
	1200 PENNSYLVANIA AVE, NW, NO. 14135, WASHINGTON,	DC 20044									
	•										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization r (A) Name and title	(B) Average hours per	(do	not c	Pos heck ss pe	ition		one h an	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) LOUISE LANGHEIER CHAIR	15.00	X		Х				0.	0.	0
(2) SANDRA ABREVAYA	15.00							0.	0.	0
TREASURER	13.00	X		х				0.	0.	0
(3) JESSIE ROSSMAN	15.00			-						
SECRETARY		x		x				0.	0.	0
(4) BRIAN WALLACH	40.00							-		
CO-FOUNDER		Х		х				0.	0.	0
(5) PETER BOWEN	10.00									
DIRECTOR		Х						0.	0.	0
(6) CLARE DURRETT	4.00									
DIRECTOR		Х						0.	0.	0
(7) EDWIN COHEN	4.00									
DIRECTOR		Х						0.	0.	0
(8) DANIEL TATE	8.00									
DIRECTOR	10.00	Х						0.	0.	0
(9) MICHAEL SLABY	10.00	X						0.	0.	_
DIRECTOR (FROM 4/2019)	4.00	^						0.	0.	0
(10) JANO CABRERA DIRECTOR	4.00	X						0.	0.	0
(11) DANIELLE CARNIVAL	50.00	^						0.	0.	
CHIEF EXECUTIVE OFCR (FROM 9/2019)	30.00	Х		х				68,181.	0.	331
enili baleotivi otek (tkom 3/2013)				123				00,101.	•	331
		1								
		L	L		L	L				
						<u> </u>				
						_				
		l	1	1	l	1	1	1		

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rai	Section A. Officers, Directors, Trus	T	pioy	/ees			ıgne	St (1	•	\neg		(C)	
	(A) Name and title	(B) Average			Pos	C) sitior	n		(D) Reportable	(E) Reportable		Ec	(F) timate	od
	Name and the	hours per		not c	heck	more	than			compensation	,		nount	
		week	offi				or/trus		from	from related			other	
		(list any hours for	Individual trustee or director						the	organizations			pensa	
		related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	(ن		om th anizat	
		organizations	truste	al trus		yee	mpeu		(** 2/ 1000 (**1000)			•	d relat	
		below	vidual	Institutional trustee	Je.	key employee	nest co	Former				orga	anizati	ions
		line)	lndi	lnst	Officer	Key	High	Forr			\dashv			
											\dashv			
											\dashv			
											\dashv			
											\dashv			
1b	Subtotal			<u> </u>		<u> </u>	<u> </u>	<u> </u>	68,181.		0.		3	31.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								68,181.		0.		3	31.
2	Total number of individuals (including but r	ot limited to th	ose	liste	ed a	.bov	e) wl	no r	received more than \$100	,000 of reportable)			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer,	director, trust	ee. I	kev e	emp	love	e. o	r hic	ahest compensated emo	olovee on	Г			110
_	line 1a? If "Yes," complete Schedule J for s	•	-	•		•		_	• • •	•		3		Х
4	For any individual listed on line 1a, is the su													
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edul	e J i	for such individual		[4		Х
5	Did any person listed on line 1a receive or													37
-Soc	rendered to the organization? If "Yes," contion B. Independent Contractors	plete Schedul	e J t	for s	uch	pers	son					5		Х
1	Complete this table for your five highest co	mnensated in	den	ende	ent c	cont	racto	are t	that received more than	\$100 000 of com	nenss	ation f	rom	
•	the organization. Report compensation for										JCI 136	atioi i	10111	
	(A) Name and business								(B) Description of s		Co	(C	;) nsatio	on
DO	BIG THINGS, 1412 JACK		EE'	Г.	SZ	AN		\dashv	WEBSITE DEVE					-
	FRANCISCO, CA 94109 & MEDIA CONSULTANTS								11	9,4	37.			
								\dashv						
2	Total number of independent contractors (ncluding but n	ot li	mite	d to	tho	se li: 1	stec	d above) who received m	nore than				

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			/		ALS						83-2016	277 Page 9
Pa	rt V	/	Statement of Re	ven	iue							
			Check if Schedule O	conta	ains a r	espons	se o	or note to any lir				
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns			1a		15,000.				
ara our		b	Membership dues			1b						
s, (Am		С	Fundraising events			1c						
Giff		d	Related organizations			1d						
S, (imi		е	Government grants (contr	ibuti	ions)	1e						
tior S		f	All other contributions, gifts,	grant	ts, and							
ibu			similar amounts not included	abov	/e	1f 2	<u>, </u>	559,735.				
Contributions, Gifts, Grants and Other Similar Amounts		g	Noncash contributions included in	lines	1a-1f	1g \$						
a C		h	Total. Add lines 1a-1f						2,574,735.			
ice							ļ	Business Code				
	2	а					-					
erv ue		b					-					
m S		С					-					
gra Re		d					-					
Program Service Revenue		e	All II				-					
			All other program service									
	3		Total. Add lines 2a-2f Investment income (include									
	3		other similar amounts)						16,751.			16,751.
	4		Income from investment of									
	5		Royalties			•	•	-				
			,			Real		(ii) Personal				
	6	а	Gross rents	6a								
		b	Less: rental expenses	6b								
		С	Rental income or (loss)	6с								
		d	Net rental income or (loss))								
	7	а	Gross amount from sales of		(i) Se	curities	s	(ii) Other				
			assets other than inventory	7a								
•		b	Less: cost or other basis									
enne,			and sales expenses	7b			4					
			Gain or (loss)									
Υ. Ε	_		Net gain or (loss)				····					
Other Re	8	а	Gross income from fundraising									
			including \$ contributions reported on									
			Part IV, line 18		•		За					
		h	Less: direct expenses				3b					
			Net income or (loss) from			·····	_	>				
			Gross income from gamin		-							
			Part IV, line 19	-			Эа					
		b	Less: direct expenses				ъ					
			Net income or (loss) from					>				
	10	а	Gross sales of inventory, I	less i	returns	; Г						
			and allowances				0a					
		b	Less: cost of goods sold			1	0b					
		С	Net income or (loss) from	sales	s of inv	entory						
sn							ļ	Business Code				
eo e	11	а					_					

12 932009 01-20-20 2,591,486.

0.

d All other revenue e Total. Add lines 11a-11d 1 990 (2019) I AM ALS 83-2016277 Page 10

Form 990 (2019) I AM ALS 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).

Do i	Check if Schedule O contains a response not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	10,000.	10,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,512.	41,108.	27,404.	
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	133,751.	111,099.	22,652.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	14,752.	12,929.	1,823.	
0	Payroll taxes	17,180.		17,180.	
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	27,467.		27,467.	
	Lobbying	5,525.	5,525.		
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	440,735.	290,472.	150,263.	
12	Advertising and promotion	34,711.	34,711.		
13	Office expenses	1,389.	1,000.	100.	289
14	Information technology	28,802.	14,035.	13,779.	988
15	Royalties				
16	Occupancy	2,668.		2,668.	
7	Travel	21,782.	15,994.	4,470.	1,318
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	29,460.	29,460.		
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
3	Insurance	4,001.		4,001.	
24	Other expenses. Itemize expenses not covered				
•	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	ADMIN FEE (SEE SCH. O)	45,036.			45,036
h	BOARD EXPENSES	29,529.	15,225.	10,213.	4,091
c	FUNDRAISING	9,501.	-,	100.	9,401
Ч	PAYROLL PROCESSING	2,687.	2,281.	406.	-,
e	All other expenses	11.	=,	11.	
5	Total functional expenses. Add lines 1 through 24e	927,499.	583,839.	282,537.	61,123
. <u></u> :6	Joint costs. Complete this line only if the organization	,	223,003.		,
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet I AM ALS

		Check if Schedule O contains a response or no	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	102,400.
	2	Savings and temporary cash investments		925.	2	1,583,114.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from any current o				
		trustee, key employee, creator or founder, subs				
		controlled entity or family member of any of the	·		5	
	6	Loans and other receivables from other disqual				
		under section 4958(f)(1)), and persons describe	d in section 4958(c)(3)(B)		6	
Ŋ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
As	9	Prepaid expenses and deferred charges			9	
	l	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets	The state of the s		14	
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	To the second se	925.	16	1,685,514.
	17	Accounts payable and accrued expenses			17	20,602.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
ý	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, subs				
abil		controlled entity or family member of any of the	·		22	
Ë	23	Secured mortgages and notes payable to unrel			23	
	24	Unsecured notes and loans payable to unrelate			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on line				
		of Schedule D	· ·		25	
	26	—		0.	26	20,602.
		Organizations that follow FASB ASC 958, che				
ces		and complete lines 27, 28, 32, and 33.	·			
<u>a</u>	27	Net assets without donor restrictions		925.	27	914,514.
Ва	28	Net assets with donor restrictions			28	750,398.
nd		Organizations that do not follow FASB ASC 9				
ŕ		and complete lines 29 through 33.	,			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or ed			30	
As	31	Retained earnings, endowment, accumulated in	The state of the s		31	
Net	32	Total net assets or fund balances		925.	32	1,664,912.
	33	Total liabilities and net assets/fund balances		925.	33	1,685,514.

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Pa	t XI Reconciliation of Net Assets				<i>-</i>
	Check if Schedule O contains a response or note to any line in this Part XI				
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments	1 2 3 4 5 6 7 8	2,59	1,4 7,4 3,9	99. 87. 25.
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10					12.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
1 2a	•		2a	Yes	No X
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 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 consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		2b	X	
	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ired audit	3a		X
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	(2019)
			⊢orm	33U (2019)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization I AM ALS 83-2016277 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

13

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				0.	2,574,735.	2,574,735.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3					2,574,735.	2,574,735.
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)						442,680.
6	Public support. Subtract line 5 from line 4.						2,132,055.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(-, · · -	(=,==:=	(-,	(-, : :	2,574,735.	2,574,735.
8	Gross income from interest.					, ,	
Ū	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources				0.	16,751.	16,751.
9	Net income from unrelated business						
Ŭ	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						2,591,486.
12	Gross receipts from related activities,	etc (see instructi	one)			12	2,002,100.
13	First five years. If the Form 990 is for	· ·		rd fourth or fifth t			
.0	organization, check this box and stor					. , . ,	▶ X
Sec	ction C. Computation of Publ		rcentage				
14	Public support percentage for 2019 (line 6. column (f) d	ivided by line 11.	column (f))		14	%
15	Public support percentage from 2018					15	%
16a	33 1/3% support test - 2019. If the					nore, check this bo	x and
	stop here. The organization qualifies	•		,		,	ightharpoons
b	33 1/3% support test - 2018. If the						is box
	and stop here. The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac	-					•
	meets the "facts-and-circumstances"			-		_	
h	10% -facts-and-circumstances tes						
~	more, and if the organization meets the	•				·	
	organization meets the "facts-and-cire		•				
12	Private foundation. If the organization		ŭ		,		
-10	i invate roundation. Il the organization	TI GIG HOL CHECK a	DON OIT III TO TO, TO	a, 100, 11a, 01 11	D, OFFICER LITE DUX a	and dec mondeller	· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	clow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and	, ,	` ,	, ,	, ,	1	``
	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					1	
J	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
_						+	
5	The value of services or facilities furnished by a governmental unit to						
_	the organization without charge					+	
	Total. Add lines 1 through 5		-	-			
/ 6	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organiz	zation,
-	check this box and stop here						<u></u>
	ction C. Computation of Publ					 	
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves					14-1	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	%
19	a 33 1/3% support tests - 2019. If the						17 is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2018. If the						▶Ш and
	line 18 is not more than 33 1/3%, che	•			•	·	
20	Private foundation. If the organization						\

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
3b		
3с		
4-		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
00		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
	tion of Type I capper and organizations		Yes	No
4	Did the directors, trustees, or membership of one or more supported organizations have the power to		163	140
1				
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	<i>y</i>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
_				
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)) -		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orgai	nizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction						
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other						
	factors (explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by .035.	6					
_7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 85% of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990 or 990-EZ) 2019

Par	↑ V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ns		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV. Section B. lines 1 and 2; Part IV. Section C.
	line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)
-	
-	
-	

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

I	AM	ALS	83-2016277	
Organization type (check o				
Filers of:	Sec	tion:		
Form 990 or 990-EZ	X	501(c)(3) (enter number) organization		
		4947(a)(1) nonexempt charitable trust not treated as a private foundation		
		527 political organization		
Form 990-PF		501(c)(3) exempt private foundation		
		4947(a)(1) nonexempt charitable trust treated as a private foundation		
		501(c)(3) taxable private foundation		
, ,		ered by the General Rule or a Special Rule.), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions.	
General Rule				
		Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling contributor. Complete Parts I and II. See instructions for determining a contributor		
Special Rules				
sections 509(a)(1) any one contributo	and 1 ⁻ or, dur	cribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support 70(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amoul. Complete Parts I and II.	or 16b, and that received from	
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
year, contributions is checked, enter h purpose. Don't co	s <i>exclu</i> here th mplete	cribed in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from isively for religious, charitable, etc., purposes, but no such contributions totaled more total contributions that were received during the year for an exclusively religious eany of the parts unless the General Rule applies to this organization because it is, contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>	
but it must answer "No" on	Part I	't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F V, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fong requirements of Schedule B (Form 990, 990-EZ, or 990-PF).		

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

I AM ALS 83-2016277

Parti	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5	Training additional 1 1	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for

Name of organization Employer identification number

<u>I AM ALS</u> 83-2016277

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization **Employer identification number** 83-2016277 I AM ALS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

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.

OMB No. 1545-0047 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

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

Tax) (see sep	parate instruct	tions), th	en			
•	Section 5	501(c)(4), (5), or	(6) organ	izations: Complete Part III.			
	ne of orga					Empl	oyer identification number
			AM Z				83-2016277
Pa	art I-A	Complete	if the	organization is exempt un	der section 501(c)	or is a section 527 o	rganization.
2	Political	campaign activ	vity exper	anization's direct and indirect politi nditures paign activities		▶ \$	
Pa	art I-B	Complete	if the	organization is exempt un	der section 501(c)	(3).	
1	Enter the	e amount of an	y excise	ax incurred by the organization un	der section 4955	▶\$	
2	Enter the	e amount of an	y excise	tax incurred by organization manag	gers under section 4955	5 ▶\$	
				ction 4955 tax, did it file Form 4720			
4a	Was a c	orrection made	?				🔲 Yes 🔲 No
	If "Yes,"	describe in Pa	ırt IV.				
Pa	art I-C	Complete	if the	organization is exempt un	der section 501(c)	, except section 501(c)(3).
	·	(a) Name	,	. If additional space is needed, pro (b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990 or 990-EZ) 2019

LHA

932041 11-26-19

P		nplete if the org tion 501(h)).	ganizatio	n is exe	mpt under sectio	n 501(c)(3) and fil	ed Form 5768 (e	lection under
A	Check ▶ □		ation belone	as to an affi	liated group (and list in	n Part IV each affiliated	group member's nam	ne. address. EIN.
		expenses, and sha						, , ,
В	Check ►	if the filing organiza	tion check	ed box A ar	nd "limited control" pro	ovisions apply.		
				oying Expe eans amou	nditures ınts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lobbying	expenditures to infl	uence pub	lic opinion (grassroots lobbying)			
	b Total lobbying	expenditures to infl	uence a leç	gislative boo	dy (direct lobbying)			
	c Total lobbying	expenditures (add I	ines 1a and	d 1b)				
	•	purpose expenditur						
					d)			
					e following table in bot			
		n line 1e, column (a) o	or (b) is:		bying nontaxable am			
	Not over \$500				the amount on line 1e			
		0 but not over \$1,00		\$100,000 plus 15% of the excess over \$500,000. \$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.				
		00 but not over \$1,5						
	Over \$1,500,0	000 but not over \$17	,000,000	\$1,000,	•	ess over \$1,500,000.		
	Over \$17,000,	,000		\$1,000,	500.			
	g Grassroots no	ntaxable amount (er	nter 25% o	f line 1f)				
	•	Ig from line 1a. If zer						
		If from line 1c. If zer	-					
	j If there is an a	mount other than ze	ero on eithe	er line 1h or	line 1i, did the organiz	ation file Form 4720		
		ion 4911 tax for this	_					Yes No
					eraging Period Under			
	(So	me organizations t			01(h) election do not ate instructions for li	have to complete all	of the five columns b	elow.
_								
_			LODE	ying Exper	nditures During 4-Ye	ar Averaging Period		I
	Calend (or fiscal year	•	(a) 2	2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
	a Lobbying non							
	b Lobbying ceiling (150% of line 2	-						
	c Total lobbying	expenditures						
		ntaxable amount						
	e Grassroots ce (150% of line	iling amount 2d, column (e))						
	f Graseroots lob	nhvina expenditures						

Schedule C (Form 990 or 990-EZ) 2019

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

For e	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a	1)	(b)
of th	e lobbying activity.	Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state, or			
	local legislation, including any attempt to influence public opinion on a legislative matter			
	or referendum, through the use of:	37		
а	Volunteers?	X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X	37	
	Media advertisements?		X	
	Mailings to members, legislators, or the public?		X X	
	Publications, or published or broadcast statements?		X	
	Grants to other organizations for lobbying purposes?	х	Λ	5,525.
	Direct contact with legislators, their staffs, government officials, or a legislative body?	Λ	Х	3,343.
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?		X	
'			21	5,525.
S a	Total. Add lines 1c through 1i Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	3/3231
	If "Yes," enter the amount of any tax incurred under section 4912			
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			
	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ection
	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?			
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), section			
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OF	l (b) Part	III-A, line 3, is
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).			
а	Current year		2a	
	Carryover from last year			
С	Total		١ ۵	
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 exc	cess		
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	oolitical		
	expenditure next year?		4	
5	Taxable amount of lobbying and political expenditures (see instructions)		5	
	t IV Supplemental Information			
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II	-A, lines 1	and 2 (see
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:			
ON	A LIMITED NUMBER OF SPECIFIC LEGISLATIVE ISSUES, O	UR VOI	UNTEE	RS AND
LE	ADERSHIP RAISED AWARENESS, MET WITH AND COMMUNICATE	D DIRE	ECTLY	WITH
<u>LE</u>	GISLATORS AND THEIR STAFF, WITH THE SUPPORT OF AN O	UTSIDE	E CONT	RACTOR.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

T AM ALS

Employer identification number 83-2016277

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds	or Accounts. Complete if the	<u> </u>
	organization answered "Yes" on Form 990, Part IV, lin		2200,	
	, ,	(a) Donor advised funds	(b) Funds and other accounts	
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes	☐ No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose of	conferring	
	impermissible private benefit?		Yes	No_
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recrea	ation or education) Preservation of a	a historically important land area	
	Protection of natural habitat	Preservation of a	a certified historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the	last
	day of the tax year.		Held at the End of the T	ax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax	
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		_
	violations, and enforcement of the conservation easements i			No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons-	ervation easements during the yea	ır
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year	
_	> \$			
8	Does each conservation easement reported on line 2(d) above	•		- 1
_	and section 170(h)(4)(B)(ii)?			No
9	In Part XIII, describe how the organization reports conservation	•		
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	ents that describes the	
Pai	organization's accounting for conservation easements. t III Organizations Maintaining Collections o	f Art Historical Treasures or Ot	har Similar Assats	
Га	Complete if the organization answered "Yes" on Form		iller Sillillar Assets.	
10	If the organization elected, as permitted under FASB ASC 95		nd balance shoot works	
ıa	of art, historical treasures, or other similar assets held for pul	, .		
	service, provide in Part XIII the text of the footnote to its final	· · · · · · · · · · · · · · · · · · ·	•	
h	If the organization elected, as permitted under FASB ASC 95			
b	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	exhibition, education, or research in furth	erance of public service,	
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical tre			
_	the following amounts required to be reported under FASB A	,	gani, provido	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$	
	Assets included in Form 990, Part X			

932051 10-02-19

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

Schedule D (Form 990) 2019

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colu	mn (B) line 10c)	•	0.

Schedule D (Form 990) 2019

	83	-2016277 _{Page}
II am Farma 000 Dart IV lines	11h Can Farra 000 Bart V line 10	
		d of year market value
(b) book value	(c) Method of Valuation. Cost of en	u-or-year market value
on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
	11d. See Form 990, Part X, line 15.	1
Description		(b) Book value
ne 15)		
10 10.)		l
" on Form 990 Part IV line	11e or 11f See Form 990 Part X line 2	5
orr orri 550, r are rv, iiric	THE OF THE GOOT OF THE ZOO, I WITE ZO	(b) Book value
		(b) Book value
ne 25.)	>	
,		•
	(b) Book value on Form 990, Part IV, line (b) Book value on Form 990, Part IV, line on Form 990, Part IV, line on Form 990, Part IV, line on Form 990, Part IV, line	" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (b) Book value (c) Method of valuation: Cost or en (a) Method of valuation: Cost or en (b) Book value (c) Method of valuation: Cost or en (c) Method of valuation: Cost or en (d) Book value (e) Method of valuation: Cost or en (e) Method of valuation: Cost or en (f) Method of valuation: Cost or en (g) Method of valuation: Cost or en (h) Book value

932053 10-02-19

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

Schedule D (Form 990) 2019

_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			1	4,663,126.
1	Total revenue, gains, and other support per audited financial statements			1	4,005,120.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ا ۔م ا			
a	5 ()		2,071,640.	-	
b			2,0/1,040	4	
С.	1 7 9			-	
d				┥, │	2,071,640.
e	•			2e	2,591,486.
3	Subtract line 2e from line 1			3	2,331,400.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	ا م ا			
a	, , , , , , , , , , , , , , , , , , , ,	-		-	
b		4b		-	0
_	Add lines 4a and 4b			4c	0. 2,591,486.
5 D a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Stateme	ntc M	lith Evnonces no	5 Dotu	
Ра		HILS V	nui Expenses per	netu	111.
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			T .	2,999,139.
1	Total expenses and losses per audited financial statements			1	4,333,133.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما	2,071,640.		
a		$\overline{}$	2,0/1,040	4	
b		1 - 1		_	
C		-		-	
d	,				2 071 640
е	•			2e	2,071,640. 927,499.
3	Subtract line 2e from line 1			3	927,499.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
а	, , , ,			-	
b					0.
С	Add lines 4a and 4b			4c	U •
				-	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	927,499.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.			5	927,499.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines	1b and 2b; Part V, line	5	927,499.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.	V, lines	1b and 2b; Part V, line	5	927,499.
5 Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines	1b and 2b; Part V, line	5	927,499.
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	V, lines	1b and 2b; Part V, line	5	927,499.
Pa Prov	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV	V, lines	1b and 2b; Part V, line	5	927,499.
Pa Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2:	V, lines ional in	1b and 2b; Part V, line formation.	5 4; Part	927 , 499 . X, line 2; Part XI,
Pa Provines	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	V, lines ional in	1b and 2b; Part V, line formation.	5 4; Part	927 , 499 . X, line 2; Part XI,
Provines PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS	V, lines ional in	1b and 2b; Part V, line formation.	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION
Provines PAI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2:	V, lines ional in	1b and 2b; Part V, line formation.	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION
5 Pa Prov lines PAI FOI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID	V, lines ional in	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOR	4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING
5 Pa Prov lines PAI FOI	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS	V, lines ional in	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOR	4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING
Provinces PAI OF UNC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI OF UNC	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI PAI TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI PAI TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI PAI TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN
Provinces PAI FOI OF UNC TAX	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit RT X, LINE 2: R THE YEAR ENDED DECEMBER 31, 2019, IAA HAS FASB ASC 740-10, INCOME TAXES, THAT PROVID CERTAINTY IN INCOME TAXES AND HAS DETERMINE X POSITIONS QUALIFY FOR EITHER RECOGNITION	V, lines ional in DOC	1b and 2b; Part V, line formation. CUMENTED ITS GUIDANCE FOF	5 4; Part	927,499. X, line 2; Part XI, NSIDERATION PORTING UNCERTAIN

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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization I AM ALS	Employer identification number $83-2016277$						
Part I General Information on Grants a	and Assistance						03 2010277
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.			
Part II Grants and Other Assistance to	_				anization answered "Y	es" on Form 990, Par	t IV, line 21, for any
recipient that received more than		· ·			(f) Method of	1	i
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NORTHEAST AMYOTROPHIC LATERAL							TWO-DAY PROGRAM HOSTED BY
SCLEROSIS CONSORTIUM - 177 E							NEALS DEDICATED TO
COLORADO BOULEVARD, SUITE 200 -							EDUATING PATIENTS AND
PASADENA, CA 91105	56-2547779	501(C)(3)	10,000.	0.			FAMILIES ON CLINICAL
2 Enter total number of section 501(c)(3) a	and government o	rganizations listed in t	he line 1 table	<u> </u>			<u> </u>
3 Enter total number of other organization							O .

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<u>Schedule I (Form 990) (2019)</u> I **AM** ALS 83-2016277 Page **2**

Correction (Form 600) (E010)					i age
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answ	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	uired in Part I, lin	e 2; Part III, columr	n (b); and any other a	dditional information.	
PART I, LINE 2:					
MEMBERS OF I AM ALS TEAM ATTENDED	THE TWO	DAY CONFER	RENCE FOR W	HICH THE	
GRANT WAS GIVEN. I AM ALS WORKED W	ITH MEMB	ERS OF THE	E NEALS TEA	M BEFORE AND	
DURING THE EVENT AND IS CONFIDENT	THE FUND	S WERE USE	ED APPROPRI	ATELY AND	
EFFECTIVELY FOR PATIENT EDUCATION.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	:				

NORTHEAST AMYOTROPHIC LATERAL SCLEROSIS CONSORTIUM

Schedule I (Form 990)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2019
Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

I AM ALS

Employer identification number 83-2016277

FORM 990, PART VI, SECTION A, LINE 2:

BRIAN WALLACH AND SANDRA ABREVAYA HAVE A FAMILY RELATIONSHIP.

BRIAN WALLACH AND EDWIN COHEN HAVE A BUSINESS RELATIONSHIP.

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

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE ORGANIZATION'S AUDIT COMMITTEE. THE RETURN WAS THEN PROVIDED TO THE FULL BOARD, PRIOR TO FILING WITH THE IRS.

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

EACH DIRECTOR, OFFICER, KEY PERSON AND MEMBER OF A COMMITTEE ANNUALLY SIGNS A CONFLICT OF INTEREST STATEMENT, WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED, READ, UNDERSTANDS AND AGREES WITH THE POLICY. A CONFLICT OF INTEREST ARISES WHEN A PERSON HAS AN EXISTING OR POTENTIAL FINANCIAL INTEREST OR OTHER MATERIAL INTEREST THAT IMPAIRS, OR APPEARS TO IMPAIR HIS OR HER INDEPENDENCE OR OBJECTIVITY IN THE DISCHARGE OF RESPONSIBILITIES AND DUTIES TO I AM ALS. IF A CONFLICT ARISES EACH RELATED PARTY DISCLOSES ANY DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST WHICH HE OR SHE OR HIS OR HER RELATIVES HAS OR REASONABLY EXPECTS TO HAVE IN A RELATED PARTY TRANSACTION PRIOR TO OR AS SOON AS PRACTICABLE FOLLOWING THE START OF ANY NEGOTIATIONS WITH RESPECT TO SUCH MATTER. INTERESTS WILL BE DISCLOSED IN WRITING TO THE SECRETARY OF THE CORPORATION. THE SECRETARY OF THE CORPORATION PROVIDES A COPY OF ALL SUCH DISCLOSURES TO THE DIRECTORS OF THE CORPORATION. THE BOARD REVIEWS ALL TRANSACTIONS, AGREEMENTS OR ANY OTHER

ARRANGEMENTS BETWEEN THE CORPORATION AND A RELATED PARTY, AND ANY OTHER

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

I AM ALS

Employer identification number 83-2016277

TRANSACTIONS WHICH MAY INVOLVE A POTENTIAL CONFLICT OF INTEREST. NO RELATED PARTY VOTES ON ANY MATTER WITH RESPECT TO WHICH HE OR SHE HAS BEEN

DETERMINED BY THE BOARD TO HAVE A FINANCIAL INTEREST. IF THE BOARD OR

COMMITTEE HAS REASONABLE CAUSE TO BELIEVE THAT A MEMBER HAS FAILED TO

DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT INFORMS THE MEMBER OF THE BASIS FOR SUCH BELIEF AND AFFORD THE MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. IF, AFTER HEARING THE MEMBER'S RESPONSE AND INVESTIGATING FURTHER, AS WARRANTED BY THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE BOARD TAKES APPROPRIATE CORRECTIVE ACTION.

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

THE ORGANIZATION SOUGHT DATA FROM SEVERAL SOURCES TO ASSESS THE APPROPRIATE COMPENSATION RANGE, INCLUDING AN INDEPENDENT SEARCH FIRM AND REVIEWED SEVERAL COMPENSATION STUDIES FROM PROFESSIONALS FOR NON-PROFITS TO KOYA LEADERSHIP PARTNERS. WE DETERMINED THE KEY CRITERIA FOR OUR DECISION WERE

1) COMPETITIVE DATA FROM THE SOURCES LISTED ABOVE, 2) QUALIFICATIONS OF THE CANDIDATE INCLUDING EXPERIENCE TO DATE AND GRADUATE TRAINING, AND 3) OUR COMPENSATION PHILOSOPHY THAT WE SHOULD PAY COMPETITIVELY GIVEN THE DEMANDING AND URGENT TIMELINE OF THE JOB. THE SEARCH COMMITTEE OF THE BOARD DEVELOPED THE CRITERIA VIA PHONE CONVERSATIONS AND EMAIL IN PARTNERSHIP WITH THE INDEPENDENT SEARCH FIRM. THIS PROPOSAL WAS PRESENTED TO THE EXECUTIVE BOARD ON A WEEKLY CALL AND SENT IN WRITING TO THE FULL BOARD FOR DISCUSSION AT A BOARD MEETING. THE LAST COMPENSATION REVIEW TOOK PLACE IN AUGUST 2019.

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization I AM ALS	Employer identification number 83-2016277
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MI, MN, MS, NH, NJ, NM, NY, OR, PA	RI,SC,TN,UT,VA,WV
WI	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT	OF INTEREST
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC	PER REQUEST.
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ADVOCACY:	
PROGRAM SERVICE EXPENSES	49,825.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	49,825.
COMMUNICATION:	
PROGRAM SERVICE EXPENSES	59,511.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	59,511.
DIGITAL:	
PROGRAM SERVICE EXPENSES	109,393.
MANAGEMENT AND GENERAL EXPENSES	5,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	114,393.
RECRUITING SERVICES:	
PROGRAM SERVICE EXPENSES	0.
932212 09-06-19 Sche	edule O (Form 990 or 990-EZ) (2019

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Name of the organization I AM ALS	Employer identification number 83-2016277
MANAGEMENT AND GENERAL EXPENSES	90,168.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	90,168.
OPERATION CONSULTING:	
PROGRAM SERVICE EXPENSES	24,937.
MANAGEMENT AND GENERAL EXPENSES	54,369.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	79,306.
RESEARCH:	
PROGRAM SERVICE EXPENSES	46,806.
MANAGEMENT AND GENERAL EXPENSES	726.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	47,532.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	440,735.
FORM 990, PART IX, LINE 24A:	
PRIOR TO RECEIVING ITS 501(C)(3) DESIGNATION, IAA ENTERED	INTO A FISCAL
SPONSORSHIP AGREEMENT WITH LES TURNER AMYTROPHIC LATERAL	SCLEROSIS
FOUNDATION, LTD (LES TURNER). DURING 2019, LES TURNER CO	LLECTED
APPROXIMATELY \$1,270,000 OF FUNDS ON BEHALF OF IAA AND CH	ARGED
ADMINISTRATIVE FEES OF APPROXIMATELY \$45,000.	

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