

Form **990**

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.		D Employer identification number 35-1044585	
	Doing business as		E Telephone number (901) 578-2000	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 501 ST. JUDE PLACE		G Gross receipts \$ 3,334,378,002.	
	City or town, state or province, country, and ZIP or foreign postal code MEMPHIS, TN 38105		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: RICHARD C. SHADYAC, JR. SAME AS C ABOVE		H(b) Are all subordinates included? Yes No		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		H(c) Group exemption number ▶		
J Website: ▶ WWW.STJUDE.ORG		L Year of formation: 1957		M State of legal domicile: IL
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other ▶				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	41
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1939
	6 Total number of volunteers (estimate if necessary)	6	1000000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-2,634,893.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	1,744,366,291.	2,024,430,417.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	122,400,176.	340,940,644.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,522,855.	38,331,043.
		1,898,289,322.	2,403,702,104.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	974,742,522.	997,103,326.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	189,800,903.	181,743,089.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,409,576.	11,304,762.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 289,183,184.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	390,400,394.	432,893,536.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,564,353,395.	1,623,044,713.
19 Revenue less expenses. Subtract line 18 from line 12	333,935,927.	780,657,391.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,848,337,695.	8,164,081,055.
	22 Net assets or fund balances. Subtract line 21 from line 20	111,924,730.	124,613,358.
	5,736,412,965.	8,039,467,697.	

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	KERA WRIGHT, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	FRANCIS J. BEDARD	<i>Francis Bedard</i>	04/21/2022	<input type="checkbox"/>	P00752421
Preparer Use Only	Firm's name ▶ DELOITTE TAX LLP	Firm's EIN ▶ 86-1065772			
	Firm's address ▶ 1033 DEMONBREUN STREET, SUITE 400 NASHVILLE, TN 37203	Phone no. (615) 259-1800			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions. AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Taxpayer identification number (TIN) 35-1044585
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 501 ST. JUDE PLACE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MEMPHIS, TN 38105	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

ABED ABDO

- The books are in the care of ▶ **501 ST. JUDE PLACE - MEMPHIS, TN 38105**
Telephone No. ▶ **(901) 578-2150** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box _____ ▶
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box _____. If it is for part of the group, check this box _____ and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 16, 2022** , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2020** , and ending **JUN 30, 2021** .

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC. (ALSAC) WAS FOUNDED IN 1957 AND EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [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 \$ 1,173,124,673. including grants of \$ 997,103,326.) (Revenue \$ 28,854,217.) ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. (ST. JUDE). ALSAC EXISTS SOLELY TO RAISE FUNDS AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL TO ADVANCE CURES, AND MEANS OF PREVENTION, FOR PEDIATRIC CATASTROPHIC DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS. THANKS TO GENEROUS DONORS, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - SO THEY CAN FOCUS ON HELPING THEIR CHILD LIVE. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

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

4e Total program service expenses 1,173,124,673.

Part IV Checklist of Required Schedules

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		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 1939		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	X	
b	If "Yes," enter the name of the foreign country ► SEE SCHEDULE O 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	X	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		
	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 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
	If "Yes," see instructions and file Form 4720, Schedule N.		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?		X
	If "Yes," complete Form 4720, Schedule O.		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.		
	1a 41		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 38		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
 KERA WRIGHT - (901) 578-2150
 501 ST. JUDE PLACE, MEMPHIS, TN 38105

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 nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JAMES R. DOWNING EX-OFFICIO DIRECTOR	1.00 55.00	X					0.	1,303,467.	255,516.	
(2) RICHARD C. SHADYAC, JR. CEO & EX-OFFICIO DIRECTOR	55.00 1.00	X		X			945,764.	0.	123,064.	
(3) EMILY S. GREER CHIEF ADMIN. OFFICER	55.00 0.00			X			599,371.	0.	93,914.	
(4) ANURAG PANDIT CHIEF INVESTMENT OFFICER	55.00 0.00					X	578,242.	0.	87,864.	
(5) EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	55.00 0.00					X	557,276.	0.	100,518.	
(6) ROBERT MACHEN CHIEF OPERATING OFFICER (THRU 10/20)	55.00 0.00					X	557,020.	0.	88,430.	
(7) SARA HALL CHIEF LEGAL OFFICER	55.00 0.00					X	513,534.	0.	89,864.	
(8) GEORGE SHADROUI CHIEF STRATEGY OFFICER	55.00 0.00					X	517,761.	0.	79,880.	
(9) ABED ABDO CHIEF FINANCIAL OFFICER	55.00 0.00			X			468,112.	0.	24,755.	
(10) JEFFREY T. PEARSON FORMER CHIEF FINANCIAL OFFICER	0.00 0.00					X	350,388.	0.	101,133.	
(11) JOYCE ABOUSSIE VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(12) SUSAN MACK AQUILLARD, MD VOTING DIRECTOR	4.00 8.00	X					0.	0.	0.	
(13) PAUL J. AYOUB, ESQ. VOTING DIRECTOR	4.00 8.00	X					0.	0.	0.	
(14) JOSEPH S. AYOUB, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(15) FREDERICK M. AZAR, MD VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(16) JAMES B. BARKATE VOTING DIRECTOR	4.00 4.00	X					0.	0.	0.	
(17) MARTHA PERINE BEARD VOTING DIRECTOR	8.00 4.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SHERYL BOURISK VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(19) ROBERT A. BREIT, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(20) TERRY L. BURMAN VOTING DIRECTOR	4.00 8.00	X						0.	0.	0.
(21) ANN M. DANNER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(22) JOSEPH M. DEVIVO VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(23) FRED P. GATTAS, III, PHARMD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(24) RUTH GAVIRIA VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(25) CHRISTOPHER GEORGE, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(26) JUDY HABIB VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.
1b Subtotal								5,087,468.	1,303,467.	1,044,938.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								5,087,468.	1,303,467.	1,044,938.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 469

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE, AKRON, OH 44333-4501	CALL CENTER	6,805,127.
INNERWORKINGS, INC. 600 W. CHICAGO AVENUE, CHICAGO, IL 60654	PRINT MATERIALS PRODUCTION	5,992,418.
EAGLECOM, INC., 2300 YONGE STREET, SUITE 1700, TORONTO, ONTARIO, CANADA	MEDIA PURCHASING	5,592,972.
INFOGROUP, INC. P.O. BOX 3243, OMAHA, NE 68102	MARKETING & DATA	3,596,189.
VACO MEMPHIS, LLC, 5410 MARYLAND WAY, #460, BRENTWOOD, TN 37027	IT CONTRACT LABOR	3,481,543.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 172

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GABRIEL HADDAD, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(28) CHUCK HAJJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(29) FOUAD HAJJAR, MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(30) PAUL K. HAJAR VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(31) FREDERICK R. HARRIS, JR., MD VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(32) BRUCE B. HOPKINS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(33) J. DAVID KARAM, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(34) SHARON L. MCCOLLAM VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(35) MICHAEL D. MCCOY VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(36) ROBERT T. MOLINET, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(37) RAMZI NUWAYHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(38) THOMAS PENN, III VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(39) CHRISTINA M. RASHID VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(40) CAMILLE F. SARROUF, JR., ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(41) JOSEPH C. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(42) JOSEPH G. SHAKER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(43) MICHAEL SIMON VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(44) GEORGE A. SIMON, II VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(45) TONY THOMAS VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
(46) RICHARD M. UNES VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>											
(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(47) PAUL H. WEIN, ESQ. VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.	
(48) SUSAN R. WINDHAM-BANNISTER VOTING DIRECTOR	4.00 4.00	X						0.	0.	0.	
(49) TAMA ZAYDON VOTING DIRECTOR	8.00 4.00	X						0.	0.	0.	
Total to Part VII, Section A, line 1c											

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	3,355,764.				
	b Membership dues	1b					
	c Fundraising events	1c	8,045,778.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,013,028,875.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 47,873,760.				
	h Total. Add lines 1a-1f			2,024,430,417.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		33,208,256.		-4,526,950.	37,735,206.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	10,000.			
			(ii) Personal				
				0.			
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c	10,000.				
	d Net rental income or (loss)			10,000.		10,000.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1222361741.	244,975.		
			(ii) Other				
				914,663,952.	210,376.		
				307,697,789.	34,599.		
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
d Net gain or (loss)			307,732,388.		307,732,388.		
8 a Gross income from fundraising events (not including \$ 8,045,778. of contributions reported on line 1c). See Part IV, line 18	8a		8,965,021.				
			1,390,252.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			7,574,769.		7,574,769.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		41,488,785.				
			12,634,568.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			28,854,217.	28,854,217.			
10 a Gross sales of inventory, less returns and allowances	10a		3,668,807.				
			1,776,750.				
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory			1,892,057.	1,892,057.			
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			2,403,702,104.	28,854,217.	-2,634,893.	353,052,363.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	997,103,326.	997,103,326.		
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	1,632,667.	332,316.	506,464.	793,887.
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	142,571,484.	29,151,784.	44,194,801.	69,224,899.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,973,212.	2,019,462.	2,867,924.	5,085,826.
9 Other employee benefits	17,967,050.	3,487,316.	5,814,872.	8,664,862.
10 Payroll taxes	9,598,676.	1,969,875.	2,833,686.	4,795,115.
11 Fees for services (nonemployees):				
a Management				
b Legal	2,277,599.	350,756.	866,762.	1,060,081.
c Accounting	374,146.		374,146.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	11,304,762.			11,304,762.
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.)	16,859,787.	3,566,480.	4,051,086.	9,242,221.
12 Advertising and promotion				
13 Office expenses	441,847.	66,437.	307,008.	68,402.
14 Information technology	30,854,058.	5,226,294.	21,147,605.	4,480,159.
15 Royalties				
16 Occupancy	8,227,250.	1,442,284.	2,407,996.	4,376,970.
17 Travel	559,277.	101,610.	118,800.	338,867.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,008,711.	180,588.	407,074.	421,049.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	35,624,864.	5,637,030.	25,493,054.	4,494,780.
23 Insurance	2,672,708.	456,224.	1,162,794.	1,053,690.
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 O.)				
a CAMPAIGN EXPENSES	174,374,721.	75,085,783.	15,797,068.	83,491,870.
b MAILINGS & SHIPPING	108,180,581.	37,283,494.	16,185,821.	54,711,266.
c PRINTING & PUBLICATIONS	6,224,324.	1,064,492.	907,335.	4,252,497.
d TELECOMMUNICATIONS	4,683,661.	1,757,290.	1,706,101.	1,220,270.
e All other expenses	40,530,002.	6,841,832.	13,586,459.	20,101,711.
25 Total functional expenses. Add lines 1 through 24e	1,623,044,713.	1,173,124,673.	160,736,856.	289,183,184.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input checked="" type="checkbox"/> X if following SOP 98-2 (ASC 958-720)	146,899,955.	78,205,212.	16,382,495.	52,312,248.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	361,191,285.	2	264,937,049.
	3 Pledges and grants receivable, net	50,438,828.	3	64,503,789.
	4 Accounts receivable, net	471,608.	4	250,298.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,791,040.	8	4,235,105.
	9 Prepaid expenses and deferred charges	5,915,751.	9	3,357,014.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 371,003,087.		
	b Less: accumulated depreciation	10b 152,699,797.		
		229,260,406.	10c	218,303,290.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	5,197,268,777.	12	7,608,494,510.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 33)	5,848,337,695.	16	8,164,081,055.	
Liabilities	17 Accounts payable and accrued expenses	55,234,475.	17	73,893,594.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	56,690,255.	25	50,719,764.
	26 Total liabilities. Add lines 17 through 25	111,924,730.	26	124,613,358.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	4,667,610,950.	27	6,683,886,334.
	28 Net assets with donor restrictions	1,068,802,015.	28	1,355,581,363.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	5,736,412,965.	32	8,039,467,697.
33 Total liabilities and net assets/fund balances	5,848,337,695.	33	8,164,081,055.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,403,702,104.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,623,044,713.
3	Revenue less expenses. Subtract line 2 from line 1	3	780,657,391.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,736,412,965.
5	Net unrealized gains (losses) on investments	5	1,522,397,341.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,039,467,697.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 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).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).
6 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 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.
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...
11 An organization organized and operated exclusively to test for public safety.
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...
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1314189700.	1446493050.	1667190856.	1744366291.	2024430417.	8196670314.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1314189700.	1446493050.	1667190856.	1744366291.	2024430417.	8196670314.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						8196670314.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	1314189700.	1446493050.	1667190856.	1744366291.	2024430417.	8196670314.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,051,442.	26,152,721.	35,719,999.	25,296,657.	33,208,256.	143,429,075.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	719,985.	754,615.	0.	0.	0.	1,474,600.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	44,211,185.	51,485,671.	55,697,649.	46,576,106.	50,453,806.	248,424,417.
11 Total support. Add lines 7 through 10						858998406.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	95.42 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	95.16 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		
2		

Section 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)? <i>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).</i>		
1		

Section D. All Type III Supporting Organizations

	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section 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 year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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? <i>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.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

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.)

PART II, LINE 10:

COLUMN (A): 2016 - TOTAL OF 44,211,185 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 17,139,341

B. GROSS GAMING RECEIPTS: 27,071,844

COLUMN (B): 2017 - TOTAL OF 51,485,671 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 19,414,166

B. GROSS GAMING RECEIPTS: 32,071,505

COLUMN (C): 2018 - TOTAL OF 55,697,649 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 18,639,338

B. GROSS GAMING RECEIPTS: 37,058,311

COLUMN (D): 2019 - TOTAL OF 46,576,106 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 9,405,383

B. GROSS GAMING RECEIPTS: 37,170,723

COLUMN (E): 2020 - TOTAL OF 50,453,806 CONSISTS OF:

A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 8,965,021

B. GROSS GAMING RECEIPTS: 41,488,785

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

2020

Open to Public Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions about monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included.

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	1,033,682,990.	1,055,350,944.	1,024,698,330.	965,253,422.	873,056,599.
b Contributions	7,863,768.	5,491,426.	4,864,242.	21,281,957.	12,552,432.
c Net investment earnings, gains, and losses	357,550,674.	34,726,892.	64,664,085.	92,690,065.	103,475,245.
d Grants or scholarships					
e Other expenditures for facilities and programs	69,170,089.	61,886,272.	38,875,713.	54,527,114.	23,830,854.
f Administrative expenses					
g End of year balance	1,329,927,343.	1,033,682,990.	1,055,350,944.	1,024,698,330.	965,253,422.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 7.5000 %
 - b Permanent endowment 92.5000 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | X | |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		46,179,491.		46,179,491.
b Buildings		149,526,361.	36,122,770.	113,403,591.
c Leasehold improvements		4,958,222.	2,623,532.	2,334,690.
d Equipment		63,142,487.	38,552,264.	24,590,223.
e Other		107,196,526.	75,401,231.	31,795,295.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				218,303,290.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) GLOBAL EQUITY	2,659,746,455.	END-OF-YEAR MARKET VALUE
(B) MARKETABLE ALTERNATIVES	2,161,686,808.	END-OF-YEAR MARKET VALUE
(C) REAL ASSETS	288,505,103.	END-OF-YEAR MARKET VALUE
(D) PRIVATE EQUITY	1,724,161,730.	END-OF-YEAR MARKET VALUE
(E) FIXED INCOME	604,472,281.	END-OF-YEAR MARKET VALUE
(F) CASH EQUIVALENTS	169,922,133.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,608,494,510.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITY OBLIGATIONS	50,719,764.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	50,719,764.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,938,734,013.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 1,522,397,341.		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	1,522,397,341.
3	Subtract line 2e from line 1		3	2,416,336,672.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b -12,634,568.		
c	Add lines 4a and 4b		4c	-12,634,568.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	2,403,702,104.

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

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

1	Total expenses and losses per audited financial statements		1	1,635,679,281.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d 12,634,568.		
e	Add lines 2a through 2d		2e	12,634,568.
3	Subtract line 2e from line 1		3	1,623,044,713.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,623,044,713.

Part XIII Supplemental Information.

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

PART V, LINE 4:

THE INTENDED USE OF THE ORGANIZATION'S RESERVE FUND IS TO SUPPORT THE

CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC.

THE FUND HELPS ENSURE THAT ST. JUDE CAN CONTINUE ITS COMMITMENT TO

TREATING PATIENTS AND ADVANCING LONG-TERM RESEARCH PROJECTS IN THE YEARS

AHEAD - NO MATTER WHAT HAPPENS IN THE ECONOMY OR IN THE EVENT OF A

DISASTER.

TREATMENTS FOR PEDIATRIC CANCER CAN LAST UP TO 3 YEARS AND COST AN AVERAGE

OF \$425,000 (AND COULD EXCEED \$1 MILLION) PER PATIENT. YET REGARDLESS OF

COST, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL,

HOUSING OR FOOD - SO THEY CAN FOCUS ON HELPING THEIR CHILD LIVE.

Part XIII Supplemental Information (continued)

IN ADDITION, CARE DOESN'T END WHEN TREATMENT IS FINISHED - ST. JUDE
FOLLOWS PATIENTS FOR LIFE, LEARNING FROM YESTERDAY'S PATIENTS TO IMPROVE
CARE AND OUTCOMES FOR TOMORROW'S CHILDREN. THE RESERVE FUND HELPS ENSURE
THAT ST. JUDE CAN FULFILL THAT COMMITMENT TO EACH AND EVERY PATIENT, NOW
AND INTO THE FUTURE, REGARDLESS OF THE COST OR DURATION OF THEIR CARE.

THE RESERVE FUND ALSO PROVIDES CONFIDENCE FOR ST. JUDE TO LAUNCH AN
HISTORIC 6-YEAR, \$11.5 BILLION STRATEGIC PLAN - IN THE MIDST OF A GLOBAL
PANDEMIC - THAT WILL EXPAND PATIENT SERVICES AND ACCELERATE RESEARCH IN
THE U.S. AND GLOBALLY FOR CHILDREN WITH CATASTROPHIC DISEASES. ST. JUDE
ALSO HAS ANNOUNCED A NEW SIX-YEAR, ADDITIONAL \$200 MILLION PARTNERSHIP
WITH THE WORLD HEALTH ORGANIZATION (WHO) TO PROVIDE QUALITY CANCER
MEDICINES FOR CHILDREN IN LOW- AND MIDDLE-INCOME COUNTRIES - THE LARGEST
FINANCIAL COMMITMENT EVER MADE FOR A GLOBAL EFFORT IN PEDIATRIC CANCER
MEDICATIONS, AND THE FUND HELPS ST. JUDE TO LAUNCH MULTIPLE LONG-TERM
RESEARCH STUDIES, WITH ASSURANCE OF FUNDING TO SEE THEM THROUGH
COMPLETION. CURING CATASTROPHIC DISEASES IN CHILDREN IS A
MULTI-TRILLION-DOLLAR, MULTI-YEAR GLOBAL PROBLEM AND ST. JUDE MUST
CONTINUE OUR WORK NO MATTER WHAT HAPPENS WITH THE ECONOMY, THE MARKET,
FUNDRAISING OR IN THE EVENT OF A DISASTER.

PART X, LINE 2:

AS OF JUNE 30, 2021, ALSAC HAD NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS
UNDER ASC TOPIC 740, INCOME TAXES, REQUIRING ADJUSTMENTS TO ITS FINANCIAL
STATEMENTS. IN THE EVENT ALSAC WERE TO RECOGNIZE INTEREST AND PENALTIES
RELATED TO UNCERTAIN TAX POSITIONS, IT WOULD BE RECOGNIZED IN THE
FINANCIAL STATEMENTS AS A GENERAL EXPENSE. GENERALLY, TAX YEARS ENDING

Part XIII Supplemental Information (continued)

2018 THROUGH 2021 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING

AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY

IN PROCESS.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES -12,634,568.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT GAMING EXPENSES 12,634,568.

DIRECT GAMING EXPENSES IDENTIFIED ABOVE REFER TO THE ST.

JUDE DREAM HOME GIVEAWAYS.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number 35-1044585
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Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

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

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

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		2480295593.
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		118,484,313.
EAST ASIA AND THE PACIFIC			INVESTMENTS		43,785,975.
NORTH AMERICA			INVESTMENTS		13,559,736.
SOUTH ASIA			INVESTMENTS		4,970,918.
SOUTH AMERICA			INVESTMENTS		3,147,230.
SUB-SAHARAN AFRICA			INVESTMENTS		2,434,486.
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	41,224.
3 a Subtotal	0	0			2666719475.
b Total from continuation sheets to Part I	0	0			80,000.
c Totals (add lines 3a and 3b)	0	0			2666799475.

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

Schedule F (Form 990) 2020

Part I Continuation of Activities per Region. (Schedule F (Form 990), Part I, line 3)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	20,000.
RUSSIA AND NEIGHBORING STATES	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	20,000.
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	20,000.
SOUTH ASIA	0	0	PROGRAM SERVICES	EDUCATION AND TRAINING	20,000.
Totals					80,000.

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

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

3 Enter total number of other organizations or entities ▶ _____

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

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 3:

EXPENDITURES ARE RECORDED ON AN ACCRUAL BASIS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

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

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

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

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORP. - 325 SPRINGSIDE DR., AKRON, OH	FUNDRAISING SOLICITOR		X	4,822,025.	4,725,871.	96,154.
COMMSense - MONTANA INDUSTRIAL PARK, ROAD 459 KM.	FUNDRAISING SOLICITOR		X	498,856.	391,134.	107,722.
EAGLECOM, INC. - 2300 YONGE STREET, SUITE 1700, BOX 2416,	FUNDRAISING COUNSEL		X	0.	5,984,306.	-5,984,306.
NNE MARKETING, LLC - 1666 MASSACHUSETTS AVE., SUITE 14,	FUNDRAISING COUNSEL		X	0.	120,000.	-120,000.
ELEVENTY MARKETING GROUP - 453 S. HIGH ST., SUITE 101,	FUNDRAISING COUNSEL		X	0.	83,451.	-83,451.
Total				5,320,881.	11,304,762.	-5,983,881.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	GALA (event type)	151 (total number)	
Revenue	1 Gross receipts	1,062,191.	683,507.	15,265,101.	17,010,799.
	2 Less: Contributions	566,687.	655,477.	6,823,614.	8,045,778.
	3 Gross income (line 1 minus line 2)	495,504.	28,030.	8,441,487.	8,965,021.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes			180,097.	180,097.
	6 Rent/facility costs			108,686.	108,686.
	7 Food and beverages			33,449.	33,449.
	8 Entertainment	36,270.		364,422.	400,692.
	9 Other direct expenses	10,209.		657,119.	667,328.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,390,252.
11 Net income summary. Subtract line 10 from line 3, column (d)				7,574,769.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue			41,488,785.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			7,405,582.	7,405,582.
	4 Rent/facility costs			48,289.	48,289.
	5 Other direct expenses			5,180,697.	5,180,697.
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d)				12,634,568.	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				28,854,217.	

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: CA, CO, GA, ID, IL, KS, KY, LA, MO, MS, MT, NC

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: IN COLORADO, ALSAC CONTRACTS WITH A THIRD PARTY WHO IS LICENSED TO CONDUCT GAMING IN THAT STATE. SEE RESPONSE TO SCHEDULE G, PART III, LINES 15A - C. LICENSES ARE NOT REQUIRED FOR THE GAMING ACTIVITY

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain:

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	5.00 %
b An outside facility	13b	95.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ KERA WRIGHT

Address ▶ 501 ST. JUDE PLACE - MEMPHIS, TN 38105

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ 2,376,244. and the amount of gaming revenue retained by the third party ▶ \$ 0.
- c If "Yes," enter name and address of the third party:

Name ▶ EPSILON SIGMA ALPHA CHAPTER OF COLORADO

Address ▶ 363 WEST DRAKE ROAD - FORT COLLINS, CO 80526

16 Gaming manager information:

Name ▶ BRIAN DOYLE

Gaming manager compensation ▶ \$ 172,106.

Description of services provided ▶ MANAGES THE PLANNING AND EXECUTION OVERSIGHT OF RAFFLE ACTIVITIES

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 10,566,175.

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

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

- (I) NAME OF FUNDRAISER: INFOCISION MANAGEMENT CORP.
- (I) ADDRESS OF FUNDRAISER: 325 SPRINGSIDE DR., AKRON, OH 44333-4501
- (I) NAME OF FUNDRAISER: COMMSENSE
- (I) ADDRESS OF FUNDRAISER:

MONTANA INDUSTRIAL PARK, ROAD 459 KM. 0.5, LOT 52, AGUADILLA, PUERTO RICO

Part IV Supplemental Information (continued)

(I) NAME OF FUNDRAISER: EAGLECOM, INC.

(I) ADDRESS OF FUNDRAISER:

2300 YONGE STREET, SUITE 1700, BOX 2416, TORONTO, CANADA M4P 1E4

(I) NAME OF FUNDRAISER: NNE MARKETING, LLC

(I) ADDRESS OF FUNDRAISER:

1666 MASSACHUSETTS AVE., SUITE 14, LEXINGTON, MA 02420

(I) NAME OF FUNDRAISER: ELEVENTY MARKETING GROUP

(I) ADDRESS OF FUNDRAISER: 453 S. HIGH ST., SUITE 101, AKRON, OH 44311

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

CA, CO, GA, ID, IL, KS, KY, LA, MO, MS, MT, NC, NM, NV, OH, OK, TN, TX, VA

SCHEDULE G, PART III, LINE 9B, EXPLANATION:

IN COLORADO, ALSAC CONTRACTS WITH A THIRD PARTY WHO IS LICENSED

TO CONDUCT GAMING IN THAT STATE. SEE RESPONSE TO SCHEDULE G, PART III,

LINES 15A - C. LICENSES ARE NOT REQUIRED FOR THE GAMING ACTIVITY

CONDUCTED BY ALSAC IN THE FOLLOWING STATES LISTED ON LINE 9 ABOVE: MO,

MS, MT, NC, OH, OK AND TX.

SCHEDULE G, PART III, COLUMN (C), OTHER GAMING:

THE ST. JUDE DREAM HOME CAMPAIGN IS A NATIONWIDE PROGRAM TO FURTHER

ALSAC'S MISSION BY BUILDING AWARENESS OF THE PROGRAMS AND SERVICES THAT

ST. JUDE CHILDREN'S RESEARCH HOSPITAL PROVIDES, SPECIFICALLY, WITH

RESPECT TO ITS ROLE IN LEADING THE WAY THE WORLD UNDERSTANDS, TREATS

AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING CHILDHOOD

DISEASES. IN CONNECTION WITH THE OPPORTUNITY TO PURCHASE A RAFFLE

Part IV Supplemental Information (continued)

TICKET FOR THE OPPORTUNITY TO WIN A HOME, THE ST. JUDE DREAM HOME
CAMPAIGN PROVIDES NATIONAL REACH AND MARKETING EXPOSURE FOR ALSAC'S
MISSION TO SUPPORT THE MISSION OF ST. JUDE. OVER 5.8 MILLION WEBSITE
PAGE VIEWS, AN ESTIMATED 22,000 TV AND RADIO PLACEMENTS, OVER 5.8
MILLION PIECES OF DIRECT MAIL, PRESENCE IN 44 MARKETS NATIONWIDE IN 19
SEPARATE STATES, OVER 23 MILLION SOCIAL MEDIA IMPRESSIONS, 1.8 MILLION
EMAILS DEPLOYED AND AN ESTIMATED 600 PLUS BROADCAST NEWS STORIES TO
SPREAD INFORMATION ABOUT THE MISSION OF ST. JUDE ARE JUST A FEW OF THE
RESULTS ACHIEVED BY THIS CAMPAIGN. ALTHOUGH NATIONAL IN SCOPE, THE
CAMPAIGN IS DIRECTED TO SPECIFIC, TARGETED MARKETS WHERE A MARKETING
OUTREACH CAMPAIGN CAN RESULT IN STRONG AWARENESS FOR THE MISSION OF ST.
JUDE. THE EXTENSIVE AND INTENSIVE COMMUNITY ENGAGEMENT SURROUNDING THE
ST. JUDE DREAM HOME EVENTS IS DESIGNED TO ENGAGE THE PUBLIC IN THE
AWARENESS CAMPAIGN ABOUT ST. JUDE, EXPOSING LARGE NUMBERS IN THE
COMMUNITY TO THE ALSAC/ST. JUDE MISSION REGARDLESS OF WHETHER AN
INDIVIDUAL PURCHASES A RAFFLE TICKET. THE MARKETING EFFORTS ASSOCIATED
WITH THE ST. JUDE DREAM HOME CAMPAIGN CONTRIBUTE IMPORTANTLY TO RAISING
THE AWARENESS NECESSARY TO INCREASING COMMUNITY ENGAGEMENT WITH ST.
JUDE CHILDREN'S RESEARCH HOSPITAL (INCLUDING TAKING ADVANTAGE OF THE
IMPORTANT SERVICES ST. JUDE PROVIDES), AS WELL AS TO ATTRACT AND RETAIN
NEW DONORS TO ENSURE THE CONTINUED OPERATION OF ST. JUDE NOW AND IN THE
FUTURE, WHILE ALSO ENSURING THAT NO FAMILY EVER RECEIVES A BILL FROM
ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD. THE ST. JUDE DREAM
HOME CAMPAIGN, THROUGH THE TELEVISION AND RADIO PROGRAMS, PLACEMENTS,
FUNDRAISING AND PUBLIC AWARENESS EVENTS, ALSO BENEFITS OUR EDUCATION,
TRAINING AND COMMUNITY SERVICE PROGRAM OBJECTIVES THAT SUPPORT THE ST.
JUDE MISSION AND ABILITY TO CONTINUE TO LEAD THE WAY THE WORLD
UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER

Part IV Supplemental Information (continued)

LIFE-THREATENING DISEASES.

PART III, LINE 17B, MANDATORY DISTRIBUTIONS BY STATE:

CA - \$3,424,410

ID - \$1,284,430

IL - \$623,653

KY - \$1,044,000

LA - \$1,599,114

NV - \$1,114,765

TN - \$1,159,722

VA - \$316,081

**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

2020

**Open to Public
Inspection**

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.**

Employer identification number
35-1044585

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 262 DANNY THOMAS PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	997103326	0.			SUPPORT FOR OPERATIONAL AND CAPITAL BUDGET NEEDS

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

3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) 2020

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

(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 required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE SOLE RECIPIENT OF GRANTS AND SUPPORT IS ST. JUDE CHILDREN'S RESEARCH
HOSPITAL, INC. ALSAC IS THE FUNDRAISING AND AWARENESS ORGANIZATION FOR ST.
JUDE CHILDREN'S RESEARCH HOSPITAL, INC. ALSAC EXISTS SOLELY TO RAISE FUNDS
AND BUILD AWARENESS TO SUSTAIN THE MISSION OF ST. JUDE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.**

Employer identification number
35-1044585

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

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

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

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

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

	Yes	No
1b	X	
2	X	
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

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

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

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JAMES R. DOWNING EX-OFFICIO DIRECTOR	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	1,194,386.	100,150.	8,931.	230,350.	25,166.	1,558,983.	0.
(2) RICHARD C. SHADYAC, JR. CEO & EX-OFFICIO DIRECTOR	(i)	877,077.	0.	68,687.	103,459.	19,605.	1,068,828.	64,529.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY S. GREER CHIEF ADMIN. OFFICER	(i)	540,552.	0.	58,819.	74,309.	19,605.	693,285.	56,229.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ANURAG PANDIT CHIEF INVESTMENT OFFICER	(i)	552,352.	0.	25,890.	66,460.	21,404.	666,106.	21,732.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	(i)	526,180.	0.	31,096.	75,763.	24,755.	657,794.	30,466.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ROBERT MACHEN CHIEF OPERATING OFFICER (THRU 10/20)	(i)	473,128.	0.	83,892.	67,483.	20,947.	645,450.	11,523.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARA HALL CHIEF LEGAL OFFICER	(i)	480,277.	0.	33,257.	70,086.	19,778.	603,398.	31,808.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) GEORGE SHADROUI CHIEF STRATEGY OFFICER	(i)	475,586.	0.	42,175.	68,896.	10,984.	597,641.	38,017.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ABED ABDO CHIEF FINANCIAL OFFICER	(i)	467,188.	0.	924.	0.	24,755.	492,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JEFFREY T. PEARSON FORMER CHIEF FINANCIAL OFFICER	(i)	122,413.	0.	227,975.	98,124.	3,009.	451,521.	8,028.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

HEALTH OR SOCIAL CLUB DUES: A SOCIAL CLUB MEMBERSHIP WAS MADE AVAILABLE TO
THE CEO BUT LIMITED TO BUSINESS PURPOSES IN ACCORDANCE WITH A WRITTEN
POLICY DIRECTIVE. THE AMOUNT OF THE MEMBERSHIP WAS NOT TREATED AS TAXABLE
INCOME BECAUSE THE USE WAS BUSINESS RELATED.

PART I, LINE 4A:

UNDER A VOLUNTARY SEPARATION AGREEMENT ENTERED INTO BY THE EMPLOYEE AND
THE ORGANIZATION, THE EMPLOYEE IS ENTITLED TO SEVERANCE PAY. THE TERMS
AND CONDITIONS TO RECEIVE SEVERANCE PAYMENTS ARE CONFIDENTIAL. ALL
SEVERANCE AGREEMENTS, WHEN LEGALLY PERMITTED, INCLUDE A RELEASE OF
CLAIMS.

SEVERANCE PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING LISTED

PERSONS IN PART VII:

ROBERT MACHEN \$71,238

JEFFREY T. PEARSON \$219,590

Part III Supplemental Information

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

PART I ,LINE 4B:

THE ORGANIZATION ESTABLISHED A NON-QUALIFIED DEFERRED COMPENSATION PLAN

PURSUANT TO CODE SECTION 457(F) OF THE INTERNAL REVENUE CODE. THE PLAN

AMOUNTS ARE SUBJECT TO SUBSTANTIAL FUTURE SERVICE REQUIREMENTS TO THE

ORGANIZATION AND ARE SUBJECT TO SUBSTANTIAL RISK OF FORFEITURE.

NONQUALIFIED PLAN PAYMENTS WERE MADE DURING THE YEAR TO THE FOLLOWING

LISTED PERSONS IN PART VII:

RICHARD C. SHADYAC, JR. \$64,529

EMILY S. GREER \$56,229

ANURAG PANDIT \$21,732

EMILY CALLAHAN \$30,466

ROBERT MACHEN \$11,523

SARA HALL \$31,808

GEORGE SHADROUI \$38,017

JEFFREY T. PEARSON \$8,028

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No. 1545-0047

2020

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

Name of the organization AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.

Employer identification number 35-1044585

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No).

- 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CARTER HOPKINS	SEE PART V	73,755.	EMPLOYMENT		X
COURY SHADYAC	SEE PART V	209,255.	EMPLOYMENT		X
KARON NASH	SEE PART V	80,850.	EMPLOYMENT		X

Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: CARTER HOPKINS

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF VOTING DIRECTOR, BRUCE B. HOPKINS

(C) AMOUNT OF TRANSACTION: \$73,755

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: COURY SHADYAC

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CEO & EX-OFFICIO DIRECTOR), RICHARD C. SHADYAC, JR.

(C) AMOUNT OF TRANSACTION: \$209,255

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

SCHEDULE L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF INTERESTED PERSON: KARON NASH

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: FAMILY

MEMBER OF OFFICER (CHIEF ADMIN. OFFICER), EMILY S. GREER

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

(C) AMOUNT OF TRANSACTION: \$80,850

(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.** Employer identification number **35-1044585**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art	X	59		
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	19		
7 Boats and planes	X	3		
8 Intellectual property				
9 Securities - Publicly traded	X	2,780	47,830,339.	COST OR SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential	X	24		
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles	X	53		
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (DIGITAL ASSET)	X	4	43,421.	COST OR SELLING PRICE
26 Other (PRIZE PACKAGE)	X	193	0.	
27 Other (GIFT CARDS)	X	67	0.	
28 Other (OTHER PRIZES)	X	149	0.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 3

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2020

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBERS IN COLUMN (B) REFER TO A COMBINATION OF THE NUMBER OF CONTRIBUTIONS AND THE NUMBER OF ITEMS RECEIVED.

SCHEDULE M, LINE 32B:

ALSAC PARTNERED WITH CHARITABLE ADULT RIDES (CARS) FOR SALE OF VEHICLES DONATED TO THE ORGANIZATION. CARS WORKS WITH VENDORS THROUGHOUT THE COUNTRY TO PICK-UP DONATED VEHICLES AND SELL THE VEHICLE. ALSAC ALSO PARTNERED WITH CARS TO ALLOW SUPPORTERS TO DONATE VEHICLES DIRECTLY TO CARS WITH THE PROCEEDS FROM THE SALE BENEFITING THE ORGANIZATION.

SCHEDULE M, LINE 33:

RECEIPTS FOR LINES 1,6,7,15,18,25,26 AND 27 ARE REPORTED ON THE FORM 990, PART VIII, LINE 8A OR LINE 9A.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES, INC.

Employer identification number
35-1044585

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

HOSPITAL, INC.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND

HERITAGE OF OUR FOUNDER, DANNY THOMAS.

FORM 990, PART III, LINE 4A:

CURING CATASTROPHIC DISEASES IN CHILDREN IS A MULTI-TRILLION-DOLLAR,

MULTI-YEAR GLOBAL PROBLEM AND ALSAC AND ST. JUDE MUST CONTINUE OUR WORK

NO MATTER WHAT HAPPENS WITH THE ECONOMY, THE MARKET, FUNDRAISING OR IN

THE EVENT OF A DISASTER.

ST. JUDE IS A RESEARCH HOSPITAL, SO NONE OF THE CUTTING-EDGE RESEARCH

COSTS AND MANY OF THE EXTENSIVE TREATMENTS AND SERVICES WE PROVIDE ARE

NOT COVERED BY INSURANCE, AND MAY NOT BE IN THE FUTURE. UNLIKE OTHER

HOSPITALS THAT RECEIVE 90-95% OPERATING REVENUES FROM INSURANCE

RECOVERIES AND PATIENT COPAYS, THE MAJORITY OF OUR FUNDING COMES FROM

GENEROUS DONORS AND INVESTMENT INCOME TO SUPPORT NEEDS NOW AND IN THE

FUTURE. IN THE YEARS AHEAD, AN ESTIMATED 87% OF THE FUNDS NECESSARY TO

RUN ST. JUDE MUST BE RAISED BY ALSAC FROM GENEROUS DONORS.

WHEN ST. JUDE OPENED ITS DOORS IN 1962, THE SURVIVAL RATE FOR CHILDHOOD

CANCER WAS 20%. SINCE THAT TIME, TREATMENTS INVENTED AT ST. JUDE HAVE

HELPED PUSH THE OVERALL SURVIVAL RATE FOR CHILDHOOD CANCER TO MORE THAN

80% TODAY. ST. JUDE WON'T STOP UNTIL NO CHILD DIES FROM CANCER.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES, INC.	Employer identification number	35-1044585
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TODAY, ST. JUDE IS LEADING THE WAY THE WORLD UNDERSTANDS, TREATS, AND

DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES.

ST. JUDE IS THE FIRST AND ONLY NATIONAL CANCER INSTITUTE-DESIGNATED

COMPREHENSIVE CANCER CENTER DEVOTED SOLELY TO CHILDREN. ST. JUDE IS

ALSO THE FIRST WORLD HEALTH ORGANIZATION (WHO) COLLABORATING CENTRE FOR

CHILDHOOD CANCER. THIS YEAR, IN PARTNERSHIP WITH THE WHO, ST. JUDE

ANNOUNCED A NEW SIX-YEAR, ADDITIONAL \$200 MILLION INITIATIVE TO PROVIDE

QUALITY CANCER MEDICINES FOR CHILDREN IN LOW- AND MIDDLE-INCOME

COUNTRIES. THIS REPRESENTS THE LARGEST FINANCIAL COMMITMENT EVER MADE

FOR A GLOBAL EFFORT IN CHILDHOOD CANCER MEDICINES.

RECENTLY, ST. JUDE ANNOUNCED A SIGNIFICANT ADVANCEMENT IN OUTCOMES FOR

CHILDREN WITH HIGH-RISK NEUROBLASTOMA. THIS NEW THERAPY, DEVELOPED AT

ST. JUDE, DELIVERS AN INCREASE IN SURVIVAL RATES OF MORE THAN 20

PERCENTAGE POINTS, TO 74 PERCENT. PRIOR TO THIS BREAKTHROUGH, THE

SURVIVAL RATE HAD REMAINED AT APPROXIMATELY 51 PERCENT FOR A DECADE.

ST. JUDE SHARES THE BREAKTHROUGHS IT MAKES, AND EVERY CHILD SAVED AT

ST. JUDE MEANS DOCTORS AND SCIENTISTS WORLDWIDE CAN USE THAT KNOWLEDGE

TO SAVE THOUSANDS MORE CHILDREN.

IN ADDITION TO CHILDHOOD CANCER, ST. JUDE PLAYS A CRITICAL LEADERSHIP

ROLE IN GROUNDBREAKING STUDIES ON SICKLE CELL DISEASE, INFECTIOUS

DISEASES, AND GENETIC DISORDERS. THESE EFFORTS ARE INSTRUMENTAL TO

IMPROVING CARE FOR CHILDREN AROUND THE WORLD.

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A ST. JUDE PATIENT WAS THE FIRST IN THE WORLD TO BE CURED OF SICKLE CELL DISEASE WITH A BONE MARROW TRANSPLANT, AND ST. JUDE HAS ONE OF THE LARGEST PEDIATRIC SICKLE CELL PROGRAMS IN THE COUNTRY.

AND ST. JUDE'S EFFORTS DON'T END WHEN TREATMENT STOPS. THE ST. JUDE AFTER COMPLETION OF THERAPY (ACT) PROGRAM IS THE LARGEST LONG-TERM FOLLOW-UP CLINIC FOR PEDIATRIC CANCER PATIENTS IN THE UNITED STATES AND ST. JUDE DOES THIS AT NO COST TO THE PATIENTS. THE CLINIC HELPS PATIENTS STAY HEALTHY AFTER ACTIVE TREATMENT ENDS AND HAS BEEN A PROTOTYPE FOR OTHER LONGER TERM FOLLOW-UP PROGRAMS. FORMER ST. JUDE PATIENTS ALSO ARE PARTICIPATING IN THE ST. JUDE LIFE STUDY, DESIGNED TO HELP ADULT SURVIVORS OF CHILDHOOD CANCER LEARN ABOUT ISSUES THAT AFFECT THEIR HEALTH AS WELL AS WAYS TO STAY HEALTHY. ST. JUDE IS ALSO HOME TO THE CHILDHOOD CANCER SURVIVOR STUDY, A COLLABORATIVE STUDY AMONG U.S. AND CANADIAN INSTITUTIONS THAT INCLUDES MORE THAN 20,000 CHILDHOOD CANCER SURVIVORS WITH THE AIM TO IMPROVE SURVIVORSHIP OUTCOME AND QUALITY OF LIFE.

IN ADDITION, BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST. JUDE ARE AT THE CUTTING EDGE WORLDWIDE, AND ST. JUDE HAS THE LARGEST RESEARCH-BASED PEDIATRIC BRAIN TUMOR PROGRAM IN THE COUNTRY. ST. JUDE IS THE COORDINATING CENTER OF THE NATIONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, WHICH RECEIVES FUNDING FROM THE NATIONAL CANCER INSTITUTE.

ST. JUDE'S COMMITMENT TO ADVANCING THE FRONTIERS OF RESEARCH ARE EVIDENT IN THE OPENING OF THE NEW, \$412M INSPIRATION4 ADVANCED RESEARCH CENTER (I4ARC), WHICH OFFERS SPACE FOR COMPUTATIONAL BIOLOGY, ARTIFICIAL INTELLIGENCE AND ONE OF THE MOST ADVANCED MICROSCOPES IN THE

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WORLD. IN ADDITION, THE I4ARC HOUSES LABS FOR IMMUNOLOGY,
DEVELOPMENTAL NEUROBIOLOGY AND CELLULAR AND MOLECULAR BIOLOGY. THE
CENTER CREATES AN INVITING SPACE FOR CLINICIANS, PHYSICIANS AND
RESEARCH FROM ACROSS MULTIPLE DISCIPLINES TO COLLABORATE.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, BERMUDA, BRAZIL, BRITISH VIRGIN IS,
CANADA, CAYMAN ISLANDS, CHINA, DENMARK,
FRANCE, GERMANY, GUERNSEY, HONG KONG,
INDIA, IRELAND, ITALY, JAPAN,
MAURITIUS, MEXICO, NETHERLANDS, SPAIN,
SWEDEN, SWITZERLAND, TAIWAN, UNITED KINGDOM

FORM 990, PART V, LINE 4B (CONTINUED):

THE FINANCIAL ACCOUNTS IN THE FOREIGN COUNTRIES LISTED ON FORM 990,
PART V, LINE 4B (AND SCHEDULE O) ARE RELATED TO INVESTMENTS. NO
FINANCIAL ACCOUNTS FOR OPERATIONAL PURPOSES WERE MAINTAINED IN FOREIGN
COUNTRIES.

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

FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J.
AYOUB, ESQ.; ROBERT A. BREIT, MD AND JOSEPH G. SHAKER; JOSEPH C. SHAKER AND
JOSEPH G. SHAKER.

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

EACH YEAR, THE AUDIT AND COMPLIANCE COMMITTEE AND OFFICERS OF THE BOARD ARE
PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE
AUDIT AND COMPLIANCE COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE

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DRAFT FORM 990 BEFORE IT IS FILED WITH THE IRS. ADDITIONALLY THE
 COMPENSATION COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE
 COMPENSATION SECTIONS OF THE FORM 990, AND THE CONFLICT OF INTEREST
 COMMITTEE OF THE BOARD IS PROVIDED WITH A DRAFT COPY OF THE
 CONFLICT-OF-INTEREST SECTIONS OF THE FORM 990 FOR REVIEW BEFORE THE
 FINALIZED DOCUMENT IS FILED WITH THE IRS. EACH VOTING MEMBER OF THE BOARD
 IS PROVIDED WITH A FINAL COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES
 BEFORE IT IS FILED WITH THE IRS.

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

THE ORGANIZATION MAINTAINS A CONFLICT OF INTEREST COMMITTEE OF THE BOARD OF
 DIRECTORS. IN ADDITION TO EDUCATION OF NEW BOARD MEMBERS ON THE CONFLICT OF
 INTEREST POLICY, THE ADMINISTRATOR TO THE BOARD/CHIEF GOVERNANCE OFFICER
 MONITORS CONFLICT MANAGEMENT PLANS (WHICH MAY INCLUDE CHANGING VENDORS,
 DIVESTITURE OF FINANCIAL INTERESTS, AND THE LIKE) TO ENSURE THEY ARE
 COMPLETED IN A TIMELY FASHION. UNDISCLOSED CONFLICTS ARE DISCOVERED, WHERE
 POSSIBLE, THROUGH THE ORGANIZATION'S CONTRACTING PROCESS. THIS IS TRUE FOR
 THE BOARD'S CONFLICT OF INTEREST POLICY AND FOR THE SEPARATE CONFLICT OF
 INTEREST POLICY APPLICABLE TO ALL ADMINISTRATION OF THE ORGANIZATION
 (POTENTIAL CONFLICTS OF THE ORGANIZATION ARE DISCUSSED AND RESOLVED AT A
 SENIOR-LEVEL CONFLICTS OF INTEREST COMMITTEE). POTENTIAL RESTRICTIONS RANGE
 FROM UNWINDING OR PROHIBITING A TRANSACTION, TO PREVENTING SOMEONE FROM
 PARTICIPATING IN A DELIBERATION, TO SIMPLE DISCLOSURE TO THE BOARD OF THE
 CONFLICTING INTEREST, DEPENDING ON THE FACTS AND CIRCUMSTANCES OF THE
 CONFLICT.

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

AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD, ADVISED BY AN

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INDEPENDENT OUTSIDE EXPERT, ANNUALLY REVIEWS THE REASONABLENESS OF THE

TOTAL REMUNERATION PAID TO THE CEO, OTHER OFFICERS, AND CERTAIN OTHER

EMPLOYEES. THE LAST REVIEW WAS COMPLETED IN DECEMBER 2021. THE BOARD'S

EXECUTIVE TOTAL COMPENSATION PHILOSOPHY IS INTENDED TO SUPPORT THE

ORGANIZATION'S OVERALL STRATEGY AND OBJECTIVES, ATTRACT AND RETAIN

EMPLOYEES, LINK COMPENSATION TO PERFORMANCE AND THE ATTAINMENT OF THE

ORGANIZATION'S OBJECTIVES, AND PROVIDE COMPENSATION AT A REASONABLE COST

WHILE FULFILLING THE CHARITABLE MISSION OF THE ORGANIZATION. THE BOARD

TARGETS TOTAL REMUNERATION BETWEEN THE 50TH AND 75TH PERCENTILES OF THE

DEFINED COMPARATOR MARKET, WHILE GIVING DUE CONSIDERATION TO THE MISSION

AND THE CHARITABLE NATURE OF THE ORGANIZATION. NO REVIEWED EMPLOYEE'S TOTAL

REMUNERATION WAS OVER THE 75TH PERCENTILE FOR THE REPORTING YEAR.

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

AL, CA, CT, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN

UT, WA, WI, WV

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS

ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART IX, LINE 26:

WE CONDUCT A NUMBER OF ACTIVITIES, WHICH JOINTLY BENEFIT OUR EDUCATION,

TRAINING, AND COMMUNITY SERVICE PROGRAM OBJECTIVES, AS WELL AS

FUNDRAISING AND GENERAL AND ADMINISTRATIVE ACTIVITIES. THE EDUCATIONAL

INFORMATION SHARED WITHIN THESE ACTIVITIES SUPPORT OUR MISSION TO LEAD

THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND

OTHER LIFE-THREATING DISEASES AND INCLUDE OUR TELEVISION AND RADIO

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PROGRAMS AND PLACEMENTS, DIRECT MAIL PROGRAM, AND CERTAIN OTHER
FUNDRAISING AND PUBLIC AWARENESS EVENTS. IN ACCORDANCE WITH THE
FINANCIAL ACCOUNTING STANDARDS BOARD GUIDELINES, WE ALLOCATED A PORTION
OF OUR FUNDRAISING EXPENSES TO PROGRAM SERVICE AND GENERAL AND
ADMINISTRATIVE EXPENSES IN OUR COMBINED STATEMENTS OF FUNCTIONAL
EXPENSES.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. - 62-0646012, 262 DANNY THOMAS PLACE, MEMPHIS, TN 38105	HOSPITAL	TENNESSEE	501(C)(3)	3	N/A		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
TESTAMENTARY TRUSTS WITH VESTED RESIDUAL OR PERPETUAL INTERESTS (21)	FIDUCIARY	TN	N/A	TRUST					X

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c	X	
1d		X
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l	X	
1m		X
1n	X	
1o		X
1p	X	
1q	X	
1r		X
1s		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) VARIOUS TESTAMENTARY TRUSTS	C	11,780,272.	CASH OR CASH EQUIVALENT DIST.
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART IV:

THE RELATED ENTITIES REPORTED ARE TESTAMENTARY TRUSTS IN WHICH ALSAC
HAS A GREATER THAN 50% BENEFICIAL INTEREST. THE EIN AND STATE OF LEGAL
DOMICILE VARY BY TRUST.