

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
501 ST JUDE PLACE

City or town, state or province, country, and ZIP or foreign postal code
MEMPHIS, TN 38105

D Employer identification number
35-1044585

E Telephone number
(901) 578-2000

G Gross receipts \$ 2,604,388,631

F Name and address of principal officer:
RICHARD C SHADYAC JR
501 ST JUDE PLACE
MEMPHIS, TN 38105

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW.STJUDE.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1957

M State of legal domicile: IL

Part I Summary

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 HOSPITAL, INC.

2 Check this box 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	43
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	40
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	2,188
6 Total number of volunteers (estimate if necessary)	6	1,000,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,897,930
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,667,190,856	1,744,366,291
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	212,808,116	122,400,176
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,767,318	31,522,855
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,919,766,290	1,898,289,322
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	865,122,365	974,742,522
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)	173,868,497	189,800,903
16a Professional fundraising fees (Part IX, column (A), line 11e)	9,307,214	9,409,576
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 277,143,333		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	351,430,671	390,400,394
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,399,728,747	1,564,353,395
19 Revenue less expenses. Subtract line 18 from line 12	520,037,543	333,935,927
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,461,105,812	5,848,337,695
21 Total liabilities (Part X, line 26)	95,035,227	111,924,730
22 Net assets or fund balances. Subtract line 21 from line 20	5,366,070,585	5,736,412,965

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: ABED ABDO CHIEF FINANCIAL OFFICER
Date: 2021-04-14

Paid Preparer Use Only
Print/Type preparer's name: DELOITTE TAX LLP
Preparer's signature: [Signature]
Date: [Date]
Check if self-employed
PTIN: P00752421
Firm's EIN: 86-1065772
Firm's address: 1033 DEMONBREUN STREET SUITE 400 NASHVILLE, TN 37203
Phone no. (615) 259-1800

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 DISEASES THROUGH RESEARCH AND TREATMENT WHILE HONORING THE MEMORY AND HERITAGE OF OUR FOUNDER, DANNY THOMAS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 1,134,407,417 including grants of \$ 974,742,522) (Revenue \$ 25,041,108)
See Additional Data

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

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

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

4e Total program service expenses ▶ 1,134,407,417

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

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 [checked]

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with 16 main rows (2a-16) and sub-rows (a, b, c, d, e, f, g, h). Columns include question text, numerical input fields (e.g., 2a, 7d, 10a, 11a, 13b, 13c), and Yes/No response columns.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (43); 1b Enter the number of voting members included in line 1a, above, who are independent (40); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? (No)

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

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

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 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, MN, MS, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, WA, WI, WV); 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. (Own website, Another's website, Upon request, Other); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: (ABED ABDO 501 ST JUDE PLACE MEMPHIS, TN 38105 (901) 578-2150)

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,656,543	2,269,403	795,701	

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 ▶ 426

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 443334501	CALL CENTER	8,028,269
INNERWORKINGS INC 600 W CHICAGO AVENUE CHICAGO, IL 60654	PRINT MATERIALS PRODUCTION	6,716,050
TEKSYSTEMS PO BOX 198568 ATLANTA, GA 303848568	IT CONTRACT LABOR	5,206,367
EAGLECOM INC 2300 YONGE STREET SUITE 1700 TORONTO, ONTARIO CA	MEDIA PURCHASING	5,121,395
VACO MEMPHIS LLC 5410 MARYLAND WAY 460 BRENTWOOD, TN 37027	IT CONTRACT LABOR	3,914,008

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 ▶ 155

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 3,618,856			
	b Membership dues	1b			
	c Fundraising events	1c 9,867,136			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,730,880,299			
	g Noncash contributions included in lines 1a - 1f: \$	1g 23,673,694			
	h Total. Add lines 1a-1f		1,744,366,291		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a						
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)		25,296,657		3,940,349	21,356,308
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real	10,000			
	b Less: rental expenses	(ii) Personal	0			
	c Rental income or (loss)		10,000			
	d Net rental income or (loss)			10,000		10,000
	7a Gross amount from sales of assets other than inventory	(i) Securities	784,058,336	324,455		
	b Less: cost or other basis and sales expenses	(ii) Other	686,954,817	324,455		
	c Gain or (loss)		97,103,519	0		
	d Net gain or (loss)			97,103,519		97,103,519
	8a Gross income from fundraising events (not including \$ 9,867,136 of contributions reported on line 1c). See Part IV, line 18					
	b Less: direct expenses					
	c Net income or (loss) from fundraising events			4,514,166		4,514,166
	9a Gross income from gaming activities. See Part IV, line 19					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities			25,041,108	25,041,108	
	10a Gross sales of inventory, less returns and allowances					
b Less: cost of goods sold						
c Net income or (loss) from sales of inventory			1,957,581		1,957,581	
11a Miscellaneous Revenue	Business Code					
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,898,289,322	25,041,108	5,897,930	122,983,993

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

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	974,742,522	974,742,522		
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	2,298,000	455,795	719,599	1,122,606
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	148,678,331	29,669,775	46,554,668	72,453,888
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	9,268,625	1,846,691	2,690,685	4,731,249
9 Other employee benefits	19,353,241	3,819,528	5,815,386	9,718,327
10 Payroll taxes	10,202,706	2,040,392	3,033,493	5,128,821
11 Fees for services (non-employees):				
a Management				
b Legal	2,521,660	397,956	702,166	1,421,538
c Accounting	417,079		417,079	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,409,576			9,409,576
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	19,181,144	5,068,393	4,709,293	9,403,458
12 Advertising and promotion				
13 Office expenses	992,348	158,998	624,239	209,111
14 Information technology	28,103,666	4,676,240	20,374,355	3,053,071
15 Royalties				
16 Occupancy	9,281,939	1,609,054	3,386,693	4,286,192
17 Travel	8,716,828	1,815,568	1,471,281	5,429,979
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,457,301	860,108	587,989	2,009,204
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	28,913,357	4,755,477	21,389,445	2,768,435
23 Insurance	2,340,475	415,762	945,751	978,962
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a CAMPAIGN EXPENSES	126,180,909	54,494,924	8,913,125	62,772,860
b MAILINGS & SHIPPING	107,013,474	37,494,076	16,327,139	53,192,259
c PRINTING & PUBLICATIONS	7,349,282	1,416,621	1,269,514	4,663,147
d TELECOMMUNICATIONS	4,795,794	2,329,882	1,596,844	869,068
e All other expenses	41,135,138	6,339,655	11,273,901	23,521,582
25 Total functional expenses. Add lines 1 through 24e	1,564,353,395	1,134,407,417	152,802,645	277,143,333
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	141,071,210	78,482,055	15,373,161	47,215,994

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	142,979,801	2	361,191,285
	3 Pledges and grants receivable, net	35,598,691	3	50,438,828
	4 Accounts receivable, net	795,268	4	471,608
	5 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		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	2,481,853	8	3,791,040
	9 Prepaid expenses and deferred charges	10,640,584	9	5,915,751
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 346,607,413		
	b Less: accumulated depreciation	10b 117,347,007	220,507,669	10c 229,260,406
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	5,048,101,946	12	5,197,268,777
	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 34)	5,461,105,812	16	5,848,337,695	
Liabilities	17 Accounts payable and accrued expenses	52,961,089	17	55,234,475
	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	42,074,138	25	56,690,255
	26 Total liabilities. Add lines 17 through 25	95,035,227	26	111,924,730
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	4,278,902,412	27	4,667,610,950
	28 Net assets with donor restrictions	1,087,168,173	28	1,068,802,015
	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	5,366,070,585	32	5,736,412,965	
33 Total liabilities and net assets/fund balances	5,461,105,812	33	5,848,337,695	

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	1,898,289,322
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,564,353,395
3	Revenue less expenses. Subtract line 2 from line 1	3	333,935,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,366,070,585
5	Net unrealized gains (losses) on investments	5	36,406,453
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,736,412,965

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 35-1044585

Name: AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES INC

Form 990 (2019)

Form 990, Part III, Line 4a:

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. NO CHILD IS DENIED TREATMENT BASED ON RACE, RELIGION OR A FAMILY'S FINANCIAL CIRCUMSTANCE. THANKS TO GENEROUS DONORS, FAMILIES NEVER RECEIVE A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - BECAUSE WE BELIEVE ALL A FAMILY SHOULD WORRY ABOUT IS HELPING THEIR CHILD LIVE. (CONTINUED ON SCHEDULE O)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOYCE ABOUSSIE VOTING DIRECTOR	4.00	X						0	0	0
SUSAN MACK AQUILLARD MD VOTING DIRECTOR	4.00	X						0	0	0
MAHIR AWDEH MD VOTING DIRECTOR	8.00 4.00	X						0	0	0
JOSEPH S AYOUB JR ESQ VOTING DIRECTOR	4.00	X						0	0	0
PAUL J AYOUB ESQ VOTING DIRECTOR	4.00	X						0	0	0
FREDERICK M AZAR MD VOTING DIRECTOR	8.00 4.00	X						0	0	0
JAMES B BARKATE VOTING DIRECTOR	4.00	X						0	0	0
MARTHA PERINE BEARD VOTING DIRECTOR	8.00 4.00	X						0	0	0
SHERYL BOURISK VOTING DIRECTOR	4.00	X						0	0	0
ROBERT A BREIT MD VOTING DIRECTOR	4.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TERRY L BURMAN VOTING DIRECTOR	4.00	X						0	0	0
ANN M DANNER VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH M DEVIVO VOTING DIRECTOR	4.00	X						0	0	0
FRED P GATTAS III PHARMD VOTING DIRECTOR	4.00	X						0	0	0
RUTH GAVIRIA VOTING DIRECTOR	4.00	X						0	0	0
CHRISTOPHER GEORGE MD VOTING DIRECTOR	4.00	X						0	0	0
JUDY HABIB VOTING DIRECTOR	8.00	X						0	0	0
GABRIEL HADDAD MD VOTING DIRECTOR	4.00	X						0	0	0
PAUL K HAJAR VOTING DIRECTOR	4.00	X						0	0	0
CHUCK HAJJAR VOTING DIRECTOR	4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
FOUAD HAJJAR MD VOTING DIRECTOR	4.00	X						0	0	0
FREDERICK R HARRIS JR MD VOTING DIRECTOR	4.00	X						0	0	0
BRUCE B HOPKINS VOTING DIRECTOR	4.00	X						0	0	0
J DAVID KARAM II VOTING DIRECTOR	4.00	X						0	0	0
SHARON L MCCOLLAM VOTING DIRECTOR	4.00	X						0	0	0
MICHAEL D MCCOY VOTING DIRECTOR	4.00	X						0	0	0
ROBERT T MOLINET ESQ VOTING DIRECTOR	4.00	X						0	0	0
RAMZI NUWAYHID VOTING DIRECTOR	4.00	X						0	0	0
THOMAS PENN III VOTING DIRECTOR	4.00	X						0	0	0
CHRISTINA M RASHID VOTING DIRECTOR	4.00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CAMILLE F SARROUF JR ESQ VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH C SHAKER VOTING DIRECTOR	4.00	X						0	0	0
JOSEPH G SHAKER VOTING DIRECTOR	4.00	X						0	0	0
GEORGE A SIMON II VOTING DIRECTOR	4.00	X						0	0	0
MICHAEL SIMON VOTING DIRECTOR	4.00	X						0	0	0
PAUL J SIMON VOTING DIRECTOR	4.00	X						0	0	0
TONY THOMAS VOTING DIRECTOR	4.00	X						0	0	0
RICHARD M UNES VOTING DIRECTOR	4.00	X						0	0	0
PAUL H WEIN ESQ VOTING DIRECTOR	4.00	X						0	0	0
SUSAN R WINDHAM-BANNISTER VOTING DIRECTOR	4.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
TAMA ZAYDON VOTING DIRECTOR	8.00 4.00	X						0	0	0
JAMES R DOWNING EX-OFFICIO DIRECTOR	1.00 55.00	X						0	2,269,403	55,482
RICHARD C SHADYAC JR CEO & EX-OFFICIO DIRECTOR	55.00 55.00	X		X				900,090	0	120,371
ABED ABDO CHIEF FINANCIAL OFFICER (BEG. 11/19)	55.00 0.00			X				43,269	0	2,163
EMILY S GREER CHIEF ADMIN. OFFICER	55.00 0.00			X				575,185	0	92,378
JEFFREY T PEARSON CHIEF FINANCIAL OFFICER (THRU 11/19)	55.00 0.00			X				517,585	0	86,993
EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	55.00 0.00					X		540,893	0	99,003
SARA HALL CHIEF LEGAL OFFICER	55.00 0.00					X		497,318	0	90,607
ROBERT MACHEN CHIEF OPERATING OFFICER	55.00 0.00					X		546,104	0	95,253
ANURAG PANDIT CHIEF INVESTMENT OFFICER	55.00 0.00					X		534,180	0	76,586

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GEORGE SHADROUI CHIEF STRATEGY OFFICER	55.00 0.00					X		501,919	0	76,865

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

2019

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).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	1,744,366,291	7,301,763,073
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 . . .	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	1,744,366,291	7,301,763,073
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. . . .						7,301,763,073

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . . .	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	1,744,366,291	7,301,763,073
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,528,839	23,051,442	26,152,721	35,719,999	25,296,657	132,749,658
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . . .	434,311	719,985	754,615	0	0	1,908,911
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . .	38,532,271	44,211,185	51,485,671	55,697,649	46,576,106	236,502,882
11	Total support. Add lines 7 through 10						7,672,924,524

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.160 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	94.720 %

16a **33 1/3% support test—2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test—2019.** 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

b **10%-facts-and-circumstances test—2018.** 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

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.**

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		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>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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>		
	7		
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>		
	8		
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>		
	9a		
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>		
	9b		
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>		
	9c		
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>		
	10a		
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>		
	10b		

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 (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 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>		
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>		

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>		

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?		
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>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 government entity (see instructions)		
2	Activities Test. Answer (a) and (b) 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
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>		
3	Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>		
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>		

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):	1	
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10:	COLUMN (A): 2015 - TOTAL OF 38,532,271 CONSISTS OF: A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 15,414,176 B. GROSS GAMING RECEIPTS: 23,118,095 COLUMN (B): 2016 - TO TAL OF 44,211,185 CONSISTS OF: A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 17,139,341 B. GROSS GAMING RECEIPTS: 27,071,844 COLUMN (C): 2017 - TOTAL OF 51,485,671 CON SISTS OF: A. GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 19,414,166 B. GROSS G AMING RECEIPTS: 32,071,505 COLUMN (D): 2018 - TOTAL OF 55,697,649 CONSISTS OF: A. GROSS FU NDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS): 18,639,338 B. GROSS GAMING RECEIPTS: 37,05 8,311 COLUMN (E): 2019 - TOTAL OF 46,576,106 CONSISTS OF: A. GROSS FUNDRAISING EVENTS RECE IPTS (LESS CONTRIBUTIONS): 9,405,383 B. GROSS GAMING RECEIPTS: 37,170,723

SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2019 Open to Public Inspection

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.

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 2 columns: (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. Includes questions about donor notification.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, monitoring, and expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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.

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

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, 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 in 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	1,055,350,944	1,024,698,330	965,253,422	873,056,599	873,885,134
b Contributions	5,491,426	4,864,242	21,281,957	12,552,432	2,341,719
c Net investment earnings, gains, and losses	34,726,892	64,664,085	92,690,065	103,475,245	-72,118
d Grants or scholarships					
e Other expenditures for facilities and programs	61,886,272	38,875,713	54,527,114	23,830,854	3,098,136
f Administrative expenses					
g End of year balance	1,033,682,990	1,055,350,944	1,024,698,330	965,253,422	873,056,599

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 9.600 %
 - b** Permanent endowment ▶ 90.400 %
 - c** Temporarily restricted 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 | 3a(i) Yes | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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		45,777,312		45,777,312
b Buildings		148,333,282	29,446,695	118,886,587
c Leasehold improvements		4,936,157	1,902,911	3,033,246
d Equipment		57,026,299	32,505,684	24,520,615
e Other		90,534,363	53,491,717	37,042,646
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				229,260,406

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	1,964,966,275	F
(B) MARKETABLE ALTERNATIVES	1,460,773,725	F
(C) REAL ASSETS	283,518,177	F
(D) PRIVATE EQUITY	970,794,463	F
(E) FIXED INCOME	451,040,059	F
(F) CASH EQUIVALENTS	66,176,078	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	5,197,268,777	

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. (Column (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	56,690,255
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	56,690,255

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

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	1,946,825,390
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	36,406,453
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	36,406,453
3	Subtract line 2e from line 1	3	1,910,418,937
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	-12,129,615
c	Add lines 4a and 4b	4c	-12,129,615
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,898,289,322

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	1,576,483,010
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	12,129,615
e	Add lines 2a through 2d	2e	12,129,615
3	Subtract line 2e from line 1	3	1,564,353,395
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	1,564,353,395

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 35-1044585

Name: AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	THE INTENDED USE OF THE ORGANIZATION'S ENDOWMENT FUND IS TO SUPPORT THE CURRENT AND FUTURE NEEDS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. LIKE ANY RESPONSIBLE ORGANIZATION, WE HAVE A RESERVE FUND, BECAUSE IT NOW COSTS MORE THAN \$1 BILLION PER YEAR TO OPERATE ST. JUDE. OUR PIONEERING RESEARCH CAN TAKE FIVE TO 10 YEARS OR MORE PER PROJECT TO COMPLETE AND CAN COST MILLIONS. FOR INSTANCE, THE ST. JUDE PEDIATRIC CANCER GENOME PROJECT, WHICH IS REVOLUTIONIZING HOW CANCER IS TREATED WORLDWIDE, HAS BEEN UNDERWAY SINCE 2010 AND HAS COST MORE THAN \$100 MILLION. WE ARE IN THE MIDST OF A MULTI-BILLION DOLLAR EXPANSION PLAN THAT WAS ANNOUNCED IN 2015. THIS PLAN INCLUDES NEW RESEARCH AND CLINICAL CARE FACILITIES, HOUSING FOR MORE PATIENTS AND AN AMBITIOUS GLOBAL PLAN. THROUGH OUR EXPANDED GLOBAL EFFORTS, WE AIM TO IMPACT 30 PERCENT OF THE GLOBAL PEDIATRIC CANCER BURDEN. PEDIATRIC CANCER IS A MULTI-BILLION DOLLAR, MULTI-YEAR PROBLEM, AND WE MUST CONTINUE OUR WORK NO MATTER WHAT HAPPENS WITH THE ECONOMY OR IN THE EVENT OF A DISASTER. THE PUBLIC AND OUR AMAZING PARTNERS MAKE IT POSSIBLE FOR US TO SAVE CHILDREN TOGETHER.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	AS OF JUNE 30, 2020, 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 2017 THROUGH 2020 ARE OPEN TO EXAMINATION BY THE FEDERAL AND STATE TAXING AUTHORITIES, RESPECTIVELY. THERE ARE NO INCOME TAX EXAMINATIONS CURRENTLY IN PROCESS.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DIRECT GAMING EXPENSES -12,129,615.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT GAMING EXPENSES 12,129,615.

Supplemental Information

Return Reference	Explanation
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" to 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

2019

Open to Public Inspection

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC

Employer identification number
35-1044585

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 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
See Add'l Data					
3a Sub-total	0	0			1,677,873,825
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			1,677,873,825

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 tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____
- 3 Enter total number of other organizations or entities ▶ _____

Part 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART I, LINE 2:	THE RECIPIENTS OF OTHER ASSISTANCE ARE FOUNDATION PARTNERS OF ST. JUDE CHILDREN'S RESEARCH HOSPITAL, INC. THAT ARE LOCATED OUTSIDE OF THE U.S. ASSISTANCE IS DEPENDENT ON ACHIEVING CRITERIA ESTABLISHED AT THE BEGINNING OF THE RELATIONSHIP AND IS MONITORED QUARTERLY.

990 Schedule F, Supplemental Information

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

Software ID:

Software Version:

EIN: 35-1044585

Name: AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES INC

Form 990 Schedule F Part I - Activities Outside The United States

(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
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		1,548,247,761
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		81,033,663

Form 990 Schedule F Part I - Activities Outside The United States

(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
EAST ASIA AND THE PACIFIC			INVESTMENTS		27,312,133
NORTH AMERICA			INVESTMENTS		17,796,474

Form 990 Schedule F Part I - Activities Outside The United States

(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 ASIA			INVESTMENTS		3,380,634
CENTRAL AMERICA AND THE CARIBBEAN			PROGRAM SERVICES	EDUCATION AND TRAINING	103,160

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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
- 2a** 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 443334501	FUNDRAISING SOLICITOR		No	4,519,074	4,538,542	-19,468
COMSENSE MONTANA INDUSTRIAL PARK ROAD 459 K , AGUADILLA RQ 00603	FUNDRAISING SOLICITOR		No	847,014	521,441	325,573
EAGLECOM INC 2300 YONGE STREET SUITE 1700 BOX TORONTO, CA M4P 1E4	MEDIA PUBLISHING		No	0	3,697,532	-3,697,532
MINDSET DIRECT 1700 N JEFFERSON ST ARLINGTON, VA 22205	FUNDRAISING COUNSEL		No	0	378,240	-378,240
NNE MARKETING LLC 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	FUNDRAISING COUNSEL		No	0	204,000	-204,000
ELEVENTY MARKETING GROUP 453 S HIGH ST SUITE 101 AKRON, OH 44311	FUNDRAISING COUNSEL		No	0	69,821	-69,821
Total				5,366,088	9,409,576	-4,043,488

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
		GALA (event type)	GALA (event type)	142 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,422,286	779,465	17,070,768	19,272,519
	2 Less: Contributions	469,231	225,870	9,172,035	9,867,136
	3 Gross income (line 1 minus line 2)	953,055	553,595	7,898,733	9,405,383
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	4,645	1,037	45,440	51,122
	6 Rent/facility costs	254	15	760,582	760,851
	7 Food and beverages	44,547	46,016	1,542,901	1,633,464
	8 Entertainment	17,350	14,841	889,686	921,877
	9 Other direct expenses	15,209	12,291	1,496,403	1,523,903
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				4,891,217
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				4,514,166	

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			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			6,556,369	6,556,369
	4 Rent/facility costs			16,550	16,550
	5 Other direct expenses			5,556,696	5,556,696
6 Volunteer labor	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %	<input type="checkbox"/> Yes _____ %		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No		
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					12,129,615
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					25,041,108

9 Enter the state(s) in which the organization conducts gaming activities: See Additional Data Table

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization 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	5.000 %
b An outside facility	13b	95.000 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ABED ABDO

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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ BRIAN DOYLE

Gaming manager compensation ▶ \$ 171,842

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 8,847,757

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.

Return Reference	Explanation
SCHEDULE G, PART III, COLUMN (C), OTHER GAMING:	THE 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 AN OPPORTUNITY TO PURCHASE A RAFFLE TICKET FOR THE OPPORTUNITY TO WIN A HOME, THE DREAM HOME PROGRAM PROVIDES NATIONAL REACH AND MARKETING EXPOSURE FOR ALSAC'S MISSION. OVER 5 MILLION WEBSITE PAGE VIEWS, 22,000 TV AND RADIO ADVERTISEMENTS, 8.5 MILLION PIECES OF DIRECT MAIL, PRESENCE IN 44 MARKETS NATIONWIDE IN 19 SEPARATE STATES, 25 MILLION SOCIAL MEDIA IMPRESSIONS, 1.6 MILLION EMAILS DEPLOYED AND OVER 600 BROADCAST NEWS STORIES TO SPREAD INFORMATION ABOUT THE MISSION OF ST. JUDE ARE JUST A FEW OF THE RESULTS ACHIEVED BY THIS PROGRAM. ALTHOUGH NATIONAL IN SCOPE, THE PROGRAM IS DIRECTED TO SPECIFIC, TARGETED MARKETS WHERE A SATURATING MARKETING CAMPAIGN CAN RESULT IN THE HIGHEST RESULTS FOR ALSAC'S MISSION. THE EXTENSIVE AND INTENSIVE COMMUNITY ENGAGEMENT SURROUNDING THE 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 MISSION REGARDLESS OF WHETHER AN INDIVIDUAL PURCHASES A RAFFLE TICKET. THE MARKETING EFFORTS ASSOCIATED WITH THE DREAM HOME PROGRAM 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 ATTRACT AND RETAIN NEW DONORS TO ENSURE THE CONTINUED OPERATION OF ST. JUDE. ST. JUDE DEPENDS ON ALSAC FOR ABOUT 80% OF ITS OPERATING BUDGET, ENSURING THAT NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD. THE DREAM HOME CAMPAIGN, THROUGH THE TELEVISION AND RADIO PROGRAMS, COMMERCIALS, FUNDRAISING AND PUBLIC AWARENESS EVENTS, ALSO BENEFITS OUR EDUCATION, TRAINING AND COMMUNITY SERVICE PROGRAM OBJECTIVES THAT SUPPORT OUR MISSION TO LEAD THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING CHILDHOOD DISEASES.
SCHEDULE G, PART III, LINE 17B, MANDATORY DISTRIBUTIONS BY STATE:	CA - \$2,475,180 IL - \$635,433 KY - \$1,168,880 LA - \$692,082 NV - \$996,269 NY - \$1,577,369 TN - \$1,091,385 VA - \$211,159

Additional Data

Software ID:

Software Version:

EIN: 35-1044585

Name: AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES INC

Form 990 Schedule G Part III Line 9

Enter the state(s) in which the organization operates gaming activities:

CA, GA, ID, IL, KS, KY, LA, MA, MN, MO, MS, NC, NV, NY, OH, OK, RI, TN, TX, VA

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Row 1: ST JUDE CHILDREN'S RESEARCH HOSPITAL INC, 62-0646012, 501(C)(3), 974,742,522, 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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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. IT COSTS MORE THAN \$1 BILLION A YEAR TO OPERATE ST. JUDE, AND ABOUT 80% OF ST. JUDE'S OPERATING BUDGET IS COVERED BY GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING MISSION OF ST. JUDE.

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

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 Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width:50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input checked="" type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>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</p>	1b	Yes			
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width:50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>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:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>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</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

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

For each individual whose compensation must be reported 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 are not listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation 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)	1,107,730	150	1,161,523	30,800	24,682	2,324,885	420,000
2 RICHARD C SHADYAC JR CEO & EX-OFFICIO DIRECTOR	(i)	842,937	0	57,153	102,443	17,928	1,020,461	53,589
	(ii)	0	0	0	0	0	0	0
3 EMILY S GREER CHIEF ADMIN. OFFICER	(i)	527,490	0	47,695	74,450	17,928	667,563	45,373
	(ii)	0	0	0	0	0	0	0
4 JEFFREY T PEARSON CHIEF FINANCIAL OFFICER (THRU 11/19)	(i)	468,450	0	49,135	69,092	17,901	604,578	46,813
	(ii)	0	0	0	0	0	0	0
5 EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	(i)	508,827	0	32,066	73,524	25,479	639,896	31,526
	(ii)	0	0	0	0	0	0	0
6 SARA HALL CHIEF LEGAL OFFICER	(i)	468,558	0	28,760	69,639	20,968	587,925	27,950
	(ii)	0	0	0	0	0	0	0
7 ROBERT MACHEN CHIEF OPERATING OFFICER	(i)	505,891	0	40,213	72,774	22,479	641,357	38,971
	(ii)	0	0	0	0	0	0	0
8 ANURAG PANDIT CHIEF INVESTMENT OFFICER	(i)	513,208	0	20,972	53,595	22,991	610,766	18,650
	(ii)	0	0	0	0	0	0	0
9 GEORGE SHADROUI CHIEF STRATEGY OFFICER	(i)	458,488	0	43,431	68,231	8,634	578,784	39,867
	(ii)	0	0	0	0	0	0	0

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.

Return Reference	Explanation
PART I, LINE 1A	TRAVEL FOR COMPANIONS: PAYMENT FOR COMPANION TRIPS IS AN INFREQUENT PRACTICE. IT IS LIMITED TO INSTANCES WHERE IT IS NECESSARY, APPROPRIATE AND EXPECTED FOR THE CEO'S SPOUSE TO PARTICIPATE IN HOSTING AND REPRESENTING ALSAC. THESE AMOUNTS ARE NOT TREATED AS TAXABLE INCOME BECAUSE THE TRAVEL IS BUSINESS RELATED. 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 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. \$53,589 EMILY S. GREER \$45,373 JEFFREY T. PEARSON \$46,813 EMILY CALLAHAN \$31,526 SARA HALL \$27,950 ROBERT MACHEN \$38,971 ANURAG PANDIT \$18,650 GEORGE SHADROUI \$39,867

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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 5 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 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

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 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
(1) CARTER HOPKINS	SEE PART V	66,779	EMPLOYMENT		No
(2) COURY SHADYAC	SEE PART V	192,720	EMPLOYMENT		No
(3) KARON NASH	SEE PART V	80,497	EMPLOYMENT		No

Part V Supplemental Information

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

Return Reference	Explanation
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: \$66,779(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: \$192,720(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(C) AMOUNT OF TRANSACTION: \$80,497(D) DESCRIPTION OF TRANSACTION: EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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 the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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	70		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	24		
7 Boats and planes	X	5		
8 Intellectual property				
9 Securities—Publicly traded	X	267	23,673,694	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	28		
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	141		
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRIZE PACKAGES)	X	403	0	
26 Other ▶ (GIFT CARDS)	X	187	0	
27 Other ▶ (OTHER PRIZES)	X	266	0	
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 10

	Yes	No
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?		No
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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.

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBERS IN COLUMN (B) REFER TO THE NUMBER OF CONTRIBUTIONS.
PART I, LINE 32B:	ALSAC PARTNERED WITH CHARITABLE ADULT RIDES AND SERVICES (CARS) FOR VEHICLE DONATIONS. THE CARS PROGRAM ALLOWS SUPPORTERS TO DONATE ALMOST ANY VEHICLE, FROM CARS AND TRUCKS TO RVS, BOATS, AND EVEN AIRPLANES, TO OUR ORGANIZATION. CARS WORKS WITH HUNDREDS OF VENDORS THROUGHOUT THE COUNTRY TO PROVIDE OUR DONORS WITH FREE PICK-UP AND DEDICATION TO SELL THE VEHICLE FOR THE HIGHEST RETURN. IN MOST MARKETS, CARS HAS THE FLEXIBILITY OF MULTIPLE SALES OUTLETS WHICH ROUTE VEHICLES TO THE RIGHT BUYER. CARS HANDLES ALL OF THE TAX PAPERWORK FOR OUR DONORS AND SENDS US THE PROCEEDS TWICE A WEEK.
PART I, LINE 33:	RECEIPTS FOR LINES 1, 6, 7, 15, 18, 25, 26, AND 27 ARE REPORTED ON THE FORM 990, PART VIII, LINE 1F, LINE 8A OR LINE 9A.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

2019

Open to Public Inspection

Department of the Treasury

Internal Revenue Service
Name of the organization

AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC

Employer identification number

35-1044585

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A:</p>	<p>IT COSTS MORE THAN \$1 BILLION A YEAR TO OPERATE ST. JUDE AND ABOUT 80% OF ST. JUDE'S BUDGET MUST BE RAISED FROM GENEROUS DONORS WHO SUPPORT THE LIFE-SAVING MISSION OF ST. JUDE. 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 PERCENT TODAY. ST. JUDE WON'T STOP UNTIL NO CHILD DIES FROM CANCER. TODAY, ST. JUDE IS LEADING THE WAY THE WORLD UNDERSTANDS, TREATS AND DEFEATS CHILDHOOD CANCER AND OTHER LIFE-THREATENING DISEASES. ST. JUDE WAS THE FIRST CHILDREN'S HOSPITAL TO MAKE A MAJOR INVESTMENT IN PEDIATRIC CANCER GENOME SEQUENCING. THE ST. JUDE CHILDREN'S RESEARCH HOSPITAL - WASHINGTON UNIVERSITY PEDIATRIC CANCER GENOME PROJECT RESULTED IN GROUNDBREAKING DISCOVERIES IN SEVERAL CHILDHOOD CANCERS. BEFORE THIS PROJECT, NOT EVEN ONE PEDIATRIC CANCER GENOME PROJECT HAD BEEN SEQUENCED. AND ST. JUDE CONTINUES TO UPHOLD ITS PROMISE OF CONDUCTING PIONEERING RESEARCH AND PROVIDING EXCEPTIONAL PATIENT CARE, ALL WHILE ENSURING THAT NO FAMILY EVER RECEIVES A BILL FROM ST. JUDE FOR TREATMENT, TRAVEL, HOUSING OR FOOD - BECAUSE ALL A FAMILY SHOULD WORRY ABOUT IS HELPING THEIR CHILD LIVE. ST. JUDE ALSO MAINTAINS A SCHOOL PROGRAM TO PROVIDE OPPORTUNITIES FOR PATIENTS TO CONTINUE THEIR NORMAL EDUCATIONAL ACTIVITIES AND TO PROVIDE RE-ENTRY SERVICES TO EASE THE TRANSITION BACK TO COMMUNITY SCHOOLS. ST. JUDE FREELY SHARES THE DISCOVERIES WE MAKE, AND EVERY CHILD SAVED AT ST. JUDE MEANS DOCTORS AND SCIENTISTS WORLDWIDE CAN USE THAT KNOWLEDGE TO SAVE THOUSANDS MORE CHILDREN. 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 COLLABORATING CENTRE FOR CHILDHOOD CANCER. DOCTORS FROM ALL 50 STATES AND AROUND THE WORLD REFER THEIR PATIENTS TO ST. JUDE BECAUSE ST. JUDE HAS THE WORLD'S BEST SURVIVAL RATES FOR SOME OF THE MOST AGGRESSIVE CHILDHOOD CANCERS. ST. JUDE CREATES MORE CLINICAL TRIALS FOR CANCER THAN ANY OTHER CHILDREN'S HOSPITAL, TURNING LABORATORY DISCOVERIES INTO LIFESAVING TREATMENTS THAT BENEFIT PATIENTS EVERY DAY. ST. JUDE HAS ACHIEVED THE HIGHEST SURVIVAL RATE IN THE WORLD FOR ACUTE LYMPHOBLASTIC LEUKEMIA (ALL), THE MOST COMMON CHILDHOOD CANCER. NINETY-FOUR PERCENT OF CHILDREN WITH ALL AT ST. JUDE SURVIVE, COMPARED TO THE NATIONAL SURVIVAL RATE OF 90%. AND IT WAS ST. JUDE'S GROUNDBREAKING DEVELOPMENT IN THE TREATMENT OF ALL THAT REVOLUTIONIZED LEUKEMIA THERAPY WORLDWIDE. 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. 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A:	<p>ELL PROGRAMS IN THE COUNTRY. IN ADDITION, THE BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST. JU DE ARE AT THE CUTTING EDGE WORLDWIDE, AND ST. JUDE HAS THE LARGEST RESEARCH-BASED PEDIATRI C BRAIN TUMOR RESEARCH 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. AND ST. JUDE'S EFFORTS TO SAVE THE LIVES OF CANCER PATIENTS DON'T END WHEN TRE ATMENT STOPS. THE ST. JUDE AFTER COMPLETION OF THERAPY (ACT) PROGRAM IS THE LARGEST LONG-T ERM, 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 TREA TMENT ENDS AND HAS BEEN A PROTOTYPE FOR OTHER LONGER TERM FOLLOW-UP PROGRAMS. FORMER ST. J UDE PATIENTS ALSO ARE PARTICIPATING IN THE ST. JUDE LIFE STUDY, DESIGNED TO HELP ADULT SUR VIVORS OF CHILDHOOD CANCER LEARN ABOUT ISSUES THAT AFFECT THEIR HEALTH AS WELL AS WAYS TO STAY HEALTHY. AND ST. JUDE IS HOME TO THE CHILDHOOD CANCER SURVIVOR STUDY, A COLLABORATIVE STUDY AMONG U.S. AND CANADIAN INSTITUTIONS THAT INCLUDES MORE THAN 20,000 CHILDHOOD CANCE R SURVIVORS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FAMILY RELATIONSHIP AMONG DIRECTORS: JOSEPH S. AYOUB, JR., ESQ. AND PAUL J. AYOUB, ESQ.; GEORGE A. SIMON, II AND PAUL J. SIMON; ROBERT A. BREIT, MD AND JOSEPH G. SHAKER; JOSEPH C. SHAKER AND JOSEPH G. SHAKER; PAUL J. SIMON AND MICHAEL SIMON.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	IN FEBRUARY OF EACH YEAR, THE AUDIT COMMITTEE AND OFFICERS OF THE BOARD ARE PROVIDED WITH A DRAFT COPY OF THE FORM 990 AND ALL REQUIRED SCHEDULES. THE AUDIT COMMITTEE MEETS WITH ITS TAX PREPARER TO REVIEW THE 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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	TO ATTRACT THE BEST PROFESSIONALS AND EMPLOYEES OF ALL TYPES, COMPENSATION FOR OUR SENIOR EXECUTIVES IS DETERMINED BY A COMPENSATION COMMITTEE OF OUR BOARD MADE UP OF INDEPENDENT DIRECTORS ONLY WHO ARE ADVISED BY AN OUTSIDE, INDEPENDENT COMPENSATION EXPERT. OUR SALARIES FALL WITHIN THE 50-75 PERCENTILE OF THE MARKET RANGE FOR ORGANIZATIONS OF SIMILAR SIZE AND SHAPE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 PROGRAMS AND COMMERCIALS, 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)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED
CHARITIES INC

Employer identification number

35-1044585

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
(1)ST JUDE CHILDREN'S RESEARCH HOSPITAL INC 262 DANNY THOMAS PLACE MEMPHIS, TN 38105 62-0646012	HOSPITAL	TN	SECTION 501(C)3	3	N/A		No

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

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

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

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

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

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 section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

Return Reference	Explanation