

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
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

- 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 \$ 2,427,792,884

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)

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

J Website: WWW STJUDE ORG

H(c) Group exemption number

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)	44
4 Number of independent voting members of the governing body (Part VI, line 1b)	41
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,105
6 Total number of volunteers (estimate if necessary)	1,000,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	-4,226,968
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	1,446,493,050	1,667,190,856
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	168,588,999	212,808,116
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,903,186	39,767,318
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,651,985,235	1,919,766,290
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	757,401,831	865,122,365
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)	153,380,025	173,868,497
16a Professional fundraising fees (Part IX, column (A), line 11e)	9,869,627	9,307,214
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 252,021,933		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	319,098,782	351,430,671
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,239,750,265	1,399,728,747
19 Revenue less expenses Subtract line 18 from line 12	412,234,970	520,037,543
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	4,780,599,912	5,461,105,812
21 Total liabilities (Part X, line 26)	84,741,849	95,035,227
22 Net assets or fund balances Subtract line 21 from line 20	4,695,858,063	5,366,070,585

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: 2020-07-10

ABED ABDO CHIEF FINANCIAL OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN P00752421

Firm's name ▶ DELOITTE TAX LLP Firm's EIN ▶ 86-1065772

Firm's address ▶ 1033 DEMONBREUN STREET SUITE 400 NASHVILLE, TN 37203 Phone no (615) 259-1800

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 \$ 1,007,518,258 including grants of \$ 865,122,365) (Revenue \$ 25,830,721)
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 ▶ 1,007,518,258

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, excess benefit transactions, and other IRS requirements.

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 []

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,105		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes		
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes		
b AS, BD, VI, CA, CJ, CH, DA, FR, GM, GK, HK, IN, EI If "Yes," enter the name of the foreign country ▶ JA, MX, NL, SP, SW, SZ, TW, UK					
5a Was the organization a reporting company under the Bank Secrecy Act for the calendar year? Note. See the instructions for the definition of a reporting company and the exceptions to the reporting requirements.		5a		No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No	
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	Yes		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No	
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15		No	
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16		No	

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 (44); 1b Enter the number of voting members included in line 1a, above, who are independent (41); 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? If "Yes," provide the names and addresses in Schedule O (No).

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

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

Section C. Disclosure

Table with 2 columns: Question, Answer. 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: [X] Own website, [X] Another's website, [X] Upon request, [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, 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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)		4,206,061	1,134,497
			847,594

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 ► 372

	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
INNERWORKINGS INC 600 W CHICAGO AVENUE CHICAGO, IL 60654	PRINT MATERIALS PRODUCTION	6,798,601
INFOCISION MANAGEMENT CORPORATION 325 SPRINGSIDE DRIVE AKRON, OH 443334501	CALL CENTER	6,030,933
VACO MEMPHIS LLC 5410 MARYLAND WAY 460 BRENTWOOD, TN 37027	IT CONTRACT LABOR	5,141,901
EAGLECOM INC 2300 YONGE STREET SUITE 1700 TORONTO, ONTARIO CA	MEDIA PURCHASING	3,715,603
TEKSYSTEMS PO BOX 198568 ATLANTA, GA 303848568	IT CONTRACT LABOR	3,423,791

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 ► 46

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	3,836,869			
	b Membership dues	1b				
	c Fundraising events	1c	11,313,800			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,652,040,187			
	g Noncash contributions included in lines 1a - 1f \$ _____		19,796,635			
h Total. Add lines 1a-1f			1,667,190,856			

Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
9 Total. Add lines 2a-2f						

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			29,632,000		-6,087,999	35,719,999
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
			364,072				
		b Less rental expenses		0			
		c Rental income or (loss)		364,072			
	d Net rental income or (loss)			364,072			364,072
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			670,823,138	266,450			
		b Less cost or other basis and sales expenses		487,603,270	310,202		
		c Gain or (loss)		183,219,868	-43,752		
	d Net gain or (loss)			183,176,116	-43,752		183,219,868
	8a Gross income from fundraising events (not including \$ 11,313,800 of contributions reported on line 1c) See Part IV, line 18	a		18,639,338			
		b Less direct expenses	b	6,971,596			
c Net income or (loss) from fundraising events				11,667,742			11,667,742
9a Gross income from gaming activities See Part IV, line 19	a		37,058,311				
	b Less direct expenses	b	11,183,838				
	c Net income or (loss) from gaming activities			25,874,473	25,874,473		
10a Gross sales of inventory, less returns and allowances	a		3,818,719				
	b Less cost of goods sold	b	1,957,688				
	c Net income or (loss) from sales of inventory			1,861,031		1,861,031	
Miscellaneous Revenue	Business Code						
11a _____							
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions			1,919,766,290	25,830,721	-4,226,968	230,971,681	

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	865,122,365	865,122,365		
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, line 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,886,690	371,995	575,563	939,132
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	137,436,587	27,251,625	41,923,193	68,261,769
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	8,891,909	1,747,773	2,668,304	4,475,832
9 Other employee benefits	16,257,431	3,173,176	4,893,240	8,191,015
10 Payroll taxes	9,395,880	1,862,013	2,741,349	4,792,518
11 Fees for services (non-employees)				
a Management				
b Legal	2,510,261	394,992	631,768	1,483,501
c Accounting	309,528		309,528	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	9,307,214			9,307,214
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)	18,318,185	4,523,227	6,243,809	7,551,149
12 Advertising and promotion				
13 Office expenses	746,782	120,126	384,802	241,854
14 Information technology	24,537,117	3,837,946	19,308,078	1,391,093
15 Royalties				
16 Occupancy	9,171,991	1,575,467	3,503,990	4,092,534
17 Travel	10,409,491	2,087,193	1,790,324	6,531,974
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,132,272	956,768	778,035	3,397,469
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	23,264,341	3,902,751	16,787,098	2,574,492
23 Insurance	2,988,275	538,613	1,127,566	1,322,096
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	110,830,192	49,397,268	7,878,063	53,554,861
b MAILING & SHIPPING	101,898,385	31,541,415	15,801,608	54,555,362
c PRINTING & PUBLICATIONS	6,561,715	1,132,888	976,705	4,452,122
d UBI TAXES	538,917		538,917	
e All other expenses	34,213,219	7,980,657	11,326,616	14,905,946
25 Total functional expenses. Add lines 1 through 24e	1,399,728,747	1,007,518,258	140,188,556	252,021,933
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)	134,878,941	70,080,401	15,121,792	49,676,748

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	143,460,238	2	142,979,801
	3 Pledges and grants receivable, net	28,836,741	3	35,598,691
	4 Accounts receivable, net	914,913	4	795,268
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,756,710	8	2,481,853
	9 Prepaid expenses and deferred charges	2,815,734	9	10,640,584
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	322,283,988		
	b Less accumulated depreciation	101,776,319		
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	4,396,846,359	12	5,048,101,946
	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)	4,780,599,912	16	5,461,105,812	
Liabilities	17 Accounts payable and accrued expenses	48,095,482	17	52,961,089
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D	36,646,367	25	42,074,138
	26 Total liabilities. Add lines 17 through 25	84,741,849	26	95,035,227
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,594,615,589	27	4,278,902,412
	28 Temporarily restricted net assets	76,544,144	28	0
	29 Permanently restricted net assets	1,024,698,330	29	1,087,168,173
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,695,858,063	33	5,366,070,585	
34 Total liabilities and net assets/fund balances	4,780,599,912	34	5,461,105,812	

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	1,919,766,290
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,399,728,747
3	Revenue less expenses Subtract line 2 from line 1	3	520,037,543
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,695,858,063
5	Net unrealized gains (losses) on investments	5	150,174,979
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	5,366,070,585

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 (2018)

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 ABILITY TO PAY 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	4 00	X						0	0	0
JAMES B BARKATE VOTING DIRECTOR	8 00	X						0	0	0
MARTHA PERINE BEARD VOTING DIRECTOR	8 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 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 GABBY 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
THOMAS WERTZ 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			
ANURAG PANDIT CHIEF INVESTMENT OFFICER	55 00 0 00					X		470,749	0	73,568

SCHEDULE A
(Form 990 or 990-EZ)

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 the latest information.

2018

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 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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	1,028,565,644	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	6,585,962,426
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	1,028,565,644	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	6,585,962,426
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						6,585,962,426

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	1,028,565,644	1,129,523,176	1,314,189,700	1,446,493,050	1,667,190,856	6,585,962,426
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	25,637,216	22,528,839	23,051,442	26,152,721	35,719,999	133,090,217
9	Net income from unrelated business activities, whether or not the business is regularly carried on	1,154,757	434,311	719,985	754,615	0	3,063,668
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	40,875,736	38,532,271	44,211,185	51,485,671	55,697,649	230,802,512
11 Total support.	Add lines 7 through 10						6,952,918,823

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 2018 (line 6, column (f) divided by line 11, column (f))	14	94.720 %
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	94.490 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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? 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.		
	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)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	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)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	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)? 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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	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))? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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? If "Yes," provide detail in Part VI .		
	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)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	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

- 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, 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 2018 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 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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) 2014 - TOTAL OF 40,875,736 CONSISTS OF A GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS) 13,672,319 B GROSS GAMING RECEIPTS 27,203,417 COLUMN (B) 2015 - TO TAL OF 38,532,271 CONSISTS OF A GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS) 15,414,176 B GROSS GAMING RECEIPTS 23,118,095 COLUMN (C) 2016 - TOTAL OF 44,211,185 CON SISTS OF A GROSS FUNDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS) 17,139,341 B GROSS G AMING RECEIPTS 27,071,844 COLUMN (D) 2017 - TOTAL OF 51,485,671 CONSISTS OF A GROSS FU NDRAISING EVENTS RECEIPTS (LESS CONTRIBUTIONS) 19,414,166 B GROSS GAMING RECEIPTS 32,07 1,505 COLUMN (E) 2018 - TOTAL OF 55,697,649 CONSISTS OF A GROSS FUNDRAISING EVENTS RECE IPTS (LESS CONTRIBUTIONS) 18,639,338 B GROSS GAMING RECEIPTS 37,058,311

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
AMERICAN LEBANESE SYRIAN ASSOCIATED CHARITIES INC

Employer identification number
35-1044585

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" 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	1,024,698,330	965,253,422	873,056,599	873,885,134	915,104,075
b Contributions	4,864,242	21,281,957	12,552,432	2,341,719	2,970,640
c Net investment earnings, gains, and losses	64,664,085	92,690,065	103,475,245	-72,118	8,222,632
d Grants or scholarships					
e Other expenditures for facilities and programs	38,875,713	54,527,114	23,830,854	3,098,136	52,412,213
f Administrative expenses					
g End of year balance	1,055,350,944	1,024,698,330	965,253,422	873,056,599	873,885,134

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages 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 | |
| (ii) related organizations | | 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		44,597,320		44,597,320
b Buildings		132,586,503	25,145,529	107,440,974
c Leasehold improvements		4,590,965	1,225,696	3,365,269
d Equipment		53,112,792	28,314,790	24,798,002
e Other		87,396,408	47,090,304	40,306,104
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				220,507,669

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	1,972,411,797	F
(B) MARKETABLE ALTERNATIVES	1,357,388,781	F
(C) REAL ASSETS	366,625,874	F
(D) PRIVATE EQUITY	777,719,090	F
(E) FIXED INCOME	446,999,466	F
(F) CASH EQUIVALENTS	126,956,938	F
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	5,048,101,946	

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	
ANNUITY OBLIGATIONS	42,074,138
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	42,074,138

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	2,081,125,107
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	150,174,979
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	150,174,979
3	Subtract line 2e from line 1	3	1,930,950,128
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	-11,183,838
c	Add lines 4a and 4b	4c	-11,183,838
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	1,919,766,290

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	1,410,912,585
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	11,183,838
e	Add lines 2a through 2d	2e	11,183,838
3	Subtract line 2e from line 1	3	1,399,728,747
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	1,399,728,747

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, 2019, 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 2016 THROUGH 2019 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 -11,183,838

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT GAMING EXPENSES 11,183,838

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

2018

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" to Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States
- 3** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
See Add'l Data					
3a Sub-total	0	0			1,495,908,551
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			1,495,908,551

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

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

- 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" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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).

ReturnReference	Explanation

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		1,361,925,340
EUROPE (INCLUDING ICELAND & GREENLAND)			INVESTMENTS		93,634,252

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		18,565,168
NORTH AMERICA			INVESTMENTS		16,689,654

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		5,094,137
SOUTH AMERICA			INVESTMENTS		

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

2018

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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
INFOCISION MANAGEMENT CORP 325 SPRINGSIDE DR AKRON, OH 443334501	FUNDRAISING SOLICITOR		No	4,913,700	4,690,775	222,925
COMSENSE MONTANA INDUSTRIAL PARK ROAD 459 K , AGUADILLA RQ 00603	FUNDRAISING SOLICITOR		No	717,130	413,546	303,584
EAGLECOM INC 2300 YONGE STREET SUITE 1700 BOX TORONTO, ON CA M4P 1E4	MEDIA PUBLISHING		No	0	3,462,034	-3,462,034
MINDSET DIRECT 1700 N JEFFERSON ST ARLINGTON, VA 22205	FUNDRAISING COUNSEL		No	0	427,500	-427,500
NNE MARKETING LLC 1666 MASSACHUSETTS AVE SUITE 14 LEXINGTON, MA 02420	FUNDRAISING COUNSEL		No	0	223,000	-223,000
ELEVENTY MARKETING GROUP 453 S HIGH ST SUITE 101 AKRON, OH 44311	FUNDRAISING COUNSEL		No	0	90,359	-90,359
Total				5,630,830	9,307,214	-3,676,384

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)
		GALA (event type)	GALA (event type)	155 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	1,439,361	1,073,206	27,440,571	29,953,138
	2 Less Contributions	340,670	584,280	10,388,850	11,313,800
	3 Gross income (line 1 minus line 2)	1,098,691	488,926	17,051,721	18,639,338
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	12,180	3,515	47,856	63,551
	6 Rent/facility costs	6,942	21,200	991,840	1,019,982
	7 Food and beverages	39,207	130,469	2,639,146	2,808,822
	8 Entertainment	15,720	56,184	1,219,444	1,291,348
	9 Other direct expenses	26,063	31,600	1,730,230	1,787,893
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				6,971,596
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				11,667,742

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			37,058,311
Direct Expenses	2 Cash prizes				
	3 Noncash prizes			5,823,880	5,823,880
	4 Rent/facility costs			22,472	22,472
	5 Other direct expenses			5,337,486	5,337,486
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶				11,183,838	
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				25,874,473	

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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 ▶ \$ 164,002

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 ▶ \$ 9,210,009

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

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

2018

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, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

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 (book, FMV, appraisal, other), (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), 865,122,365, 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 TO OPERATE ST JUDE, AND MORE THAN 75 PERCENT 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

2018

Open to Public Inspection

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

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 indemnification 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 indemnification 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 indemnification 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 in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</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 in 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)	1,054,860	150	79,487	120,250	23,803	1,278,550	0
2 RICHARD C SHADYAC JR CEO & EX-OFFICIO DIRECTOR	(i)	790,449	0	49,746	99,580	19,111	958,886	46,182
	(ii)	0	0	0	0	0	0	0
3 EMILY S GREER CHIEF ADMIN OFFICER	(i)	482,366	0	36,234	70,792	19,111	608,503	31,412
	(ii)	0	0	0	0	0	0	0
4 JEFFREY T PEARSON CHIEF FINANCIAL OFFICER	(i)	440,766	0	33,919	68,136	23,013	565,834	31,597
	(ii)	0	0	0	0	0	0	0
5 EMILY CALLAHAN CHIEF MARKETING & EXPERIENCE OFFICER	(i)	470,359	0	23,798	60,581	26,120	580,858	23,258
	(ii)	0	0	0	0	0	0	0
6 SARA HALL CHIEF LEGAL OFFICER	(i)	432,853	0	21,320	57,740	24,426	536,339	20,510
	(ii)	0	0	0	0	0	0	0
7 SUE HARPOLE CHIEF DEVELOPMENT OFFICER	(i)	454,762	0	22,329	67,655	10,154	554,900	18,765
	(ii)	0	0	0	0	0	0	0
8 ROBERT MACHEN CHIEF OPERATING OFFICER	(i)	452,859	0	23,552	60,121	23,433	559,965	22,310
	(ii)	0	0	0	0	0	0	0
9 ANURAG PANDIT CHIEF INVESTMENT OFFICER	(i)	457,944	0	12,805	49,441	24,127	544,317	10,483
	(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.

Return Reference	Explanation
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 EMILY CALLAHAN \$14,623 SUE HARPOLE \$10,065 ROBERT MACHEN \$16,845



Schedule J (Form 990) 2018

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **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 the latest information.**

2018

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 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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

1	(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 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

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

Part III Grants or Assistance Benefiting Interested Persons.
 Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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	58,127	EMPLOYMENT		No
(2) COURY SHADYAC	SEE PART V	173,953	EMPLOYMENT		No
(3) KARON NASH	SEE PART V	79,464	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 \$58,127(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 \$173,953(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 \$79,464(D) DESCRIPTION OF TRANSACTION EMPLOYMENT(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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	149		
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	26		
7 Boats and planes	X	4		
8 Intellectual property				
9 Securities—Publicly traded	X	283	19,796,635	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	177		
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (PRIZE PACKAGES)	X	766	0	
26 Other ▶ (GIFT CARDS)	X	156	0	
27 Other ▶ (OTHER PRIZES)	X	618	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** 2

	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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part 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 33	RECEIPTS FOR LINES 1, 6, 7, 15, 18, 25, 26 AND 27 ARE REPORTED ON 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.

2018

**Open to Public
Inspection**

Department of the Treasury

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 TO OPERATE ST JUDE AND MORE THAN 75% 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	PROGRAMS IN THE COUNTRY IN ADDITION, THE BRAIN TUMOR SCIENCE AND TECHNOLOGY AT ST JUDE ARE AT THE CUTTING EDGE WORLDWIDE, AND ST JUDE HAS THE LARGEST RESEARCH-BASED PEDIATRIC B RAIN TUMOR RESEARCH PROGRAM IN THE COUNTRY ST JUDE IS THE COORDINATING CENTER OF THE NAT IONAL PEDIATRIC BRAIN TUMOR CONSORTIUM, WHICH RECEIVES FUNDING FROM THE NATIONAL CANCER IN STITUTE AND ST JUDE'S EFFORTS TO SAVE THE LIVES OF CANCER PATIENTS DON'T END WHEN TREATM ENT STOPS THE ST JUDE AFTER COMPLETION OF THERAPY (ACT) PROGRAM IS THE LARGEST LONG-TERM , FOLLOW-UP CLINIC FOR PEDIATRIC CANCER PATIENTS IN THE UNITED STATES AND ST JUDE DOES TH IS AT NO COST TO THE PATIENTS THE CLINIC HELPS PATIENTS STAY HEALTHY AFTER ACTIVE TREATME NT ENDS AND HAS BEEN A PROTOTYPE FOR OTHER LONGER TERM FOLLOW-UP PROGRAMS FORMER ST JUDE PATIENTS ALSO ARE PARTICIPATING IN THE ST JUDE LIFE STUDY, DESIGNED TO HELP ADULT SURVIV ORS OF CHILDHOOD CANCER LEARN ABOUT ISSUES THAT AFFECT THEIR HEALTH AS WELL AS WAYS TO STA Y HEALTHY AND ST JUDE IS HOME TO THE CHILDHOOD CANCER SURVIVOR STUDY, A COLLABORATIVE ST UDY AMONG 30 U S AND CANADIAN INSTITUTIONS THAT INCLUDES MORE THAN 20,000 CHILDHOOD CANCER SURVIVORS

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

2018

**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