			EXTENDED TO JUNE 15, 202		<b>T</b>	OMB No. 1545-0047			
For	m 99	an	Return of Organization Exempt Froi Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code			0000			
FOI		50	<ul> <li>Do not enter social security numbers on this form as it r</li> </ul>	•	• •				
Depa	artment of	the Treasury ue Service	<ul> <li>Go to www.irs.gov/Form990 for instructions and the I</li> </ul>	-	-	Open to Public Inspection			
					UL 31, 2021				
В	Check if applicable	C Name of	organization		D Employer identifica	tion number			
	Addres	PROJ	ECT A.L.S., INC.						
	Name Change	Doing b	usiness as		13-401946	4			
	Initial return       Number and street (or P.0. box if mail is not delivered to street address)       Room/suite       E Telephone number         212-420-73								
	termin- ated Amende	City or t	own, state or province, country, and ZIP or foreign postal code INGTOWN, MD 20639		<b>G</b> Gross receipts \$	2,850,231.			
	return Applica		nd address of principal officer: MEREDITH ESTESS		H(a) Is this a group retu for subordinates?				
	tion pending		AS C ABOVE		H(b) Are all subordinates inclu	····· = =			
1	Tax-exe	mpt status:		527		st. See instructions			
			PROJECTALS.ORG	_	H(c) Group exemption				
						State of legal domicile: NY			
		Summary			<b>-</b>	5			
	1 8	Briefly describ	e the organization's mission or most significant activities: WORKING	TOT	WARDS AN UND	ERSTANDING			
Governance			ATMENTS FOR AMYOTROPHIC LATERAL SCLER						
rna	2 (	Check this bo	x 🕨 🔲 if the organization discontinued its operations or disposed of	f more t	than 25% of its net asse	ts.			
love	3 1	Number of vot	ing members of the governing body (Part VI, line 1a)		3	29			
		Number of ind	ependent voting members of the governing body (Part VI, line 1b)		4	27			
00 00	5 7	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)		5	7			
Activities &	6 7	Total number	of volunteers (estimate if necessary)		6	10			
cti	7a ⊺		d business revenue from Part VIII, column (C), line 12			0.			
_	b1	Net unrelated	business taxable income from Form 990-T, Part I, line 11			0.			
					Prior Year	Current Year			
ð	8 0	Contributions	and grants (Part VIII, line 1h)		4,399,624.	2,629,140.			
Revenue	9 F	Program servi	ce revenue (Part VIII, line 2g)		0.	0.			
eve	<b>10</b>	nvestment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		1,645.	1,908.			
Ξ	<sup>i</sup>   11 (	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-92,518.	-19,673.			
	12 1	Total revenue	- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,308,751.	2,611,375.			
	13 (	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		1,616,764.	1,871,507.			
	<b>14</b> E	Benefits paid	o or for members (Part IX, column (A), line 4)		0.	0.			
ŝ	15 8	Salaries, othe	compensation, employee benefits (Part IX, column (A), lines 5-10)		823,021.	842,791.			
nse	<b>16a</b> ⊮	Professional fi	undraising fees (Part IX, column (A), line 11e)		0.	0.			
Expenses	b d	Total fundraisi	and raising fees (Part IX, column (A), lines 5-10) $\dots$ and raising fees (Part IX, column (A), line 11e) $\dots$ ng expenses (Part IX, column (D), line 25) $\blacktriangleright$ <u>138, 116.</u>	_					
ш	'  <b>17</b> (	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,369,064.	457,735.			
	18 1	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,808,849.	3,172,033.			
		Revenue less	expenses. Subtract line 18 from line 12		499,902.	-560,658.			
Net Assets or				Beg	jinning of Current Year	End of Year			
sset	ਸ਼੍ਰ <b>20</b> ⊺		Part X, line 16)		2,583,051.	1,558,325.			
et A	21		(Part X, line 26)		2,597,587.	2,131,278.			
_			fund balances. Subtract line 21 from line 20		-14,536.	-572,953.			
	art II	Signature							
	-		declare that I have examined this return, including accompanying schedules and s			nowledge and belief, it is			
true	e, correct	i, and complete.	Declaration of preparer (other than officer) is based on all information of which pre-	reparer h	nas any knowledge.				
<b>c</b> -		Signature	e of officer		Date				
Sig Hei		, -	DITH ESTESS. PRESIDENT		ναισ				
HO									

пеге	MERCEDITI EDIEDO, IREDI		
	Type or print name and title		
	Print/Type preparer's name	Preparer's signature	Date Check PTIN
Paid	PAULA VUKSIC		07/19/22 self-employed P00360739
Preparer	Firm's name <b>CITRIN COOPERMAN</b>	ADV SORS LLC	Firm's EIN ▶ 87-2525370
Use Only	Firm's address 50 ROCKEFELLER P	LAZA	
	NEW YORK, NY 100	20	Phone no. 212-697-1000
May the I	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No
	IIIA For Denemoral Deduction Act Natio	a and the compute instructions	Faure 990 (0000)

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2020)

Form	1990 (2020) PROJECT A.L.S., INC.	L3-4019464	Page <b>2</b>
Par	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
1	Briefly describe the organization's mission:		
	TO RECRUIT THE WORLD'S BEST RESEARCH SCIENTISTS AND CLINIC		
	TOGETHER TOWARD AN UNDERSTANDING OF AND THE FIRST EFFECTIV		TS
	FOR ALS (AMYOTROPHIC LATERAL SCLEROSIS) ALSO KNOWN AS LOU	GEHRIG'S	
	DISEASE.		
2	Did the organization undertake any significant program services during the year which were not listed on the	<b>—</b>	<b>TT</b>
	prior Form 990 or 990-EZ?	Yes	XNo
	If "Yes," describe these new services on Schedule O.		<b>TTT</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	XNo
	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 me		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	the total expenses, a	nd
	revenue, if any, for each program service reported.		0
4a	(Code:) (Expenses \$ 2,521,547. including grants of \$ 1,871,507. ) (Revenue \$		<u>0.</u> )
	GRANTS AND RESEARCH - FUNDING FOR SCIENTIFIC MEDICAL RESEARCH		D
	TREATMENTS AND ULTIMATELY A CURE FOR AMYOTROPHIC LATERAL S		
	(ALS) AN ULTIMATELY FATAL MOTOR NEURON DISEASE BY PROMOTIN		
	COLLABORATION AND INFORMATION SHARING AMONG RESEARCHERS FO		TED
		SETIN	
	DEVELOPMENT FOR FDA SUBMISSION FOR CLINICAL DRUG TRIAL APP	ROVAL.	
			0
4b	(Code:) (Expenses \$ 292,588. including grants of \$ 0. ) (Revenue \$		0.)
	EDUCATION - RAISE AWARENESS OF AND PROVIDE INFORMATION ABO		
	AMYOTROPHIC LATERAL SCLEROSIS (ALS) THROUGH SPEAKING ENGAG	JEMENIS,	
	NEWSLETTER AND WEBSITE.		
4c			
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$	,	)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses > 2,814,135.	/	
		Form	<b>990</b> (2020)
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Form	990	(2020)	
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		37	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			v
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			77
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
• -	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes, " complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	Х	L
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Form	000	(2020)
Form	990	(2020

Form	990 (2020) PROJECT A.L.S., INC. 13-401 t IV Checklist of Required Schedules (continued)	9464	P	<sub>age</sub> 4
T ai	Checkinst of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
_	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			<u> </u>
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	. 26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	. 21		
20	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	. 28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	. 29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	<u>30</u> 31		X
	Did the organization requidate, terminate, or dissolve and cease operations? <i>If 'Yes, complete Schedule N, Part F</i>	. 51		<u> </u>
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	. <u>35a</u>		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
200	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		_ <u></u>
0.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		6	Yes	No
		6		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable <b>1b</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4		
U	(gambling) winnings to prize winners?	1c	х	
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	9			. /

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	990 (2020) PROJECT A.L.S., INC. 13-4019	464	Р	age <b>5</b>
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
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		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	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:			
а	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:			
а	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.)			
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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
С	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.		0000	(0000)
		Form	. uur I	(0000)

Form **990** (2020)

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Form 990	(2020)
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PROJECT A.L.S., INC.

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

			_		Yes	N	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	29				
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b	27				
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?			2	Х		
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?			3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Σ	
6	Did the organization have members or stockholders?			6		Σ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		Γ				
	more members of the governing body?			7a		X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		····· –				
	persons other than the governing body?			7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea						
	The governing body?			Ba	Х		
	Each committee with authority to act on behalf of the governing body?			3b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х	
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	wenue Code )		-			
		venue coue.)			Yes	N	
0a	Did the organization have local chapters, branches, or affiliates?			0a	100	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch		······ –	u			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			0b			
19	Has the organization provided a complete copy of this Form 990 to all members of its governing body			1a	Х		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y before ming the		īa			
	Did the organization have a written conflict of interest policy? If "No," go to line 13			2a	Х		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			2a 2b	X		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? $If "\gamma$		······ ⊢'	20			
C		,		2c	Х		
2	in Schedule O how this was done			<u>20</u> 13	X		
3	Did the organization have a written whistleblower policy?		····· ⊢		X		
4	Did the organization have a written document retention and destruction policy?		····· –	14	Λ		
5	Did the process for determining compensation of the following persons include a review and approva	ii by independent					
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			<b>F</b> -	Х		
	The organization's CEO, Executive Director, or top management official			5a	X		
b	Other officers or key employees of the organization		·····	5b	<u> </u>		
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
ба	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen						
	taxable entity during the year?			6a		Χ	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ						
	exempt status with respect to such arrangements?			6b			
	tion C. Disclosure						
7	List the states with which a copy of this Form 990 is required to be filed <b>NY</b> , <b>MD</b> , <b>CA</b> , <b>OH</b> , <b>N</b>						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	nd 990-T (Section	501(c)(3)s c	nly)	availa	ble	
	for public inspection. Indicate how you made these available. Check all that apply.						
		n on Schedule O)					
9							
	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 boo	oks and records	▶				
	THE ORGANIZATION - 212-420-7382						
	4330 CAMP KAUFMANN ROAD, HUNTINGTOWN, MD 20639				000		
	3 12-23-20			-	990	(20)	

Form 990 (2020) PROJECT A.L.S., INC.	13-4019464	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes	st 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 en	nding with or within the organization's	tax year.
<ul> <li>List all of the organization's current officers, directors, trustees (whether individuals or organization</li> </ul>	s), regardless of amount of compensations	ation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average		not cl		more	than o		Reportable	Reportable	Estimated
	hours per		, unles cer an					compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC)	from the
	related	ee or	Istee			insate		(W-2/1099-MISC)		organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(4)	line)	Ind	Ins	0ff	Key	en Hig	For			
(1) VALERIE ESTESS	50.00								0	
VICE PRESIDENT	<b>F</b> 0 00	Х		Х				173,527.	0.	21,746.
(2) MEREDITH ESTESS HULBERT	50.00							100 500	0	10 850
PRESIDENT	40.00	х		Х				173,527.	0.	18,750.
(3) ERIN FLEMMING	40.00							100 000	0	11 010
DIRECTOR OF RESEARCH - COR					X			170,000.	0.	11,918.
(4) ROBERT S. KAPLAN	5.00									•
CO-CHAIR	10.00	х		Х				0.	0.	0.
(5) DEBBIE WILPON	10.00									•
CO-CHAIR		х		Х				0.	0.	0.
(6) ROB BURNETT	0.25									•
DIRECTOR		х						0.	0.	0.
(7) MICHAEL BERMAN	0.25								0	0
DIRECTOR		х						0.	0.	0.
(8) DARCI CARLTON	0.25									•
DIRECTOR		х						0.	0.	0.
(9) CHAD CASCARILLA	0.25								0	0
DIRECTOR		х						0.	0.	0.
(10) GENA FAJGENBAUM COMBS	0.25									•
DIRECTOR		х						0.	0.	0.
(11) F. JONATHAN DRACOS	0.25									•
DIRECTOR		х						0.	0.	0.
(12) MARCIE FLECK	0.25								0	0
DIRECTOR		х						0.	0.	0.
(13) ARTHUR FRASIER	0.25									•
DIRECTOR		х						0.	0.	0.
(14) STACEY GRIFFITH	0.25								_	<u>^</u>
DIRECTOR		х						0.	0.	0.
(15) SIMON HALLS	0.25									<u> </u>
DIRECTOR		х						0.	0.	0.
(16) PETER J. HULBERT	0.25									_
DIRECTOR		Х						0.	0.	0.
(17) DAVID L. JAFFE	0.25									_
DIRECTOR		Х						0.	0.	0 • Form <b>990</b> (2020)

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Form **990** (2020)

Form 990 (	2020
Dart VII	

Part VII Section A. Officers, Directors, Tru		<u>ploy</u>	ees,			ghes	st C		· · /	(
(A)	(B)				<b>C)</b> sitior	n		(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than o		Reportable	Reportable	Estimated
	week					is botł or/trus		compensation from	compensation from related	amount of other
	(list any	tor						the	organizations	compensation
	hours for	direc				5		organization	(W-2/1099-MISC)	from the
	related	tee or	Istee			ensate		(W-2/1099-MISC)	. , , , , , , , , , , , , , , , , , , ,	organization
	organizations	1 trus	nal tri		oyee	d mo				and related
	below line)	Individual trustee or director	nstitutional trustee	Officer	key employee	Highest compensated employee	Former			organizations
(18) NANCY JARECKI	0.25	<u> </u>	<u> </u>	ò	ž	<u> </u>	Ĕ			
DIRECTOR		x						0.	0.	0.
(19) DANIEL KELLISON	0.25									
DIRECTOR		Х						0.	0.	0.
(20) STACI KIRCHHOFF	0.25									
DIRECTOR		Х						0.	0.	0.
(21) SUE LEIBMAN	0.25									
DIRECTOR		Х						0.	0.	0.
(22) MARTHA MCCULLY	0.25	_								
DIRECTOR		Х						0.	0.	0.
(23) JACK MERRILL	0.25								0	
DIRECTOR	0.05	х	-			-		0.	0.	0.
(24) ROB MORROW	0.25							0	0	0
DIRECTOR (25) REGINA KULIK SCULLY	0.25	Х	-	-				0.	0.	0.
DIRECTOR	0.25	x						0.	0.	0.
(26) LORI HIRSHLIEFER SILLS	0.25									
DIRECTOR		x						0.	0.	0.
1b Subtotal	1		-			1		517,054.	0.	52,414.
c Total from continuation sheets to Part								0.	0.	0.
d Total (add lines 1b and 1c)								517,054.	0.	52,414.
2 Total number of individuals (including but							o re		000 of reportable	
compensation from the organization						-			-	3
										Yes No
3 Did the organization list any former office	r, director, trust	ee, I	key e	emp	loye	e, or	hig	hest compensated emp	loyee on	
line 1a? If "Yes," complete Schedule J for	such individual									3 X
4 For any individual listed on line 1a, is the	•								•	
and related organizations greater than \$1										4 X
5 Did any person listed on line 1a receive or	•							•		
rendered to the organization? <i>If "Yes," co</i>	mplete Schedul	e J f	or si	ıch	pers	son				5 X
Section B. Independent Contractors					<b>1</b>	4 -			100.000 of company	
<ol> <li>Complete this table for your five highest of the organization. Report compensation fo</li> </ol>	•	•							· ·	ation from
(A)	r the calendar y	care	snuii	ig w	/11110			(B)		(C)
رمی Name and busines	s address	N(	ONE	Ξ				Description of s	ervices	Compensation
				_						
							_			
2 Total number of independent contractors		ot lir	nited	d to	thos	se lis N	ted	above) who received mo	ore than	
\$100,000 of compensation from the organ SEE PART VII, SECTIO		ידי	TT7	ͲΤ		ט ר פי	ㅁㅁ	ידייר		Form <b>990</b> (2020)
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Form 990_ PROJECT A.L.S., INC.					13-4019464					
Part VII Section A. Officers, Directors, Trustees, Key Employees, and His						ligh	est (	Compensated Employe	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			Pos				Reportable	Reportable	Estimated
	hours	(cl	heck	all :	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	۲.				lo yee		the	organizations	compensation
	(list any hours for	lirecto				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	tee			satec		(00-2/1099-00130)		and related
	organizations	Individual trustee or director	Institutional trustee		yee	m pen				organizations
	below	dual t	ution	-	Key employee	st co	Ŀ			organizationio
	line)	Indivi	Instit	Officer	Key e	Highest com pen sated em ployee	Former			
(27) LAWRENCE TARICA	0.25									
DIRECTOR		Х						0.	0.	0.
(28) CHRISTINE TAYLOR	0.25									
DIRECTOR		X						0.	0.	0.
(29) DEBRA WASSERMAN	0.25									
DIRECTOR		х						0.	0.	0.
(30) BONNIE VERBITSKY	0.25									
DIRECTOR		х						0.	0.	0.
					$\vdash$					
		•								
					-	-				
Total to Part VII, Section A, line 1c	<u></u>	<u></u>			<u></u> .	<u></u> .				

04-01-20

			2020) PROJECT A.L.;	S., INC.			13-4019	464 Page 9
Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	e or note to any lin				
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ខ្ល	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	-		Membership dues 1b					
, D D O				,104,461.	]			
àifts ar A			Related organizations 1d					
s, Dili		е	Government grants (contributions) 1e					
r Sign		f	All other contributions, gifts, grants, and					
ibut				<u>,524,679.</u>	-			
d O		g	Noncash contributions included in lines 1a-1f	16,427.				
<u> </u>		h	Total. Add lines 1a-1f		2,629,140.			
				Business Code				
ce	2	а						
ervi		b						
n Si		С						
grar Rev		d						
Program Service Revenue		e						
ш.			All other program service revenue					
-	3		Total. Add lines 2a-2f Investment income (including dividends, inter					
	3		other similar amounts)		1,908.			1,908.
	4		Income from investment of tax-exempt bond					
	5		Royalties	-				
	Ŭ		(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
			Less: rental expenses 6b					
			Rental income or (loss) 6c		1			
		d	Net rental income or (loss)					
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory <b>7a</b>					
		b	Less: cost or other basis					
iue			and sales expenses 7b		-			
venue		С	Gain or (loss)					
.Be			Net gain or (loss)	····· 🕨				
Other Re	8	а	Gross income from fundraising events (not including \$ 1,104,461. of					
			contributions reported on line 1c). See	010 100				
				<u>а 219,183.</u> ь238,856.	-			
					-19,673.			-19,673.
	~		Net income or (loss) from fundraising events Gross income from gaming activities. See	<u> </u>	-19,075.			-19,073.
	э	а						
		h	Part IV, line 19     9       Less: direct expenses     9		-			
	10		Gross sales of inventory, less returns					
			and allowances 10	Da				
		b	Less: cost of goods sold	)b	1			
			Net income or (loss) from sales of inventory					
10				Business Code				
sious	11	а						
ane		b						
cell		с						
Miscellaneous Revenue			All other revenue					
			Total. Add lines 11a-11d		0 (11 ) 75			
	12		Total revenue. See instructions	►	2,611,375.	0.	0.	
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Form 990 (2020	)
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 Form 990 (2020)
 PROJECT A.L.S., INC.

 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).

Secu	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons			ipiele column (A).	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			general expenses	
-	and domestic governments. See Part IV, line 21	1,871,507.	1,871,507.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	517,054.	459,860.	29,500.	27,694.
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	204,897.	100,310.	97,965.	6,622.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	69,870.	54,213.	12,336.	3,321.
10	Payroll taxes	50,970.	39,548.	8,999.	2,423.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	30,811.	30,000.	811.	
с	Accounting	25,804.		25,804.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	197,211.	101,135.	14,341.	81,735.
12	Advertising and promotion				
13	Office expenses	29,647.	23,004.	5,234.	1,409.
14	Information technology				
15	Royalties				
16	Occupancy	48,621.	37,726.	8,584.	2,311.
17	Travel				
18	Payments of travel or entertainment expenses	0 - 1 - 1 - 1			
	for any federal, state, or local public officials	8,546.	7,980.	283.	283.
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23					
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)	10 100	17 577	270	1 070
a	PRINTING, PUBLICATIONS	49,188.	47,537.	378.	1,273.
b	TELEPHONE	25,087.	19,466.	4,429.	1,192.
c					
d		42,820.	21,849.	11,118.	0 0 5 3
-	All other expenses	<u>42,820</u> . 3,172,033.	21,849.	219,782.	<u>9,853.</u> 138,116.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	5,114,033.	4,014,133.	417,104.	130,110.
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 if following SOP 98-2 (ASC 958-720)				- 000 (

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2020.06000 PROJECT A.L.S., INC.

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Form 990 (2020)

orm 990 Part X			13-	4019464 Page 11
ΓάιτΛ	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
		Beginning of year		End of year
1	Cash - non-interest-bearing	1,529,687.	1	880,444.
2		763,281.	2	363,411.
3	Pledges and grants receivable, net	143,751.	3	116,327.
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ω 7	Notes and loans receivable, net		7	
Assets	Inventories for sale or use		8	
8   9		36,709.	9	44,462.
10	a Land, buildings, and equipment: cost or other			
	basis. Complete Part VI of Schedule D 10a 5,228.			
	b Less: accumulated depreciation 10b 5,228.	0.	10c	0.
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	18,668.
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	109,623.	15	135,013.
16	Total assets. Add lines 1 through 15 (must equal line 33)	2,583,051.	16	1,558,325.
17	Accounts payable and accrued expenses	205,929.	17	219,437.
18	Grants payable	2,101,883.	18	1,412,396.
19	Deferred revenue	182,500.	19	290,000.
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
σ 22	Loans and other payables to any current or former officer, director,			
itie	trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities	controlled entity or family member of any of these persons		22	
<sup>23</sup> 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	107,275.	25	209,445. 2,131,278.
26	Total liabilities. Add lines 17 through 25	2,597,587.	26	2,131,278.
	Organizations that follow FASB ASC 958, check here 🕨 🔀			
ces	and complete lines 27, 28, 32, and 33.			
<u>k</u> 27	Net assets without donor restrictions	-417,211.	27	-572,953.
8 28	Net assets with donor restrictions	402,675.	28	0.
pur	Organizations that do not follow FASB ASC 958, check here 🕨 📃			
ц́	and complete lines 29 through 33.			
<sup>ວ</sup> ທີ 29	Capital stock or trust principal, or current funds		29	
<b>1</b> 30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances C C C B C B 2 C C C C C C C C C C C C C C C C C C C	Retained earnings, endowment, accumulated income, or other funds		31	
<b>P</b> 32	Total net assets or fund balances	-14,536.	32	-572,953.
33	Total liabilities and net assets/fund balances	2,583,051.	33	1,558,325.

Form **990** (2020)

Part XI       Reconciliation of Net Assets         Check if Schedule O contains a response or note to any line in this Part XI <ul> <li>Total revenue (must equal Part VIII, column (A), line 12)</li> <li>2 Column (A), line 25)</li> <li>2 Column (A)</li> <li>3 -560, 658.</li> <li>4 - 14, 536.</li> </ul> 5 Net unrealized gains (losses) on investments       5 2, 241.         6 Donated services and use of facilities       6         7 Investment expenses       7         8 Prior period aljustments       8         9 Other changes in net assets or fund balances (explain on Schedule O)       9         10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       -572, 953.         Part XII Financial Statements and Reporting       X       X         9 Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10 -572, 953.       Part XII Financial Statements and Reporting       X         11 Accounting method used to prepare the Form 990:       Cash X Accrual       Other         11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         11 the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         11 the organization s f		1 990 (2020) PROJECT A.L.S., INC.	13 - 40	19464	Pag	<sub>ge</sub> 12
1       Total revenue (must equal Part VIII, column (A), line 12)       1       2, 611, 375.         2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 172, 033.         3       Revenue less expenses. Subtract line 2 from line 1       2       3, 172, 033.         4       -14, 536.         5       8       2, 241.         6       6       7         7       8       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       -572, 953.         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)       -572, 953.         Part XII       Financial Statements and Reporting       X       -572, 953.         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       Acrual       Other         1       ft "te organization's financial statements compiled or reviewed by an independent accountant?       Yes       No	Pa	rt XI Reconciliation of Net Assets				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 172,033.         3       Revenue less expenses. Subtract line 2 from line 1       3       -560,658.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -14,536.         5       2,241.       6       6       6         7       8       Prior period adjustments       6       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       9       0.         10       r-572,953.       Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         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, consolidated basis, or both:       Za       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Zb <th></th> <th>Check if Schedule O contains a response or note to any line in this Part XI</th> <th></th> <th></th> <th></th> <th></th>		Check if Schedule O contains a response or note to any line in this Part XI				
2       Total expenses (must equal Part IX, column (A), line 25)       2       3, 172,033.         3       Revenue less expenses. Subtract line 2 from line 1       3       -560,658.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -14,536.         5       2,241.       6       6       6         7       8       Prior period adjustments       6       6         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.       9       0.         10       r-572,953.       Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X       2a       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         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, consolidated basis, or both:       Za       X         1       Separate basis       Consolidated basis       Both consolidated and separate basis, consolidated basis, or both:       Zb <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
3       Revenue less expenses. Subtract line 2 from line 1       3       -560,658.         4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -14,536.         5       Net unrealized gains (losses) on investments       5       2,241.         6       6       7         7       8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       -572,953.         Part XII       Financial Statements and Reporting       10       -572,953.         Check if Schedule O contains a response or note to any line in this Part XII       X       Yes         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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.       2b       X         If "Yes," check a box below to indicate whether the	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4       Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))       4       -14,536.         5       Net unrealized gains (losses) on investments       5       2,241.         6       6       6         7       8       6         8       Prior period adjustments       6         9       0.ther changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       9       0.         Part XIII       Financial Statements and Reporting       10       -5772, 953.         Part XIII       Financial Statements and Reporting       10       -5772, 953.         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         1       ft he organization's financial statements compiled or reviewed by an independent accountant?       2a       X         1       Yes, ' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis       2b       X         1       Yes,'' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:       2b       X         1       Fres,'' check a box below	2	Total expenses (must equal Part IX, column (A), line 25)			<u> </u>	
5       Net unrealized gains (losses) on investments       5       2,241.         6       Donated services and use of facilities       6         7       Investment expenses       7         8       Prior period adjustments       9         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -572, 953.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X       X         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:       2a       X       X         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:       2b       X         If "Yes," check a box below to indicate whether the financial statements fo	3	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
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7 Investment expenses 7   8 Prior period adjustments 9   9 Other changes in net assets or fund balances (explain on Schedule O) 9   10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))   10 -572,953.   Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII T Accounting method used to prepare the Form 990: Cash X Accounting method used to prepare the Form 990: Cash X Accrual Other	5		5	2	2,24	<u>41.</u>
8       Prior period adjustments       8         9       Other changes in net assets or fund balances (explain on Schedule O)       9       0.         10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       10       -572,953.         Part XII       Financial Statements and Reporting       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X Accrual       Other         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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       2b       X         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:       2b       X       I         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:       2b       X       I         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, cons	6	Donated services and use of facilities	6			
<ul> <li>9 Other changes in net assets or fund balances (explain on Schedule O)</li> <li>9 0.</li> <li>10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</li> <li>10 -572,953.</li> <li>Part XII Financial Statements and Reporting <ul> <li>Check if Schedule O contains a response or note to any line in this Part XII</li> </ul> </li> <li>1 Accounting method used to prepare the Form 990: Cash X Accrual Other // explain in Schedule O.</li> <li>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</li> <li>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, or both:</li> <li>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</li> <li>b Were the organization's financial statements audited by an independent accountant?</li> <li>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: Xi Separate basis Consolidated basis Both consolidated and separate basis</li> <li>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?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> </ul>	7	Investment expenses				
10       Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))       0       -572,953.         Part XII       Financial Statements and Reporting       X       X       X         Check if Schedule O contains a response or note to any line in this Part XII       X       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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:       2a       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         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:       2b       X       I         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:       2b       X       I         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:       2b       X       I         If "Yes," to line 2a or 2b, does th	8		8			
column (B)) 10 -572,953.     Part XII Financial Statements and Reporting   Check if Schedule O contains a response or note to any line in this Part XII   X   1 Accounting method used to prepare the Form 990:   Cash X   Accrual Other   If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.   2a X   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   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   Deter 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, consolidated basis   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:   X   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 selectio	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII       Financial Statements and Reporting         Check if Schedule O contains a response or note to any line in this Part XII       X         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Ves       No         1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       2a       X         If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         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       2b       X         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:       2b       X       Image: Consolidated basis       I	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
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1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other	Pa	rt XII Financial Statements and Reporting				
1       Accounting method used to prepare the Form 990:       Cash       X       Accrual       Other       Image: Construct of the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.       2a       X         2a       Were the organization's financial statements compiled or reviewed by an independent accountant?       2a       X         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:       2b       X         Separate basis       Consolidated basis       Both consolidated and separate basis       2b       X         If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis       2b       X         b       Were the organization's financial statements audited by an independent accountant?       2b       X         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:       2b       X         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?       2c       X         If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.       1       1		Check if Schedule O contains a response or note to any line in this Part XII				
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consolidated basis, or both:       Image: Consolidated basis       Ima	b			2b	X	
X       Separate basis       Consolidated basis       Both consolidated and separate basis       Image: Consolidated basis		•	e basis,			
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If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	с		,			
				2c	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit	3a		gle Audit			
Act and OMB Circular A-133? 3a X				<b>3</b> a		<u> </u>
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits				L

Form **990** (2020)

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Department of the Treasury

Internal Revenue Service

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Total

(	Form	990	or	990-EZ)
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# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2020
Open to Public Inspection

Name of the	organization
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ame of	the organization	<u> </u>					Employe	r identification numbe
	PROJ	ECT A.L.S.	, INC.				1	3-4019464
Part I	Reason for Public (			omplete th	nis part.) S	ee instructior	ıs.	
e orgar	nization is not a private found	ation because it is: (F	For lines 1 through 12, cl	neck only o	one box.)			
1 🗂	A church, convention of ch			•	-	1)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative		-			ii).		
4	A medical research organiz					-	(iii). Enter	the hospital's name.
	city, and state:	ī					·//··/·	,
5 🗆	An organization operated for	or the benefit of a col	leae or university owned	or operate	ed by a do	vernmental u	init describ	ed in
	section 170(b)(1)(A)(iv). (C		5		, ,			
а —	A federal, state, or local gov		ental unit described in	section 17	70(b)(1)(A)	(v)		
7 X	An organization that norma	-					he general	nublic described in
	section 170(b)(1)(A)(vi). (C	•		om a gove	innontai		le general	
a 🗆	A community trust describe		1)(A)(vi) (Complete Part	· II )				
, —	An agricultural research org				d in coni	unction with a	land-arant	college
	or university or a non-land-g				-		-	-
	university:	frank bolloge of agric			iamo, ony	, and state of	the conege	
<u>م</u>	An organization that norma	Ilv receives (1) more	than 33 1/3% of its sunn	ort from co	ontribution	ns membersh	nin fees an	d aross receipts from
	activities related to its exem							
	income and unrelated busir		-					-
					ses acqui		Janizationa	aitei Julie 30, 1973.
	See section 509(a)(2). (Con		volute test for public cof	inter Con	nantian Fl	O(a)(4)		
' H	An organization organized a	-	•	•				nurnanan of ana ar
	An organization organized a	-	-	-			•	
	more publicly supported or	-						Check the box in
	lines 12a through 12d that						-	ati dar a
a 🗋	<b>Type I.</b> A supporting orga	-	-	• • • •	-		••••••	
	the supported organization			majority o	of the direc	tors or truste	es of the sl	upporting
	organization. You must o						( ) I I	
b 🗌	<b>Type II.</b> A supporting org	-				-		-
	control or management o			ame persor	ns that co	ntrol or mana	ge the sup	ported
_	organization(s). You mus	-						
c 🗋	_ Type III functionally inte						lly integrate	ed with,
	its supported organization		-					
d 🗌	Type III non-functionally						-	
	that is not functionally int			•		-	1 an attentiv	veness
_	requirement (see instructi		-					
e	Check this box if the orga					Туре I, Туре	II, Type III	
	functionally integrated, or	51	nally integrated supportir	ng organiza	ation.			
	er the number of supported o	•						
	vide the following information			(iv) Is the orga	inization listed	( .) A	.f	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o	-	(vi) Amount of other
	organization		above (see instructions))	Yes	No	support (see i	natructions)	support (see instructions

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 19

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 Schedule A (Form 990 or 990-EZ) 2020
 PROJECT A.L.S., INC.
 13-4019

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

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

fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	4995900.	4000131.	3750222.	4399544.	2629140.	<u>19774937.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	4005000	4000101	2750000	4200544	0.00140	10004020
	Total. Add lines 1 through 3	4995900.	4000131.	3750222.	4399544.	2629140.	19774937.
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)						1413096.
•	·····						18361841.
	Public support. Subtract line 5 from line 4.						<u>µ0301041.</u>
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(a) 2019	(d) 2010	(a) 2020	
	Amounts from line 4	(a) 2016 4995900.	(b) 2017 4000131.	(c) 2018 3750222.	(d) 2019 4399544.	(e) 2020 2629140	(f) Total 19774937.
	Gross income from interest,	±555500.	40001310	5750222.	13333111	2029140.	<u></u>
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	5,312.	4,658.	5,421.	2,621.	1,908.	19,920.
٥	Net income from unrelated business	5,512.		5,4210	2,021.	1,5001	19,9200
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	335,754.	119,064.	200,000.			654,818.
11	<b>Total support.</b> Add lines 7 through 10						20449675.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12 2	,896,729.
	First 5 years. If the Form 990 is for th		,				
	organization, check this box and <b>stop</b>	0					
Sec	ction C. Computation of Publi	c Support Per	centage				·
	Public support percentage for 2020 (I			column (f))		14	89.79 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	86.86 %
	33 1/3% support test - 2020. If the o					ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization				► X
b	33 1/3% support test - 2019. If the o	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶□
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and <b>st</b>	t <b>op here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	s ►
					Sche	dule A (Form 990	or 990-EZ) 2020

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Schedule A	(Form 990	or 990-EZ	2020	PROJECT	A.L.S.,	INC.	

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

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(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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	·						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
~							
	Total. Add lines 1 through 5						
78	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						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support					-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organ	ization,
_	check this box and stop here	-	<u></u>	<u></u>	<u></u>	· -	
Sec	ction C. Computation of Publi						
15	Public support percentage for 2020 (I	line 8. column (f). d	livided by line 13.	column (f))		15	%
	Public support percentage from 2019	, (),	<b>,</b> ,			16	%
-	ction D. Computation of Invest						,,,
	Investment income percentage for 20			ine 13 column (f))		17	%
	Investment income percentage for 20					17	% %
	33 1/3% support tests - 2020. If the					<u> </u>	
198							
	more than 33 1/3%, check this box at 22 1/2% even out toots 2010. If the						
b	<b>33 1/3% support tests - 2019.</b> If the	-					
••	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t			••••• •••
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1

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3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Yes No

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

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 10b
 2020

 Schedule A (Form 990 or 990-EZ) 2020

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c	ľ	
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. <i>If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		<u> </u>
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u> </u>	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		

- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's

#### supported organizations played in this regard. 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 The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		] The organization supported a governmental entity. $D$	Describe in <b>Part VI</b> how you supported a governmental entity (see instruction <u>s).</u>	
------------	--	---	--	--

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- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

2

3

2a

2b

3a

3b

Yes No

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Schedule A	(Form 990 or 990-EZ) 2020	PROJECT	A.L.S.,	INC.	
Part V	Type III Non-Functio	nally Integra	ated 509(a)(3	) Supporting	g Organizations

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(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 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly integrated	d Type III supporting orga	inization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Par	t V   Type III Non-Functionally integrated 509	a)(3) Supporting Orga	nizations (continu	<u>ed)</u>	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
b	Excess from 2017				
C	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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

#### SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

NEWSLETTER			
2016 AMOUNT: \$	335,754.		
RECOVERED GRANTS			
2017 AMOUNT: \$	100,273.		
2018 AMOUNT: \$	200,000.		
OTHER INCOME			
2017 AMOUNT: \$	18,791.		
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## Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

#### Name of the organization

Organization type (check one):

# Schedule of Contributors

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

OMB No. 1545-0047

# 2020

Employer identification number

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Filers of:	Section:
Form 990 or 990-EZ	$\fbox{X}$ 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the General Rule or a Special Rule.

PROJECT A.L.S.,

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

#### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year  $\dots$   $\blacktriangleright$  \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

#### Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

Page **2** 

PROJECT A.L.S., INC.

Employer identification number

13-4019464

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANONYMOUS PO BOX 7138 GARDEN CITY, NY 11530	\$ <u>200,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE KIRCHHOFF FAMILY <u>FOUNDATION/WILLIAM, JEAN AND STACI KIR</u> C/O SAGEWORTH TRUST 160 NORTH POINTE <u>BLVD</u> LANCASTER, PA 17601	\$ <u>140,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	JOAN LINCLAU 620 PARK AVENUE NEW YORK, NY 10065	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	TAMBOURINE C/O ICONIQ 394 PACIFIC AVE SAN FRANCISCO, CA 94111	\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	THE BERT & SANDRA K. WASSERMAN         FOUNDATION/DEBRA WASSERMAN         27 WEST 72ND STREET         NEW YORK, NY 10023	\$ <u>75,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
023452 11-25		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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2020.06000 PROJECT A.L.S., INC. 2863\_\_1

Name of organization

13-4019464

#### PROJECT A.L.S., INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a)		\$	
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-25-20		\$Schodulo P /Earm	990, 990-EZ, or 990-PF) (

#### 17040719 790347 2863

2020.06000 PROJECT A.L.S., INC.

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Page **3** 

PROJECT A.L.S., INC.       13-4019461         PartII       Exclusively religious, theribade, etc., combridges described in section 501(c)(7), (8), c01 (10) that tell more than \$1,000 for they etc. compression of the exclusion of the exc	Name of or	ganization		Employer identification number
Part III       Exclusively religious, churitable, etc., contribution to organization described in section 501(0/T), (b), or (10) that total more than \$1.000 for the yes in central described in the yes, Dira fill in advance that \$1.000 for the yes or equivalence that \$1.000 for the yes of	PROJEC			13-4019464
(a) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (c) No. Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift         (c) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee       (e) Transfer of gift         (f) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (g) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. Fart 1       (b) Purpose of gift       (c) Use of gift       (d) Descripti	Part III	Exclusively religious, charitable, etc., contributi from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entropy of the charitable, etc., contributions of \$1,000 or I	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
Part 1	from		·	(d) Description of how gift is held
Image: construction of the state of the	Part I			
(a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) Use of gift       (c) Use of gift       (d) Description of how gift is held       (e) Transfer of gift         (a) No. From Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. From Part 1       (e) Transfer of gift       (d) Description of how gift is held       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held       (e) Transfer of gift       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (d) Description of how gift	-		(e) Transfer of gift	
from Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (e) Transfer of gift     (e) Transfer of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       (a) No. From Part1     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held	-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
Part 1       (c) CP CP (CP (CP (CP (CP (CP (CP (CP (CP (	(a) No.			
Image: constraint of transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (a) No. from Part 1       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held         (c) No. from Part 1       (c) Use of gift       (d) Description of how gift is held       (e) Transfer of gift         (c) Transfer of gift       (c) Use of gift       (d) Description of how gift is held         (c) Transfer of gift       (e) Transfer of gift       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift       (c) Transfer of gift         (c) Transfer of gift       (c) Transfer of gift       (c) Transfer of gift         (c) Transfer of gift       (c) Transfer of gift       (c) Transfer of gift         (c) Transfer of gift       (c) Transfer of gift       (c) Transfer of gift         (c) Transfer of gift       (c) Transfer of gift <td< td=""><td rowspan="2">Part I</td><td>(b) Purpose of gift</td><td>(c) Use of gift</td><td>(a) Description of now gift is neid</td></td<>	Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of now gift is neid
(a) No. from Part 1 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 (e) Transfer of gift (d) Description of how gift is held (e) Transfer of gift (f) Description of how gift is held (f) Descriptio			(e) Transfer of gift	
from Part I     (b) Purpose of gift     (c) Use of gift     (d) Description of how gift is held       Image: constraint of the state of gift     Image: constraint of the state of gift     Image: constraint of gift       Image: constraint of the state of gift     Image: constraint of the state of gift     Image: constraint of the state of gift       Image: constraint of the state of gift     Image: constraint of the state of gift     Image: constraint of the state of gift       Image: constraint of the state of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image: constraint of gift     Image: constraint of gift       Image: constraint of gift     Image:	-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee         (a) No. from Part I       (b) Purpose of gift       (c) Use of gift       (d) Description of how gift is held	from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee			(e) Transfer of gift	
Part I     Image: Constrained of the second of	-	Transferee's name, address, ar 	nd ZIP + 4	Relationship of transferor to transferee
Transferee's name, address, and ZIP + 4     Relationship of transferor to transferee	(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, and ZIP + 4       Relationship of transferor to transferee				
	ŀ			
192454 11 05 00 Sobadula D (Form 000 000 F7 or 000 DF) (00	ŀ	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
	002454 11 05			Sabadula B /Earm 000,000, EZ 000, DE\ /0000

30 2020.06000 PROJECT A.L.S., INC. 2863\_\_1

50	HEDULE D	Supplement	al Financial State	ments		OMB No. 1545-0047		
	SCHEDULE D       Supplemental Financial Statements         (Form 990)       ► Complete if the organization answered "Yes" on Form 990,							
•		Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, Attach to Form 990.	12a, or 12b.		Open to Public		
	ment of the Treasury I Revenue Service		90 for instructions and the lat	est information.		Inspection		
Nam	e of the organizati		_		Emplo	over identification number		
De		PROJECT A.L.S., ING ations Maintaining Donor Advise				13-4019464		
Par	-	-		r Funds of Ac	counts	5. Complete if the		
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised fund	s (	b) Funds	s and other accounts		
1	Total number at or	nd of year			<b>bj</b> i unut			
2		f contributions to (during year)						
3								
4		t end of year						
5		on inform all donors and donor advisors in v		onor advised func	ls			
	-	on's property, subject to the organization's	-			Yes No		
6		on inform all grantees, donors, and donor a						
	for charitable purp	ooses and not for the benefit of the donor o	r donor advisor, or for any othe	r purpose conferri	ng			
_	impermissible priv					Yes No		
Par	t II Conserv	ation Easements. Complete if the org	ganization answered "Yes" on F	Form 990, Part IV,	line 7.			
1	Purpose(s) of cons	servation easements held by the organization	on (check all that apply).					
		n of land for public use (for example, recrea	·			portant land area		
		f natural habitat	Pres	ervation of a certi	fied histo	pric structure		
_		n of open space						
2		through 2d if the organization held a qualif	ied conservation contribution ir	n the form of a cor				
_	day of the tax year					leld at the End of the Tax Year		
-		onservation easements			2a			
b	° °	ricted by conservation easements	ucture included in (a)		2b 2c			
c c		vation easements included in (c) acquired a			20			
u		nal Register	•		2d			
3		vation easements modified, transferred, rel				uring the tax		
•	year ►			tion by the organi				
4		where property subject to conservation eas	sement is located					
5	Does the organiza	tion have a written policy regarding the per	iodic monitoring, inspection, ha	andling of				
	violations, and enf	orcement of the conservation easements it	holds?	~		Yes No		
6	Staff and voluntee	r hours devoted to monitoring, inspecting,						
	▶							
7	Amount of expens	es incurred in monitoring, inspecting, hand	lling of violations, and enforcing	conservation eas	sements	during the year		
	▶\$							
8		vation easement reported on line 2(d) abov	•					
		)(4)(B)(ii)?				Yes No		
9		be how the organization reports conservation		-				
		d include, if applicable, the text of the footn	ote to the organization's financ	ial statements that	at describ	bes the		
Par	t III Organization's acc	ounting for conservation easements. ations Maintaining Collections of	Art Historical Treasure	s or Other S	imilar	<u>Accotc</u>		
ı aı		f the organization answered "Yes" on Form			innar i			
10		elected, as permitted under FASB ASC 95		tatomont and hala	nco sho	ot works		
Ia		easures, or other similar assets held for put						
		Part XIII the text of the footnote to its finar			ice of pu	bild		
b		elected, as permitted under FASB ASC 95			sheet w	orks of		
5	-	sures, or other similar assets held for public						
		ing amounts relating to these items:			2. paoli			
	-	ded on Form 990, Part VIII, line 1			▶ \$			
2	.,	received or held works of art, historical trea						
		unts required to be reported under FASB A						
а	-	on Form 990, Part VIII, line 1	-		▶ \$			
	Assets included in				<b>N A</b>			
LHA	For Paperwork R	eduction Act Notice, see the Instructions				chedule D (Form 990) 2020		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

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2020.06000 PROJECT A.L.S., INC.

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Sche	dule D (Form 990) 2020 PROJECT	A.L.S., II	NC.					13-40	1946	4 P	<sub>age</sub> 2
Par	t III Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	<sup>r</sup> Othe	r Simila	r Assets	s (contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the t	following that	make s	ignificant ι	use of its	•	,	
	collection items (check all that apply):										
а	Public exhibition	d	1 🛄 I	Loan or exc	hange progra	ım					
b	Scholarly research	e	, 🗌 (	Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	n's exer	npt purpo	se in Part	XIII.		
5	During the year, did the organization solicit or	r receive donations of	of art, his	torical treas	sures, or othe	r similar	assets		_		_
_	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the	organizatio	n answered "	Yes" on	Form 990	), Part IV,	line 9, or		
	reported an amount on Form 990, Par										
<b>1</b> a	Is the organization an agent, trustee, custodia							_	_	_	-
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:							
									Amoun	t	
	Beginning balance										
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo						ity?	∟	Yes		_ No
Par	If "Yes," explain the arrangement in Part XIII. <b>t V</b> Endowment Funds. Complete it						10				<u></u>
		(a) Current year			(c) Two year			voare baek		voore	back
10	Peginning of year balance	(a) Current year	(0) P	rior year		5 Dauk	( <b>u</b> ) 11166 )	Cars Dack	(e) Four	years	Dack
ia b	Beginning of year balance										
0	Contributions										
	Grants or scholarships										
	Other expenditures for facilities										
C	and programs										
f	Administrative expenses										
	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balance	e (line 1a	column (a	)) held as:						
a	Board designated or quasi-endowment	-	%	, oolanni (a	,, 11010 00.						
	Permanent endowment		_/*								
		% %									
	The percentages on lines 2a, 2b, and 2c shou										
3a	Are there endowment funds not in the posses	-	ation that	are held ar	nd administer	ed for th	ne organiza	ation			
	by:	0					0			Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the		wment fu	unds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990,	, Part X,	line 10.				
	Description of property	<b>(a)</b> Cost or o basis (investr		• •	t or other (other)	• •	ccumulate preciation	ed	<b>(d)</b> Boo	k valu	е
<b>1</b> a	Land										
b	Buildings										
с	Leasehold improvements										
	Equipment				5,228.		5,2	28.			0.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part	X, colum	n (B), line 1	0c.)						0.
								<u>.</u>	B /F	000	

Schedule D (Form 990) 2020

032052 12-01-20

	vestments - Other Securities. mplete if the organization answered "Yes"	on Form 990. Part IV. line	11b. See Form 990. Part X. line 12.	
	of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-o	of-year market value
1) Financial de	rivatives			
	equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	ust equal Form 990, Part X, col. (B) line 12.)			
	vestments - Program Related.			
	mplete if the organization answered "Yes"			
	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)				
Part IX Ot	ust equal Form 990, Part X, col. (B) line 13.) ► ther Assets. mplete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
		Description		(b) Book value
	RITY DEPOSITS AND OTH	ER ASSETS		13,560.
(2) DEPO	SITS			121,453
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Part X Ot	<u>′b) must equal Form 990. Part X. col. (B) lin</u> her Liabilities.		▶	135,013.
Co	mplete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	(1) =
1.	(a) Description of liability			(b) Book value
	income taxes			
	HECK PROTECTION PROGR	AM LOAN		
(3) PAYA	ВГЕ			209,445
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				000 415
<b>Fotal. <u>(Column (</u></b>	<u>′b) must equal Form 990, Part X, col. (B) line</u>	e 25.)		209,445

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

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 PROJECT A.L.S., INC.			13-4	4019464	Page <b>4</b>
Par	t XI Reconciliation of Revenue per Audited Financial Statement	ts With	Revenue per Re	turn.		9
	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	2,633,	,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	2,241.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants	2c				
d	Other (Describe in Part XIII.)		19,673.			
е	Add lines <b>2a</b> through <b>2d</b>			2e	21,	,914.
3	Subtract line 2e from line 1			3	21, 2,611,	,375.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	Add lines <b>4a</b> and <b>4b</b>			4c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	2,611,	,375.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts With	Expenses per F	Returr	۱.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	3,191,	<u>,706.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)	2d	19,673.			
е	Add lines 2a through 2d			2e	19	<u>,673.</u>
3	Subtract line 2e from line 1			3	3,172	,033.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
с	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	3,172,	,033.
Pa	t XIII Supplemental Information.					

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

PART X, LINE 2:

THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION AND HAS BEEN RECOGNIZED
BY THE INTERNAL REVENUE SERVICE ("IRS") AS EXEMPT FROM FEDERAL INCOME
TAXES UNDER INTERNAL REVENUE CODE ("IRC") SECTION 501(A) AS DESCRIBED IN
IRC SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN
MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS
ANNUALLY REQUIRED TO FILE A RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX
(FORM 990) WITH THE IRS. IN ADDITION, THE ENTITY IS SUBJECT TO INCOME TAX
ON NET INCOME THAT IS DERIVED FROM BUSINESS ACTIVITIES THAT ARE UNRELATED
TO THEIR EXEMPT PURPOSES. THE ORGANIZATION HAS DETERMINED THAT IT IS NOT
SUBJECT TO UNRELATED BUSINESS INCOME TAX.
THE ORGANIZATION RECOGNIZES AND MEASURES ITS UNRECOGNIZED TAX BENEFITS IN
032054 12-01-20 Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020         PROJECT A.L.S., INC.           Part XIII         Supplemental Information (continued)	13-4019464 Page 5
ACCORDANCE WITH FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING	
CODIFICATION ("FASB ASC") 740, INCOME TAXES. UNDER THAT GUIDA	NCE, THE
ORGANIZATION ASSESSES THE LIKELIHOOD, BASED ON THEIR TECHNICA	L MERIT, THAT
TAX POSITIONS WILL BE SUSTAINED UPON EXAMINATION BASED ON THE	FACTS,
CIRCUMSTANCES AND INFORMATION AVAILABLE AT THE END OF EACH PE	RIOD. THE
MEASUREMENT OF UNRECOGNIZED TAX BENEFITS IS ADJUSTED WHEN NEW	INFORMATION
IS AVAILABLE OR WHEN AN EVENT OCCURS THAT REQUIRES A CHANGE.	MANAGEMENT
HAS EVALUATED THE ORGANIZATION'S TAX POSITIONS AND HAS CONCLU	JDED THAT THE
ORGANIZATION HAS TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIR	E ADJUSTMENT
TO THE FINANCIAL STATEMENTS.	
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT COSTS	4.0 650
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
SPECIAL EVENT COSTS	4.0 67.0

Schedule D (Form 990) 2020

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032055 12-01-20

SCHEDULE G	IEDULE G Supplemental Information Regarding Fundraising or Gaming Activities							ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							or if the	2020
Department of the Treasury		-	Attach to Form 990			-			Open to Public
Internal Revenue Service	► Go					the latest informati	on.		Inspection
Name of the organization		A.L.S.,	TNC.					Employer ide	entification number 464
Part I Fundrais				red "Y	es" or	n Form 990, Part IV, I	ine 1		
required to	complete this part	t.							
<ul> <li>c Phone solici</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> <li>b If "Yes," list the 1000</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	r oral agreemen art VII) or entity i viduals or entities	e Solicitat f Solicitat g Special t with any individual n connection with p	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
compensated at le	east \$5,000 by the	organization.							
(i) Name and addres or entity (fund		(ii)	Activity	(iii) fundr have c or con contribu	ustody itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No				
Total									
3 List all states in whi or licensing.				ontrib	utions	or has been notified	it is (	exempt from re	gistration
LHA For Paperwork R	eduction Act Noti	ce, see the Inst	ructions for Form 9	90 or	990-E	Z. 9	Sche	dule G (Form 9	990 or 990-EZ) 2020

032081 11-25-20

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	
		VIRTUAL	9TH GOLF		(d) Total events
		DINNER	CLASSIC	5	(add col. (a) through
		(event type)	(event type)		col. <b>(c)</b> )
3			(event type)	(lotal humber)	
1	1 Gross receipts	829,414.	298,375.	195,855.	1,323,644
2	2 Less: Contributions	791,087.	160,417.	152,957.	1,104,461
3	3 Gross income (line 1 minus line 2)	38,327.	137,958.	42,898.	219,183
4	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		117,000.		117,000
5 7	7 Food and beverages	30,191.	11,597.		41,788
	9 Entortoinmont			6,290.	د عمر
	8 Entertainment		9,640.	42,945.	6,290 73,778
1	9 Other direct expenses		· ·		238,856
1	<ul><li>10 Direct expense summary. Add lines 4 throug</li><li>11 Net income summary. Subtract line 10 from</li></ul>			•	-19,673
art	t III Gaming. Complete if the organization				·
	\$15,000 on Form 990-EZ, line 6a.				
201		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
10001	1 Gross revenue				
, 2	2 Cash prizes				
	3 Noncash prizes				
51					
4	4 Rent/facility costs				
4	4 Rent/facility costs	Yes %	Yes %	<b>Yes</b> %	
5	4 Rent/facility costs		☐ Yes% ☐ No	└────────────────────────────────────	
6	A Rent/facility costs       Other direct expenses	Yes%		No	
6	<ul> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> </ul>	Yes%           No	No	No►	
6 7 8	<ul> <li>4 Rent/facility costs</li></ul>	Yes %           No           gh 5 in column (d)           7 from line 1, column (d)	No	No►	
5 6 7 8	<ul> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization condition</li> </ul>	gh 5 in column (d) 7 from line 1, column (d)	No	No►	
6 6 7 8 8 8	<ul> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization concluses the organization licensed to conduct gaming in the organization set organization licensed to conduct gaming in the organization set.</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No	No►	Yes N
6 6 7 8 8 8	<ul> <li>4 Rent/facility costs</li> <li>5 Other direct expenses</li> <li>6 Volunteer labor</li> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization condition</li> </ul>	gh 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	No	No►	Yes N
6 7 8 8 8 8 8 9 15 9 16 9 17 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	<ul> <li>4 Rent/facility costs</li></ul>	yes% No gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	States?	No ►	
6 7 8 8 8 8 8 9 15 7 7 7 8 8 8 9 15 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8	<ul> <li>4 Rent/facility costs</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No ►	
6 7 8 8 8 8 8 9 15 7 7 7 8 8 8 9 15 7 7 7 7 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8	<ul> <li>4 Rent/facility costs</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No ►	
6 7 8 8 8 8 9 15 7 7 8 8 9 15 7 7 7 7 8 8 9 15 9 7 7 7 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9	<ul> <li>4 Rent/facility costs</li></ul>	gh 5 in column (d) 7 from line 1, column (d) ducts gaming activities: activities in each of these	states?	No ►	

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Schedule G (Form 990 or 990-EZ) 2020 PROJECT A.L.S., INC	• 13-40	019464 Page:
11 Does the organization conduct gaming activities with nonmembers?		Yes No
<b>12</b> Is the organization a grantor, beneficiary or trustee of a trust, or a member to administer charitable gaming?	of a partnership or other entity formed	Yes N
<b>13</b> Indicate the percentage of gaming activity conducted in:		
a The organization's facility		13a
<b>b</b> An outside facility		13b
14 Enter the name and address of the person who prepares the organization's	s gaming/special events books and records:	
Name 🕨		
Address		
15a Does the organization have a contract with a third party from whom the or	ganization receives gaming revenue?	Yes N
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization	s \$ and the amount	
of gaming revenue retained by the third party		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Name 🕨		
Gaming manager compensation <b>&gt;</b> \$		
Description of services provided		
Director/officer Employee Indepo	endent contractor	
<ul><li>17 Mandatory distributions:</li><li>a Is the organization required under state law to make charitable distribution</li></ul>	as from the gaming proceeds to	
		Yes No
b Enter the amount of distributions required under state law to be distributed		
organization's own exempt activities during the tax year <b>&gt;</b> \$		
<b>Part IV</b> Supplemental Information. Provide the explanations required 15b, 15c, 16, and 17b, as applicable. Also provide any additional i		III, lines 9, 9b, 10b,
032083 11-25-20 <b>38</b>	Schedule G (Form	990 or 990-EZ) 202

 Schedule G (Form 990 or 990-EZ)

032084 04-01-20

SCHEDULE I (Form 990)										
	ZUZU									
Department of the Treasury Internal Revenue Service		Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.								
Name of the organization <b>PROJECT</b> A	A.L.S., IN	1C.					Employer identification number 13-4019464			
Part I General Information on Grants	and Assistance									
1 Does the organization maintain records criteria used to award the grants or ass	istance?	-			-					
2 Describe in Part IV the organization's pr Part II Grants and Other Assistance to							N/ Page 01 (an and			
					anization answered "Y	es" on Form 990, Par	TV, line 21, for any			
<b>1 (a)</b> Name and address of organization or government										
PROSETIN DRUG DEVELOPMENT 4330 CAMP KAUFMANN ROAD HUNTINGTOWN, MD 20639	13-4019464	501(C)(3)	1,492,411.	0.			MEDICAL RESEARCH			
· · · · ·										
COLUMBIA UNIVERSITY										
701 WEST 168TH STREET										
NEW YORK, NY 10032	13-5589093	501(C)(3)	598,409.	0.			MEDICAL RESEARCH			
WEILL MEDICAL COLLEGE 407 EAST 61ST ST										
NEW YORK, NY 10065	13-1623978	501(C)(3)	253,492.	0.			MEDICAL RESEARCH			
JOHNS HOPKINS UNIVERSITY 600 N. WOLFE ST.										
BALTIMORE, MD 21287	52-0595110	501(C)(3)	115,922.	0.			MEDICAL RESEARCH			
2 Enter total number of section 501(c)(3) a	and government o	 rganizations listed in th	le line 1 table	L	l	I	▶ 4.			
3 Enter total number of other organization	•	•								

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

#### Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

PROJECT A.L.S., INC.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:

### THE ORGANIZATION REQUIRES GRANTEES TO SUBMIT SEMI-ANNUAL PROGRESS REPORTS

FOR REVIEW BY THE RESEARCH AND ADVISORY BOARD.

13-4019464

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Part III

SCHEDULE	Compensation Information	1	OMB No. 1	545-004	47			
(Form 990)				2020				
. ,	Compensated Employees							
	Department of the Treasury Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.							
Department of the T Internal Revenue Se			Inspection					
Name of the o	anization	Employer i	identification number					
	PROJECT A.L.S., INC.	13-4	01946	4				
Part I Q	estions Regarding Compensation							
				Yes	No			
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, S	ction A, line 1a. Complete Part III to provide any relevant information regarding these items.							
	ass or charter travel Housing allowance or residence for perso	nal use						
	for companions Payments for business use of personal re							
	demnification and gross-up payments							
Disc	tionary spending account Personal services (such as maid, chauffer	ur, chef)						
•	boxes on line 1a are checked, did the organization follow a written policy regarding payment or							
	ent or provision of all of the expenses described above? If "No," complete Part III to explain		<u>1b</u>					
	anization require substantiation prior to reimbursing or allowing expenses incurred by all directors,							
trustees,	d officers, including the CEO/Executive Director, regarding the items checked on line 1a?		2					
3 Indicate v	ich, if any, of the following the organization used to establish the compensation of the organization's							
	tive Director. Check all that apply. Do not check any boxes for methods used by a related organization of the organization of							
	ompensation of the CEO/Executive Director, but explain in Part III.	01110						
	ensation committee							
	endent compensation consultant							
	X       Form 990 of other organizations       X       Approval by the board or compensation committee							
4 During th	ear, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing							
organizat	n or a related organization:							
a Receive a	everance payment or change-of-control payment?		4a		X			
<b>b</b> Participat	in or receive payment from a supplemental nonqualified retirement plan?		4b		X			
<b>c</b> Participat	in or receive payment from an equity-based compensation arrangement?		4c		X			
lf "Yes" to	any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
-	n 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For perso	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
•	on the revenues of:				X			
	a The organization?							
	organization?		<b>5</b> b		X			
	line 5a or 5b, describe in Part III.							
	s listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
•	on the net earnings of:		6a		x			
	a The organization? b Any related organization?							
,	organization? line 6a or 6b, describe in Part III.		<u>6b</u>		X			
	bisted on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments ed on lines 5 and 6? If "Yes," describe in Part III		7		x			
	mounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		/					
-			8		x			
	line 8, did the organization also follow the rebuttable presumption procedure described in							
	s section 53.4958-6(c)?							
	work Reduction Act Notice, see the Instructions for Form 990.		ule J (Forn	n 990	2020			
		Coneu			_020			

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Page **2** 

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

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

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

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	reported as deferred on prior Form 990
(1) VALERIE ESTESS	(i)	173,527.	0.	0.	0.	21,746.	195,273.	0.
VICE PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MEREDITH ESTESS HULBERT	(i)	173,527.	0.	0.	0.	18,750.	192,277.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ERIN FLEMMING	(i)	170,000.	0.	0.	0.	11,918.	181,918.	0.
DIRECTOR OF RESEARCH - COR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2020

#### 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.

Schedule J (Form 990) 2020

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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.



Employer identification number 13 - 4019464

PROJECT A.L.S.,

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

MEREDITH ESTESS HULBERT, PRESIDENT AND VALERIE ESTESS, VICE PRESIDENT ARE

INC.

SISTERS AND COMPENSATED AS EMPLOYEES.

MEREDITH ESTESS HULBERT, PRESIDENT, AND PETER J. HULBERT, DIRECTOR ARE MARRIED.

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

THE PRESIDENT AND CONTROLLER REVIEW THE FORM 990 FOR REASONABLENESS BY

COMPARING THE DATA ON THE FORM 990 TO THE AUDITED FINANCIAL STATEMENTS AND

THE INFORMATION PROVIDED TO THE TAX PREPARER. THE FINAL FORM 990 IS

PROVIDED TO ALL MEMBERS OF THE GOVERNING BODY PRIOR TO FILING WITH THE IRS.

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

THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL INTERESTED

PERSONS WHICH CONSISTS OF THE BOARD OF DIRECTORS, OFFICERS, CHIEF EMPLOYED

EXECUTIVE, AND CHIEF EMPLOYED FINANCE EXECUTIVE. INTERESTED PERSONS ARE

REQUIRED TO DISCLOSE ANNUALLY ANY INTERESTS THAT MAY BE A POTENTIAL

CONFLICT OF INTEREST TO THE CHAIRMAN OF THE BOARD OF DIRECTORS WHO WILL

REVIEW AND DETERMINE ANY NECESSARY FURTHER ACTIONS. ANY INTERESTED PERSON

SHALL RECUSE ONESELF FROM PARTICIPATING AND VOTING IN DELIBERATIONS AND

DISCUSSIONS TO THE RELATED TRANSACTION.

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

THE COMPENSATION OF THE PRESIDENT AND DIRECTOR OF RESEARCH IS REVIEWED AND

APPROVED ANNUALLY BY THE INDEPENDENT BOARD'S EXECUTIVE COMMITTEE THROUGH

THE USE OF COMPARABLE DATA OF SIMILARLY SITUATED ORGANIZATIONS. THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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Schedule O (Form 990 or 990-EZ) 2020 Page 2								
Name of the organization PROJECT A.L.S., INC.	Employer identification number 13-4019464							
PROCESS IS DOCUMENTED CONTEMPORANEOUSLY.	MEREDITH AND VAL	LERIE ESTESS DO						
NOT VOTE ON EXECUTIVE COMPENSATION.								

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

THE ORGANIZATION MAKES ITS FORM 990 AND AUDITED FINANCIAL STATEMENTS

AVAILABLE ON ITS WEBSITE AND OTHER MEDIA SUCH AS GUIDESTAR. THE GOVERNING

DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION

PROCESS DURING THE TAX YEAR.

Schedule O (Form 990 or 990-EZ) 2020