

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning FEB 1, 2024, and ending JAN 31, 2025

# 2024

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer

ALS UNITED NORTH CAROLINA

EIN or SSN

56-1609591

Name and title of officer or person subject to tax

MARY GRAMS  
PRESIDENT AND CEO

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here	<input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b> <u>1,464,358.</u>
<b>2a</b> Form 990-EZ check here	<input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b> _____
<b>4a</b> Form 990-PF check here	<input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5)	<b>4b</b> _____
<b>5a</b> Form 8868 check here	<input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c)	<b>5b</b> _____
<b>6a</b> Form 990-T check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4)	<b>6b</b> _____
<b>7a</b> Form 4720 check here	<input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1)	<b>7b</b> _____
<b>8a</b> Form 5227 check here	<input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D)	<b>8b</b> _____
<b>9a</b> Form 5330 check here	<input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19)	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here	<input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22)	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize NORTON COLLAR LUND LILLEY, PLLC to enter my PIN 09967  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

## Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

56527900017

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature

NORTON COLLAR LUND LILLEY, PLLC

Date

12/07/25

**ERO Must Retain This Form - See Instructions**

**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2024)

LHA 402521 12-26-24

Return of Organization Exempt From Income Tax

Form 990

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

2024

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning FEB 1, 2024 and ending JAN 31, 2025

Form header section containing B (Check if applicable), C (Name of organization: ALS UNITED NORTH CAROLINA), D (Employer identification number: 56-1609591), E (Telephone number: 919-755-9001), F (Name and address of principal officer: MARY GRAMS), G (Gross receipts \$: 2,078,295), H(a) (Is this a group return?), H(b) (Are all subordinates included?), I (Tax-exempt status), J (Website: WWW.ALSNC.ORG), K (Form of organization: Corporation), L (Year of formation: 1988), M (State of legal domicile: NC)

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a (Activities & Governance), 8-12 (Revenue), 13-19 (Expenses), 20-22 (Net Assets or Fund Balances).

Part II Signature Block

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

Signature block section containing Sign Here (Signature of officer: MARY GRAMS, PRESIDENT & CEO), Paid (Preparer's name: ROBERT M. LANNING, signature: ROBERT M. LANNING, date: 12/07/25, PTIN: P01893629), and Preparer Use Only (Firm's name: NORTON COLLAR LUND LILLEY, PLLC, address: 7701 SIX FORKS ROAD SUITE 100, RALEIGH, NC 27615, EIN: 56-2034483, phone: 919-841-1000)

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO DISCOVER TREATMENTS AND A CURE FOR ALS AND TO SERVE, ADVOCATE FOR, AND EMPOWER PEOPLE AFFECTED BY ALS TO LIVE THEIR LIVES TO THE FULLEST.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,638,503. including grants of \$ ) (Revenue \$ 8,215. ) CARE SERVICES IS A PROGRAM THAT SERVES FAMILIES LIVING WITH ALS IN ALL 100 COUNTIES IN NORTH CAROLINA. ALS UNITED NORTH CAROLINA CONTINUES TO SUPPORT ALL ALS CLINICS IN NORTH CAROLINA, MAINTAIN A MEDICAL EQUIPMENT LOAN PROGRAM, HOST MONTHLY SUPPORT GROUPS, AND PROVIDE FINANCIAL SUPPORT TO FAMILIES TO HELP ALLEVIATE STRESS RELATED TO THE COST OF MEDICAL TREATMENTS AND SERVICES FOR ALS AS IDENTIFIED IN THE FOCUS SURVEY "UNDERSTANDING INSURANCE NEEDS AND FINANCIAL BURDENS." IN THE 2024 FISCAL YEAR ALSUNC HELD 104 VIRTUAL SUPPORT GROUP MEETINGS, LOANED NEARLY 500 PIECES OF DURABLE MEDICAL EQUIPMENT, PAID FOR MORE THAN 2,700 HOURS OF IN-HOME CARE, AND SUPPORTED OUR MULTIDISCIPLINARY CLINICS THAT SERVED OVER 1500 HOURS OF PATIENT VISITS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) THE GLOBAL RESEARCH PROGRAM PROVIDES FUNDING TO SUPPORT INTERNATIONAL MEDICAL RESEARCH TO DISCOVER EFFECTIVE TREATMENTS AND A CURE FOR ALS.

4c (Code: ) (Expenses \$ 643,195. including grants of \$ ) (Revenue \$ ) THE PUBLIC EDUCATION AND AWARENESS PROGRAM IS DESIGNED TO INCREASE UNDERSTANDING, EDUCATION, AND AWARENESS OF THE IMPACT OF ALS AND THE ROLE THAT THE ASSOCIATION PLAYS IN PROVIDING CARE SERVICES, ADVANCING GLOBAL ALS RESEARCH, AND ADVANCING IMPORTANT PUBLIC POLICY INITIATIVES.

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

4e Total program service expenses 2,281,698.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organization reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 13; 1b Enter the number of voting members included... 13; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? X; b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[ ] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
MARY GRAMS - 919-755-9001
4 N. BLOUNT ST. SUITE 200, RALEIGH, NC 27601

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID SHORE PRESIDENT & CEO	44.00			X			185,308.	0.	18,370.	
(2) DOUGLAS NOREEN CHAIR	15.00	X		X			0.	0.	0.	
(3) KATHRYN FOSTER VICE CHAIR	6.00	X		X			0.	0.	0.	
(4) CHRISTY HALL SECRETARY	3.00	X		X			0.	0.	0.	
(5) ROBERT WHITED TREASURER	3.00	X		X			0.	0.	0.	
(6) KATHLEEN BOYCE DIRECTOR	2.00	X					0.	0.	0.	
(7) BRAXTON ANTHONY DIRECTOR	2.00	X					0.	0.	0.	
(8) BETH CHRISTINA DIRECTOR	2.00	X					0.	0.	0.	
(9) MICHAEL BEDELL DIRECTOR	2.00	X					0.	0.	0.	
(10) LINDA SHUFORD-REEVES DIRECTOR	2.00	X					0.	0.	0.	
(11) ANN WHITE DIRECTOR	2.00	X					0.	0.	0.	
(12) STEPHEN RIDDELL DIRECTOR	2.00	X					0.	0.	0.	
(13) SARAH BOYCE DIRECTOR	2.00	X					0.	0.	0.	
(14) TONY LUPER DIRECTOR	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Subtotal</b> .....							185,308.	0.	18,370.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							185,308.	0.	18,370.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 1

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>					
	<b>b</b>	Membership dues .....	<b>1b</b>					
	<b>c</b>	Fundraising events .....	<b>1c</b>	1,066,422.				
	<b>d</b>	Related organizations .....	<b>1d</b>					
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>	8,408.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	528,708.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 120,000.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		1,603,538.				
Program Service Revenue	<b>2 a</b>	CAREGIVERS CONFERENCE	<b>Business Code</b>					
			900099	8,215.	8,215.			
	<b>b</b>							
	<b>c</b>							
	<b>d</b>							
	<b>e</b>							
	<b>f</b>	All other program service revenue .....						
<b>g</b>	<b>Total.</b> Add lines 2a-2f .....		8,215.					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		75,050.			75,050.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....						
	<b>5</b>	Royalties .....						
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real				
				(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>					
	<b>c</b>	Rental income or (loss)	<b>6c</b>					
	<b>d</b>	Net rental income or (loss) .....						
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
				(ii) Other				
					390,590.			
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	384,088.	30,824.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	6,502.	-30,824.			
	<b>d</b>	Net gain or (loss) .....		-24,322.			-24,322.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,066,422. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		0.				
			<b>8b</b>	199,025.				
<b>c</b>	Net income or (loss) from fundraising events .....		-199,025.			-199,025.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
			<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....							
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
			<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b>	OTHER MISCELLANEOUS INCOME	<b>Business Code</b>					
			900099	902.			902.	
	<b>b</b>							
	<b>c</b>							
	<b>d</b>	All other revenue .....						
<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		902.					
<b>12</b>	<b>Total revenue.</b> See instructions .....		1,464,358.	8,215.	0.	-147,395.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
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 .....	207,202.	186,482.	20,720.	
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 .....	866,886.	817,835.	30,670.	18,381.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	39,417.	35,029.	2,276.	2,112.
9 Other employee benefits .....	117,951.	111,242.	4,040.	2,669.
10 Payroll taxes .....	75,558.	70,774.	3,455.	1,329.
11 Fees for services (nonemployees):				
a Management .....				
b Legal .....	350.	290.	26.	34.
c Accounting .....	100,673.		100,673.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees .....	12,567.		12,567.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	111,912.	89,926.	17,947.	4,039.
12 Advertising and promotion .....	20,704.	2,175.	196.	18,333.
13 Office expenses .....	8,013.	6,488.	797.	728.
14 Information technology .....	101,694.	79,133.	11,402.	11,159.
15 Royalties .....				
16 Occupancy .....	125,730.	100,235.	7,440.	18,055.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings .....	24,747.	23,717.	434.	596.
20 Interest .....	269.	161.	90.	18.
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	80,877.		80,877.	
23 Insurance .....	10,319.	7,709.	1,886.	724.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <b>PROGRAM EXPENSES</b>	683,960.	683,650.		310.
b <b>MISCELLANEOUS</b>	39,233.	31,045.	3,377.	4,811.
c <b>OTHER EVENT EXPENSES</b>	34,668.	1,894.	0.	32,774.
d <b>SERVICE CHARGES</b>	20,420.	3,631.	2,303.	14,486.
e All other expenses	43,388.	30,282.	3,710.	9,396.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>2,726,538.</b>	<b>2,281,698.</b>	<b>304,886.</b>	<b>139,954.</b>
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	330,503.	<b>1</b>	251,203.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	10,793.	<b>3</b>	8,500.
	<b>4</b> Accounts receivable, net .....	239,910.	<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	21,715.	<b>9</b>	23,937.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 434,369.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 148,862.	257,998.	<b>10c</b> 285,507.
	<b>11</b> Investments - publicly traded securities .....	1,728,173.	<b>11</b>	1,472,102.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	30,413.	<b>14</b>	11,205.
	<b>15</b> Other assets. See Part IV, line 11 .....	189,511.	<b>15</b>	97,594.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	2,809,016.	<b>16</b>	2,150,048.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	85,123.	<b>17</b>	92,031.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....	11,803.	<b>19</b>	6,358.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	190,931.	<b>25</b>	97,663.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	287,857.	<b>26</b>	196,052.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	2,506,021.	<b>27</b>	1,909,603.
	<b>28</b> Net assets with donor restrictions .....	15,138.	<b>28</b>	44,393.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	2,521,159.	<b>32</b>	1,953,996.
	<b>33</b> Total liabilities and net assets/fund balances .....	2,809,016.	<b>33</b>	2,150,048.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,464,358.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,726,538.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,262,180.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,521,159.
5	Net unrealized gains (losses) on investments	5	125,017.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	570,000.
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	1,953,996.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2024)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2318060.	2600340.	2387308.	2579312.	1603538.	11488558.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2318060.	2600340.	2387308.	2579312.	1603538.	11488558.
<b>5</b> 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) .....						200,931.
<b>6 Public support.</b> Subtract line 5 from line 4.						11287627.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2318060.	2600340.	2387308.	2579312.	1603538.	11488558.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	60,988.	179,500.	133,702.	78,770.	50,728.	503,688.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	25.		2,929.		902.	3,856.
<b>11 Total support.</b> Add lines 7 through 10						11996102.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	94.09 %
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	94.27 %
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here.

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>2</b>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>2a</b>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>3b</b>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

**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.)

Multiple horizontal lines for supplemental information.



**Schedule B  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

ALS UNITED NORTH CAROLINA

Employer identification number

56-1609591

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**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**

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), 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 ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), 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).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>ALS UNITED NORTH CAROLINA</b>	Employer identification number  <b>56-1609591</b>
--	---

**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	PHILLIPS-VAN HEUSEN FOUNDATION INC.  PO BOX 6962  BRIDGEWATER, NJ 08807	\$ 39,495.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>ALS UNITED NORTH CAROLINA</b>	Employer identification number  <b>56-1609591</b>
--	---

**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
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization  <b>ALS UNITED NORTH CAROLINA</b>	Employer identification number  <b>56-1609591</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ALS UNITED NORTH CAROLINA

Employer identification number

56-1609591

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate value of contributions to (during year) .....		
3 Aggregate value of grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

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

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

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

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 .....

(ii) Assets included in Form 990, Part X .....

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

a Revenue included on Form 990, Part VIII, line 1 .....

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,728,173.	1,680,301.	2,737,944.	2,909,687.	2,387,504.
<b>b</b> Contributions	0.	375,158.	50,730.	597,725.	909,709.
<b>c</b> Net investment earnings, gains, and losses	206,567.	184,008.	-265,520.	36,776.	226,954.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	450,071.	500,000.	827,000.	783,893.	595,000.
<b>f</b> Administrative expenses	12,567.	11,294.	15,853.	22,351.	19,480.
<b>g</b> End of year balance	1,472,102.	1,728,173.	1,680,301.	2,737,944.	2,909,687.

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

**Part VI Land, Buildings, and Equipment**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		8,939.	2,409.	6,530.
<b>d</b> Equipment		425,430.	146,453.	278,977.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				285,507.

**Part VII Investments - Other Securities**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**Part X Other Liabilities**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) <b>LEASE LIABILITY</b>	<b>97,663.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	1,804,633.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b> 125,017.		
<b>b</b>	Donated services and use of facilities	<b>2b</b> 28,800.		
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 199,025.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	352,842.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	1,451,791.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 12,567.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	12,567.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	1,464,358.

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

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

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	2,941,796.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b> 28,800.		
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b> 199,025.		
<b>e</b>	Add lines 2a through 2d		<b>2e</b>	227,825.
<b>3</b>	Subtract line 2e from line 1		<b>3</b>	2,713,971.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b> 12,567.		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines 4a and 4b		<b>4c</b>	12,567.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	2,726,538.

**Part XIII Supplemental Information**

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

**PART X, LINE 2:**

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE IRS. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ORGANIZATION, AND HAS CONCLUDED THAT AS OF JANUARY 31, 2025, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY (OR ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE ORGANIZATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS. MANAGEMENT BELIEVES IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO 2022.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT EVENT EXPENSES 199,025.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

DIRECT EVENT EXPENSES 199,025.





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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALKS	COMMUNITY PARTNER EVEN	NONE	
Revenue		(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	762,061.	304,361.	1,066,422.
	2	Less: Contributions	762,061.	304,361.	1,066,422.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	124,566.	74,459.	199,025.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			199,025.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-199,025.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_





**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>ALS UNITED NORTH CAROLINA</b>	Employer identification number <b>56-1609591</b>
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**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....	<b>1b</b>	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....	<b>2</b>	
<b>3</b> Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
<b>a</b> Receive a severance payment or change-of-control payment? .....	<b>4a</b>	<b>X</b>
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan? .....	<b>4b</b>	<b>X</b>
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement? .....	<b>4c</b>	<b>X</b>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
<b>a</b> The organization? .....	<b>5a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>5b</b>	<b>X</b>
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
<b>a</b> The organization? .....	<b>6a</b>	<b>X</b>
<b>b</b> Any related organization? .....	<b>6b</b>	<b>X</b>
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....	<b>7</b>	<b>X</b>
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....	<b>8</b>	<b>X</b>
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....	<b>9</b>	

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DAVID SHORE PRESIDENT & CEO	(i)	185,308.	0.	0.	8,339.	10,031.	203,678.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 3:**

**THE BOARD CONSIDERS SALARIES PAID BY COMPARABLE ORGANIZATIONS BEFORE APPROVING ANNUAL COMPENSATION FOR THE PRESIDENT AND CEO.**

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **ALS UNITED NORTH CAROLINA** Employer identification number **56-1609591**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <b>POWER WHEELCHAI</b> )	<b>X</b>	<b>48</b>	<b>120,000.</b>	<b>ESTIMATED FMV</b>
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....		<b>X</b>
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....		<b>X</b>
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		<b>X</b>
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2024



**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

ALS UNITED NORTH CAROLINA

Employer identification number

56-1609591

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
BY ALS TO LIVE THEIR LIVES TO THE FULLEST.

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

THE TREASURER WILL REVIEW AND COMMENT ON A DRAFT OF THE FORM 990 AND ANNUAL AUDITED FINANCIAL STATEMENTS. AFTER ANY REQUESTED CHANGES, THE DRAFTS OF FORM 990 AND AUDITED FINANCIAL STATEMENTS WILL BE FORWARDED TO ALL MEMBERS OF THE FINANCE COMMITTEE FOR REVIEW. IF NEEDED, THE PREPARER SHALL SCHEDULE A PRESENTATION IN PERSON OR BY TELECONFERENCE WITH THE FINANCE COMMITTEE TO ADDRESS ANY QUESTIONS OR ISSUES. UPON RESOLUTION OF ANY ISSUES AND APPROVAL BY THE FINANCE COMMITTEE, COPIES OF THE FINAL AUDITED FINANCIAL STATEMENTS AND FORM 990 WILL BE PROVIDED TO ALL MEMBERS OF THE BOARD OF DIRECTORS. THE PRESIDENT & CEO WILL EXECUTE AND MAIL OR ELECTRONICALLY FILE THE FINAL DOCUMENTS WITH THE IRS AND APPROPRIATE STATE AGENCIES.

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

ALL EMPLOYEES ARE REQUIRED TO SIGN AN ACKNOWLEDGEMENT OF RECEIPT OF THE CONFLICT OF INTEREST POLICY.

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

THE EXECUTIVE COMMITTEE DETERMINES PRESIDENT & CEO'S COMPENSATION BASED ON A SALARY SURVEY AND PERFORMANCE EVALUTION. BOARD MEMBERS ARE NOT COMPENSATED. OTHER OFFICER COMPENSATION IS DETERMINED BASED ON SALARY SURVEYS, PERFORMANCE, AND BUDGETARY NEEDS AND IS APPROVED BY THE BOARD.

FORM 990, PART VI, SECTION C, LINE 18:

THE FORM 1023 AND 990 ARE KEPT ON FILE AT THE ORGANIZATION'S OFFICE AND ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

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

THE GOVERNING DOCUMENTS ARE KEPT ON FILE AT THE ORGANIZATION'S OFFICE AND ARE MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	IKEA BREAKROOM TABLE AND CHAIRS	03/27/06	SL	7.00		16	727.				727.	727.		0.	727.
2	CREDENZA (CONFERENCE ROOM)	05/11/06	SL	7.00		16	626.				626.	626.		0.	626.
3	(4) BOOKSHELVES (2) END TABLES	08/14/08	SL	5.00		16	929.				929.	929.		0.	929.
4	OFFICE FURNITURE	04/10/08	SL	5.00		16	2,081.				2,081.	2,081.		0.	2,081.
5	NEW SERVER	07/31/13	SL	5.00		16	6,957.				6,957.	6,957.		0.	6,957.
6	MISC BUILDING UPFITS	06/14/13	SL	39.00	MM	17	2,361.				2,361.	646.		60.	706.
7	UPFIT KITCHEN & COPIER ROOM	03/14/13	SL	39.00	MM	17	2,941.				2,941.	823.		75.	898.
8	POWER WHEELCHAIR: 4633	02/01/14	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
9	(D)POWER WHEELCHAIR 5357 JCHPWC2148GV	04/23/15	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
10	CONFERENCE ROOM FLOORING	09/30/15	SL	39.00	MM	17	1,253.				1,253.	269.		32.	301.
11	CEI COPIER	04/30/15	SL	5.00		16	6,611.				6,611.	6,611.		0.	6,611.
12	POWER WHEELCHAIR: 6711 ALSPWC2153GV	12/07/16	SL	7.00		16	2,500.				2,500.	2,500.		0.	2,500.
13	NEW SIGN: HARRELL SIGN COMPANY	10/28/16	SL	39.00	MM	17	2,385.				2,385.	443.		61.	504.
14	POWER WHEELCHAIR 7717 ALSPWC2341CY	01/29/18	SL	7.00		16	2,500.				2,500.	2,143.		357.	2,500.
15	POWER WHEELCHAIR ALSPWC2438CY 8455	07/17/18	SL	7.00		16	2,500.				2,500.	1,964.		357.	2,321.
16	POWER WHEELCHAIR ALSPWC1177GB 9141	01/31/19	SL	7.00		16	2,500.				2,500.	1,786.		357.	2,143.
17	POWER WHEELCHAIR ALSPWC5023CH 9398	04/11/19	SL	7.00		16	2,500.				2,500.	1,726.		357.	2,083.
18	POWER WHEELCHAIR ALSPWC2523CY 9445	05/03/19	SL	7.00		16	2,500.				2,500.	1,696.		357.	2,053.

428111 04-01-24

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
19	POWER WHEELCHAIR ALSPWC2177GV 10121	12/27/19	SL	7.00		16	2,500.				2,500.	1,458.		357.	1,815.
20	POWER WHEELCHAIR ALSPWC2558CY 10130	01/06/20	SL	7.00		16	2,500.				2,500.	1,458.		357.	1,815.
21	(D)POWER WHEELCHAIR ALSPWC1208GB 10125	01/08/20	SL	7.00		16	2,500.				2,500.	1,458.		357.	1,815.
22	POWER WHEELCHAIR ALSPWC5050CH 11015	03/05/20	SL	7.00		16	2,500.				2,500.	1,399.		357.	1,756.
23	POWER WHEELCHAIR ALSPWC5037CY 10588	08/14/20	SL	7.00		16	2,500.				2,500.	1,250.		357.	1,607.
24	POWER WHEELCHAIR ALSPWC5040CH 10612	08/26/20	SL	7.00		16	2,500.				2,500.	1,220.		357.	1,577.
25	POWER WHEELCHAIR ALSPWC2613CY 10640	09/02/20	SL	7.00		16	2,500.				2,500.	1,220.		357.	1,577.
26	(D)POWER WHEELCHAIR ALSPWC2614CY 10665	09/14/20	SL	7.00		16	2,500.				2,500.	1,220.		357.	1,577.
27	POWER WHEELCHAIR ALSPWC5041CH 10693	09/24/20	SL	7.00		16	2,500.				2,500.	1,190.		357.	1,547.
28	(D)POWER WHEELCHAIR ALSPWC2199GV 10715	10/08/20	SL	7.00		16	2,500.				2,500.	1,190.		357.	1,547.
29	POWER WHEELCHAIR ALSPWC2619CY 10800	11/02/20	SL	7.00		16	2,500.				2,500.	1,161.		357.	1,518.
30	(D)POWER WHEELCHAIR ALSPWC1229GB 10796	11/09/20	SL	7.00		16	2,500.				2,500.	1,161.		357.	1,518.
31	POWER WHEELCHAIR ALSPWC1225GB 10795	11/16/20	SL	7.00		16	2,500.				2,500.	1,131.		357.	1,488.
32	POWER WHEELCHAIR ALSPWC2202GV 10933	01/15/21	SL	7.00		16	2,500.				2,500.	1,101.		357.	1,458.
33	POWER WHEELCHAIR ALSPWC5046CH 10975	02/02/21	SL	7.00		16	2,500.				2,500.	1,071.		357.	1,428.
34	POWER WHEELCHAIR ALSPWC2409GV 10936	02/02/21	SL	7.00		16	2,500.				2,500.	1,071.		357.	1,428.
35	POWER WHEELCHAIR ALSPWC2643CY 11004	02/09/21	SL	7.00		16	2,500.				2,500.	1,071.		357.	1,428.
36	(D)POWER WHEELCHAIR ALSPWC2647CY 11010	03/01/21	SL	7.00		16	2,500.				2,500.	1,042.		357.	1,399.

428111 04-01-24

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
37	POWER WHEELCHAIR ALSPWC2653CY 11008	03/09/21	SL	7.00		16	2,500.				2,500.	1,042.		357.	1,399.
38	POWER WHEELCHAIR ALSPWC2656CY 11054	03/31/21	SL	7.00		16	2,500.				2,500.	1,012.		357.	1,369.
39	POWER WHEELCHAIR ALSPWC2658CY 11056	04/05/21	SL	7.00		16	2,500.				2,500.	1,012.		357.	1,369.
40	POWER WHEELCHAIR ALSPWC5055CH 11084	04/06/21	SL	7.00		16	2,500.				2,500.	1,012.		357.	1,369.
41	POWER WHEELCHAIR ALSPWC1237GB 11083	04/12/21	SL	7.00		16	2,500.				2,500.	1,012.		357.	1,369.
42	POWER WHEELCHAIR ALSPWC5062CH 11200	05/20/21	SL	7.00		16	2,500.				2,500.	952.		357.	1,309.
43	POWER WHEELCHAIR ALSPWC1232GB 11203	05/28/21	SL	7.00		16	2,500.				2,500.	952.		357.	1,309.
44	POWER WHEELCHAIR ALSPWC5064CH 11221	06/04/21	SL	7.00		16	2,500.				2,500.	952.		357.	1,309.
45	POWER WHEELCHAIR ALSPWC2411GV 11279	06/18/21	SL	7.00		16	2,500.				2,500.	923.		357.	1,280.
46	POWER WHEELCHAIR ALSPWC2667CY 11196	06/18/21	SL	7.00		16	2,500.				2,500.	923.		357.	1,280.
47	(D) POWER WHEELCHAIR ALSPWC1245GB 11276	06/21/21	SL	7.00		16	2,500.				2,500.	923.		357.	1,280.
48	(D) POWER WHEELCHAIR ALSPWC2671CY 11275	06/22/21	SL	7.00		16	2,500.				2,500.	923.		357.	1,280.
49	(D) POWER WHEELCHAIR ALSPWC5065CH 11388	07/29/21	SL	7.00		16	2,500.				2,500.	893.		357.	1,250.
50	POWER WHEELCHAIR ALSPWC5066CH 11406	07/31/21	SL	7.00		16	2,500.				2,500.	893.		357.	1,250.
51	POWER WHEELCHAIR ALSPWC1246GB 11411	08/12/21	SL	7.00		16	2,500.				2,500.	893.		357.	1,250.
52	(D) POWER WHEELCHAIR ALSPWC2692CY 11440	09/02/21	SL	7.00		16	2,500.				2,500.	863.		357.	1,220.
53	POWER WHEELCHAIR ALSPWC5070CH 11442	09/29/21	SL	7.00		16	2,500.				2,500.	833.		357.	1,190.
54	POWER WHEELCHAIR ALSPWC5073CH 11499	11/03/21	SL	7.00		16	2,500.				2,500.	804.		357.	1,161.

428111 04-01-24

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
55	POWER WHEELCHAIR ALSPWC2696CY 11501	11/09/21	SL	7.00		16	2,500.				2,500.	804.		357.	1,161.
56	POWER WHEELCHAIR ALSPWC2705CY 11586	11/29/21	SL	7.00		16	2,500.				2,500.	774.		357.	1,131.
57	(D)POWER WHEELCHAIR ALSPWC1257GB 11664	12/21/21	SL	7.00		16	2,500.				2,500.	744.		357.	1,101.
58	(D)POWER WHEELCHAIR ALSPWC2714CY 11614	12/21/21	SL	7.00		16	2,500.				2,500.	744.		357.	1,101.
59	POWER WHEELCHAIR ALSPWC5075CH 11668	01/21/22	SL	7.00		16	2,500.				2,500.	714.		357.	1,071.
60	POWER WHEELCHAIR ALSPWC2718CY 11673	01/28/22	SL	7.00		16	2,500.				2,500.	714.		357.	1,071.
61	POWER WHEELCHAIR ASLPWC2724CY 11662	02/07/22	SL	5.00		16	2,500.				2,500.	1,000.		500.	1,500.
62	POWER WHEELCHAIR ALSPWCT1258GB 11671	02/08/22	SL	5.00		16	2,500.				2,500.	1,000.		500.	1,500.
63	(D)POWER WHEELCHAIR ALSPWC2727CY 11670	02/25/22	SL	5.00		16	2,500.				2,500.	958.		500.	1,458.
64	(D)POWER WHEELCHAIR ALSPWC2728CY 11687	03/15/22	SL	5.00		16	2,500.				2,500.	958.		500.	1,458.
65	POWER WHEELCHAIR ALSPWC2732GV 11714	03/16/22	SL	5.00		16	2,500.				2,500.	917.		500.	1,417.
66	POWER WHEELCHAIR ALSPWC2742GB 11793	04/13/22	SL	5.00		16	2,500.				2,500.	917.		500.	1,417.
67	POWER WHEELCHAIR ALSPWC2753CH 11862	05/02/22	SL	5.00		16	2,500.				2,500.	875.		500.	1,375.
68	POWER WHEELCHAIR ALSPWC2760CH 11813	05/03/22	SL	5.00		16	2,500.				2,500.	875.		500.	1,375.
69	POWER WHEELCHAIR ALSPWC2763GV 11837	05/16/22	SL	5.00		16	2,500.				2,500.	833.		500.	1,333.
70	POWER WHEELCHAIR ALSPWC2768GB 11940	06/11/22	SL	5.00		16	2,500.				2,500.	833.		500.	1,333.
71	POWER WHEELCHAIR ALSPWC2769CY 11966	06/22/22	SL	5.00		16	2,500.				2,500.	792.		500.	1,292.
72	POWER WHEELCHAIR ALSPWC2778GV 11997	07/08/22	SL	5.00		16	2,500.				2,500.	792.		500.	1,292.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
73	POWER WHEELCHAIR ALSPWC2779GB 12016	07/18/22	SL	5.00		16	2,500.				2,500.	750.		500.	1,250.
74	POWER WHEELCHAIR ALSPWC2777CY 12017	07/20/22	SL	5.00		16	2,500.				2,500.	750.		500.	1,250.
75	POWER WHEELCHAIR ALSPWC2780CY 12041	07/26/22	SL	5.00		16	2,500.				2,500.	750.		500.	1,250.
76	POWER WHEELCHAIR ALSPWC2781GB 12043	07/29/22	SL	5.00		16	2,500.				2,500.	750.		500.	1,250.
77	POWER WHEELCHAIR ALSPWC2800CY 12093	08/19/22	SL	5.00		16	2,500.				2,500.	708.		500.	1,208.
78	POWER WHEELCHAIR ALSPWC2807CY 12317	09/23/22	SL	5.00		16	2,500.				2,500.	667.		500.	1,167.
79	POWER WHEELCHAIR ALSPWC2904CY 12247	10/12/22	SL	5.00		16	2,500.				2,500.	667.		500.	1,167.
80	(D) POWER WHEELCHAIR ALSPWC2900CY 12318	10/12/22	SL	5.00		16	2,500.				2,500.	667.		500.	1,167.
81	POWER WHEELCHAIR ALSPWC2813GB 12222	10/12/22	SL	5.00		16	2,500.				2,500.	667.		500.	1,167.
82	POWER WHEELCHAIR ALSPWC2814GB 12273	10/14/22	SL	5.00		16	2,500.				2,500.	667.		500.	1,167.
83	POWER WHEELCHAIR ALSPWC2905CH 12299	10/27/22	SL	5.00		16	2,500.				2,500.	625.		500.	1,125.
84	POWER WHEELCHAIR ALSPWC2816GB 12309	11/07/22	SL	5.00		16	2,500.				2,500.	625.		500.	1,125.
85	(D) POWER WHEELCHAIR ALSPWC2821C7 12303	11/07/22	SL	5.00		16	2,500.				2,500.	625.		500.	1,125.
86	POWER WHEELCHAIR ALSPWC2825CY 12301	11/15/22	SL	5.00		16	2,500.				2,500.	625.		500.	1,125.
87	POWER WHEELCHAIR ALSPWC2827CY 12308	11/21/22	SL	5.00		16	2,500.				2,500.	583.		500.	1,083.
88	POWER WHEELCHAIR ALSPWC2904CY 12300	12/07/22	SL	5.00		16	2,500.				2,500.	583.		500.	1,083.
89	(D) POWER WHEELCHAIR ALSPWC2913CY 12397	12/15/22	SL	5.00		16	2,500.				2,500.	583.		500.	1,083.
90	POWER WHEELCHAIR ALSPWC2923CY 12403	12/22/22	SL	5.00		16	2,500.				2,500.	542.		500.	1,042.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
91	POWER WHEELCHAIR ALSPWC2932CY 12433	01/09/23	SL	5.00		16	2,500.				2,500.	542.		500.	1,042.
92	POWER WHEELCHAIR ALSPWC2933CY 12432	01/23/23	SL	5.00		16	2,500.				2,500.	500.		500.	1,000.
93	NEW DONOR DATABASE	09/21/22		36M		HY43	57,625.				57,625.	27,212.		19,208.	46,420.
94	POWER WHEELCHAIR ALSPWC2769CY 11941	06/22/22	SL	5.00		16	2,500.				2,500.	792.		500.	1,292.
95	POWER WHEELCHAIR ALSPWC2961GV	02/23/23	SL	7.00		16	2,500.				2,500.	327.		357.	684.
96	POWER WHEELCHAIR ALSPWC2981CY	03/01/23	SL	7.00		16	2,500.				2,500.	327.		357.	684.
97	POWER WHEELCHAIR ALSPWC2983CY	03/06/23	SL	7.00		16	2,500.				2,500.	327.		357.	684.
98	POWER WHEELCHAIR ALSPWC2899CH	03/10/23	SL	7.00		16	2,500.				2,500.	327.		357.	684.
99	POWER WHEELCHAIR ALSPWC2989GB	03/16/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
100	POWER WHEELCHAIR ALSPWC2994CY	03/24/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
101	POWER WHEELCHAIR ALSPWC2996CY	03/28/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
102	POWER WHEELCHAIR ALSPWC2998CH	03/29/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
103	POWER WHELLCHAIR ALSPWC3000CH	04/03/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
104	POWER WHEELCHAIR ALSPWC3004CH	04/12/23	SL	7.00		16	2,500.				2,500.	298.		357.	655.
105	POWER WHEELCHAIR ALSPWC3008CY	04/18/23	SL	7.00		16	2,500.				2,500.	268.		357.	625.
106	POWER WHEELCHAIR ALSPWC3012CH	05/03/23	SL	7.00		16	2,500.				2,500.	268.		357.	625.
107	POWER WHEELCHAIR ALSPWC3016GB	05/16/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.
108	POWER WHEELCHAIR ALSPWC3019GB	05/17/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
109	POWER WHEELCHAIR ALSPWC3025GB	05/25/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.
110	POWER WHEELCHAIR ALSPWC3026CH	05/12/23	SL	7.00		16	2,500.				2,500.	268.		357.	625.
111	POWER WHEELCHAIR ALSPWC3027CH	05/12/23	SL	7.00		16	2,500.				2,500.	268.		357.	625.
112	POWER WHEELCHAIR ALSPWC3028GB	06/02/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.
113	(D) POWER WHEELCHAIR ALSPWC3030GB	06/05/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.
114	POWER WHEELCHAIR ALSPWC3031CY	06/13/23	SL	7.00		16	2,500.				2,500.	238.		357.	595.
115	(D) POWER WHEELCHAIR ALSPWC3032CY	06/21/23	SL	7.00		16	2,500.				2,500.	208.		357.	565.
116	POWER WHEELCHAIR ALSPWC3033CY	06/26/23	SL	7.00		16	2,500.				2,500.	208.		357.	565.
117	POWER WHEELCHAIR ALSPWC3049CY	07/10/23	SL	7.00		16	2,500.				2,500.	208.		357.	565.
118	POWER WHEELCHAIR ALSPWC3053CY	07/19/23	SL	7.00		16	2,500.				2,500.	179.		357.	536.
119	POWER WHEELCHAIR ALSPWC3056CY	07/25/23	SL	7.00		16	2,500.				2,500.	179.		357.	536.
120	POWER WHEELCHAIR ALSPWC3059CY	07/26/23	SL	7.00		16	2,500.				2,500.	179.		357.	536.
121	POWER WHEELCHAIR ALSPWC3061CY	08/01/23	SL	7.00		16	2,500.				2,500.	179.		357.	536.
122	POWER WHEELCHAIR ALSPWC3064CY	08/21/23	SL	7.00		16	2,500.				2,500.	149.		357.	506.
123	POWER WHEELCHAIR ALSPWC3065CY	09/06/23	SL	7.00		16	2,500.				2,500.	149.		357.	506.
124	POWER WHEELCHAIR ALSPWC3066GV	09/06/23	SL	7.00		16	2,500.				2,500.	149.		357.	506.
125	POWER WHEELCHAIR ALSPWC3068GB	09/11/23	SL	7.00		16	2,500.				2,500.	149.		357.	506.
126	POWER WHEELCHAIR ALSPWC3069CY	09/15/23	SL	7.00		16	2,500.				2,500.	149.		357.	506.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
127	POWER WHEELCHAIR ALSPWC3070CY	09/21/23	SL	7.00		16	2,500.				2,500.	119.		357.	476.
128	POWER WHEELCHAIR ALSPWC3071GV	09/22/23	SL	7.00		16	2,500.				2,500.	119.		357.	476.
129	POWER WHEELCHAIR ALSPWC3073GB	09/22/23	SL	7.00		16	2,500.				2,500.	119.		357.	476.
130	POWER WHEELCHAIR ALSPWC3076GV	10/09/23	SL	7.00		16	2,500.				2,500.	119.		357.	476.
131	POWER WHEELCHAIR ALSPWC3078CH	10/11/23	SL	7.00		16	2,500.				2,500.	119.		357.	476.
132	POWER WHEELCHAIR ALSPWC3079CY	10/16/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
133	POWER WHEELCHAIR ALSPWC3083GB	10/18/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
134	POWER WHEELCHAIR ALSPWC3044GB	10/18/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
135	POWER WHEELCHAIR ALSPWC3052CY	10/30/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
136	POWER WHEELCHAIR ALSPWC3055CH	11/08/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
137	POWER WHEELCHAIR ALSPWC3084CY	10/19/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
138	(D) POWER WHEELCHAIR ALSPWC3085CY	10/20/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
139	POWER WHEELCHAIR ALSPWC3086CY	10/30/23	SL	7.00		16	2,500.				2,500.	89.		357.	446.
140	POWER WHEELCHAIR ALSPWC3088CY	12/05/23	SL	7.00		16	2,500.				2,500.	60.		357.	417.
141	POWER WHEELCHAIR ALSPWC3089CY	12/05/23	SL	7.00		16	2,500.				2,500.	60.		357.	417.
142	(D) POWER WHEELCHAIR ALSPWC3090GV	12/06/23	SL	7.00		16	2,500.				2,500.	60.		357.	417.
143	(D) POWER WHEELCHAIR ALSPWC3092GB	12/08/23	SL	7.00		16	2,500.				2,500.	60.		357.	417.
144	POWER WHEELCHAIR ALSPWC3096GB	12/20/23	SL	7.00		16	2,500.				2,500.	30.		357.	387.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2024 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
145	POWER WHEELCHAIR ALSPWC3098GB	01/04/24	SL	7.00		16	2,500.				2,500.	30.		357.	387.
146	POWER WHEELCHAIR ALSPWC3101GB	01/11/24	SL	7.00		16	2,500.				2,500.	30.		357.	387.
147	POWER WHEELCHAIR ALSPWC3101GB	01/12/24	SL	7.00		16	2,500.				2,500.	30.		357.	387.
148	POWER WHEELCHAIR ALSPWC3103CY	01/22/24	SL	7.00		16	2,500.				2,500.			357.	357.
149	(D)POWER WHEELCHAIR ALSPWC3104CH	01/22/24	SL	7.00		16	2,500.				2,500.			357.	357.
150	POWER WHEELCHAIR ALSPWC3114CY	02/07/24	SL	7.00		16	2,500.				2,500.			357.	357.
151	POWER WHEELCHAIR ALSPWC3119CY	02/08/24	SL	7.00		16	2,500.				2,500.			357.	357.
152	POWER WHEELCHAIR ALSPWC3128CY	02/29/24	SL	7.00		16	2,500.				2,500.			327.	327.
153	POWER WHEELCHAIR ALSPWC3130GB	03/01/24	SL	7.00		16	2,500.				2,500.			327.	327.
154	POWER WHEELCHAIR ALSPWC3134CY	03/18/24	SL	7.00		16	2,500.				2,500.			298.	298.
155	POWER WHEELCHAIR ALSPWC3136CY	03/27/24	SL	7.00		16	2,500.				2,500.			298.	298.
156	POWER WHEELCHAIR ALSPWC3137CY	04/02/24	SL	7.00		16	2,500.				2,500.			298.	298.
157	POWER WHEELCHAIR ALSPWC3139CY	04/03/24	SL	7.00		16	2,500.				2,500.			298.	298.
158	POWER WHEELCHAIR ALSPWC3144CY	04/24/24	SL	7.00		16	2,500.				2,500.			268.	268.
159	POWER WHEELCHAIR ALSPWC3147GV	04/29/24	SL	7.00		16	2,500.				2,500.			268.	268.
160	POWER WHEELCHAIR ALSPWC3153GB	05/02/24	SL	7.00		16	2,500.				2,500.			268.	268.
161	POWER WHEELCHAIR ALSPWC3159GB	05/07/24	SL	7.00		16	2,500.				2,500.			268.	268.
162	POWER WHEELCHAIR ALSPWC3166CY	05/20/24	SL	7.00		16	2,500.				2,500.			238.	238.

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(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
163	POWER WHEELCHAIR ALSPWC3169CH	05/28/24	SL	7.00		16	2,500.				2,500.			238.	238.
164	POWER WHEELCHAIR ALSPWC3170GB	05/28/24	SL	7.00		16	2,500.				2,500.			238.	238.
165	POWER WHEELCHAIR ALSPWC3174CY	05/30/24	SL	7.00		16	2,500.				2,500.			238.	238.
166	POWER WHEELCHAIR ALSPWC3175GB	06/04/24	SL	7.00		16	2,500.				2,500.			238.	238.
167	POWER WHEELCHAIR ALSPWC3186GB	06/06/24	SL	7.00		16	2,500.				2,500.			238.	238.
168	POWER WHEELCHAIR ALSPWC3187CY	06/10/24	SL	7.00		16	2,500.				2,500.			238.	238.
169	POWER WHEELCHAIR ALSPWC3189CY	06/13/24	SL	7.00		16	2,500.				2,500.			238.	238.
170	POWER WHEELCHAIR ALSPWC3196GB	07/10/24	SL	7.00		16	2,500.				2,500.			208.	208.
171	POWER WHEELCHAIR ALSPWC3199CY	07/18/24	SL	7.00		16	2,500.				2,500.			179.	179.
172	POWER WHEELCHAIR ALSPWC3200CH	07/26/24	SL	7.00		16	2,500.				2,500.			179.	179.
173	POWER WHEELCHAIR ALSPWC3201CH	07/29/24	SL	7.00		16	2,500.				2,500.			179.	179.
174	POWER WHEELCHAIR ALSPWC3207CY	08/06/24	SL	7.00		16	2,500.				2,500.			179.	179.
175	POWER WHEELCHAIR ALSPWC3210GB	08/13/24	SL	7.00		16	2,500.				2,500.			179.	179.
176	POWER WHEELCHAIR ALSPWC3211GV	08/19/24	SL	7.00		16	2,500.				2,500.			149.	149.
177	POWER WHEELCHAIR ALSPWC3212CY	08/28/24	SL	7.00		16	2,500.				2,500.			149.	149.
178	POWER WHEELCHAIR ALSPWC3213CH	09/03/24	SL	7.00		16	2,500.				2,500.			149.	149.
179	POWER WHEELCHAIR ALSPWC3217CY	09/05/24	SL	7.00		16	2,500.				2,500.			149.	149.
180	POWER WHEELCHAIR ALSPWC3219GB	09/09/24	SL	7.00		16	2,500.				2,500.			149.	149.

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
181	POWER WHEELCHAIR ALSPWC3222CY	09/12/24	SL	7.00		16	2,500.				2,500.			149.	149.
182	POWER WHEELCHAIR ALSPWC3223CY	09/16/24	SL	7.00		16	2,500.				2,500.			119.	119.
183	POWER WHEELCHAIR ALSPWC3228CY	10/02/24	SL	7.00		16	2,500.				2,500.			119.	119.
184	POWER WHEELCHAIR ALSPWC3229CY	10/02/24	SL	7.00		16	2,500.				2,500.			119.	119.
185	POWER WHEELCHAIR ALSPWC3235CY	10/08/24	SL	7.00		16	2,500.				2,500.			119.	119.
186	POWER WHEELCHAIR ALSPWC3238GB	10/17/24	SL	7.00		16	2,500.				2,500.			89.	89.
187	POWER WHEELCHAIR ALSPWC3267CY	01/02/25	SL	7.00		16	2,500.				2,500.			30.	30.
188	POWER WHEELCHAIR ALSPWC3246CY	11/13/24	SL	7.00		16	2,500.				2,500.			89.	89.
189	POWER WHEELCHAIR ALSPWC3247	11/14/24	SL	7.00		16	2,500.				2,500.			89.	89.
190	POWER WHEELCHAIR ALSPWC3254CY	11/26/24	SL	7.00		16	2,500.				2,500.			60.	60.
191	POWER WHEELCHAIR ALSPWC3255CY	12/05/24	SL	7.00		16	2,500.				2,500.			60.	60.
192	POWER WHEELCHAIR ALSPWC3266CY	01/02/25	SL	7.00		16	2,500.				2,500.			30.	30.
193	POWER WHEELCHAIR ALSPWC3268CY	01/02/25	SL	7.00		16	2,500.				2,500.			30.	30.
194	POWER WHEELCHAIR ALSPWC3269CH	01/13/25	SL	7.00		16	2,500.				2,500.			30.	30.
195	POWER WHEELCHAIR ALSPWC3271GB	01/17/25	SL	7.00		16	2,500.				2,500.			0.	0.
196	POWER WHEELCHAIR ALSPWC3272CY	01/21/25	SL	7.00		16	2,500.				2,500.			0.	0.
197	POWER WHEELCHAIR ALSPWC3273GB	01/29/25	SL	7.00		16	2,500.				2,500.			0.	0.
	* TOTAL 990 PAGE 10 DEPR & AMORT						549,496.				549,496.	141,088.		80,866.	221,954.



Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

ALS UNITED NORTH CAROLINA

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56-1609591

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and two empty columns. Rows 1-13 detailing property election amounts.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Table with 3 columns: Line number, Description, and Amount. Rows 14-16 detailing special depreciation allowance.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Rows 17-18 detailing MACRS deductions.

Section B - Assets Placed in Service During 2024 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2024 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-d.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Rows 21-23 summarizing depreciation amounts.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with 9 columns for property details and percentages.

27 Property used 50% or less in a qualified business use: Table with 9 columns for property details and percentages.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with 6 main columns: (a) Vehicle 1, (b) Vehicle 2, (c) Vehicle 3, (d) Vehicle 4, (e) Vehicle 5, (f) Vehicle 6. Rows include 30-36 for mileage and availability questions.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with 2 columns: Yes, No. Rows include 37-41 for policy and use questions.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

Table for Section C with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2024 tax year: Table with 6 columns for cost details.

43 Amortization of costs that began before your 2024 tax year STMT 1 43 19,208.

44 Total. Add amounts in column (f). See the instructions for where to report 44 19,208.

FORM 4562

PART VI - AMORTIZATION

STATEMENT 1

(A) DESCRIPTION OF COSTS	(B) DATE BEGAN	(C) AMORT. AMOUNT	(D) CODE SECT.	(E) LIFE/ RATE	(F) ACCUM. AMORT.	(G) AMORT. THIS YR.
NEW DONOR DATABASE	09/21/22	57,625.		36M	27,212.	19,208.
TOTAL TO FORM 4562, LINE 43						19,208.