

Return of Organization Exempt From Income Tax

2018

Open to Public Inspection

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

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the **2018** calendar year, or tax year beginning **2018**, and ending **2018**

| | | | | |
|---|--|---|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization AMERICAN LIVER FOUNDATION | | | D Employer identification number 36-2883000 |
| | Doing business as | | Room/suite 2700 | E Telephone number (212) 668-1000 |
| | Number and street (or P.O. box if mail is not delivered to street address) 39 BROADWAY | | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10006 | G Gross receipts \$ 10,829,231. |
| | F Name and address of principal officer: DAVID TICKER 39 BROADWAY, SUITE 2700, NEW YORK, NY 10006 | | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.LIVERFOUNDATION.ORG | | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | | L Year of formation: 1976 | M State of legal domicile: NY |

| Part I Summary | | Prior Year | Current Year |
|--|---|---|---------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO FACILITATE, ADVOCATE AND PROMOTE EDUCATION, SUPPORT SERVICES AND RESEARCH FOR THE PREVENTION, TREATMENT, AND CURE OF LIVER DISEASE. | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 25. |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24. |
| | 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) | 5 | 79. |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 2,000. |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b Net unrelated business taxable income from Form 990-T, line 38 | 7b | 41,140. | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 6,597,397. | 9,257,672. |
| | 9 Program service revenue (Part VIII, line 2g) | 0. | 0. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 362,665. | 115,387. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 2,449,637. | -174,702. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 9,409,699. | 9,198,357. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 350,000. | 475,000. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 5,261,420. | 5,484,590. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 959,680. | | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 3,309,839. | 3,336,259. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 8,921,259. | 9,295,849. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 488,440. | -97,492. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 5,320,791. | End of Year 5,260,328. |
| | 21 Total liabilities (Part X, line 26) | 1,674,753. | 1,933,110. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 3,646,038. | 3,327,218. |

Part II Signature Block

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

| | | | | | |
|-------------------------------|--|--|-----------------|---|-------------------|
| Sign Here | Signature of officer <i>David Ticker</i> | Date 7/19/19 | | | |
| | Type or print name and title DAVID TICKER, FLP & CFO | | | | |
| Paid Preparer Use Only | Print/Type preparer's name AARON SHAPIRO | Preparer's signature <i>Aaron Shapiro</i> | Date 7/17/19 | Check <input type="checkbox"/> if self-employed | PTIN P01333816 |
| | Firm's name ▶ BKD, LLP | Firm's EIN ▶ 44-0160260 | | Phone no. 212.867.4000 | |
| | Firm's address ▶ 655 THIRD AVENUE #1200 NEW YORK, NY 10017 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: OUR MISSION IS TO FACILITATE, ADVOCATE AND PROMOTE EDUCATION, SUPPORT SERVICES AND RESEARCH FOR THE PREVENTION, TREATMENT AND CURE OF LIVER DISEASE.

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

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

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

4a (Code:) (Expenses \$ 1,859,566. including grants of \$) (Revenue \$) ATTACHMENT 1

4b (Code:) (Expenses \$ 1,725,794. including grants of \$) (Revenue \$) PATIENT SUPPORT ALF'S VIRAL HEPATITIS COMMUNITY EDUCATION PROGRAM PROVIDES COMPREHENSIVE AND ACCURATE INFORMATION ABOUT HEPATITIS (A, B, AND C), INCLUDING RISK FACTORS, TRANSMISSION AND PREVENTION, AND AN OVERVIEW OF TREATMENT OPTIONS. IN CY 2018, ALF REACHED 5,768 PEOPLE THROUGH THIS IMPORTANT PROGRAM.

4c (Code:) (Expenses \$ 1,844,091. including grants of \$) (Revenue \$) ATTACHMENT 2

4d Other program services (Describe in Schedule O.) ATTACHMENT 3 (Expenses \$ 1,962,335. including grants of \$ 475,000.) (Revenue \$)

4e Total program service expenses 7,391,786.

Part IV Checklist of Required Schedules

Table with 3 columns: Question, Yes, No. Rows 1-21 with various questions regarding organization activities and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee reporting, tax returns, 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 in 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 (25), 1b (24), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked 'Yes' or 'No' with '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, 10b, 11a, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked 'Yes' or 'No' with 'X'.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 4
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. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAVID TICKER 39 BROADWAY, SUITE 2700 NEW YORK, NY 10006 212-668-1000

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

| (A) Name and Title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|--|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (1) THOMAS NEALON III PRESIDENT & CEO | 35.00 0. | X | | X | | | | 235,607. | 0. | 37,251. |
| (2) NICHOLAS J. DEROMA CHAIRMAN | .30 0. | X | | X | | | | 0. | 0. | 0. |
| (3) DANIEL E. WEIL TREASURER | .30 0. | X | | X | | | | 0. | 0. | 0. |
| (4) CAROLINE BERLINGER BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (5) MIKE BRAUNSTEIN BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (6) ROBERT BRICKMAN BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (7) EUGENE CAUTILLO BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (8) EDDIE CHEUNG, MD, FACG BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (9) BRIAN CHRISTIE BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (10) EDGAR DELGADO BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (11) ALLAN J. DOERR BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (12) T. CLARK GAMBLIN, MD, MS BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (13) MICHAEL KERR BOARD MEMBER | .30 0. | X | | | | | | 0. | 0. | 0. |
| (14) ELIZABETH LEESMANN BOARD MEMBER | .30 0. | 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 dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 15) ROBERT LEVENTHAL, MD, FACP, AG BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 16) ROHIT LOOMBA, MD BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 17) ROBERT MEROWITZ BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 18) TOM NEALON BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 19) NICOLE SMITH, PHD BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 20) KAREN HOFFMAN SNYDER BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 21) SUSAN SHERMAN STONE, CPA, MST BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 22) EMMANUEL THOMAS, MD, PHD BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 23) TRACI TIGUE BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 24) HILLEL TOBIAS, MD, PHD BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 25) ROCKY YAPP, MD, MPH, AGAF BOARD MEMBER | .30 0. | X | | | | | 0. | 0. | 0. | |
| 1b Sub-total | | | | | | | 235,607. | 0. | 37,251. | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | 1,177,827. | 0. | 126,338. | |
| d Total (add lines 1b and 1c) | | | | | | | 1,413,434. | 0. | 163,589. | |

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 **13**

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

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| 26) DAVID TICKER EVP & CFO | 35.00 0. | | | X | | | | 181,953. | 0. | 27,793. |
| 27) LYNN SEIM EVP & COO | 35.00 0. | | | X | | | | 188,562. | 0. | 6,784. |
| 28) JOANN THOMPSON NATIONAL SR. DIR OF DIVISIONS | 35.00 0. | | | | X | | | 155,000. | 0. | 1,743. |
| 29) ERIKA GOODMAN NATIONAL SR DIR OF DEVELOPMENT | 35.00 0. | | | | | X | | 142,788. | 0. | 18,561. |
| 30) VERONICA PEREZ EXECUTIVE DIRECTOR - GNY DIV | 35.00 0. | | | | | X | | 127,724. | 0. | 25,350. |
| 31) KATHLEEN FLYNN EXECUTIVE DIRECTOR - CT DIV | 35.00 0. | | | | | X | | 128,299. | 0. | 15,220. |
| 32) GAIL FAVREAU EXECUTIVE DIRECTOR - NE DIV | 35.00 0. | | | | | X | | 126,694. | 0. | 17,879. |
| 33) FARRAH DOUGLAS EXECUTIVE DIRECTOR - GLA DIV | 35.00 0. | | | | | X | | 126,807. | 0. | 13,008. |
| 1b Sub-total | | | | | | | | | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | | | |

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 **13**

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

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

Part VIII Statement of Revenue

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

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|--|--|--|---|---|--|-----------|
| Contributions, Gifts, Grants and Other Similar Amounts | 1a | Federated campaigns | 1a | 17,299. | | | |
| | b | Membership dues | 1b | | | | |
| | c | Fundraising events | 1c | 4,939,897. | | | |
| | d | Related organizations | 1d | | | | |
| | e | Government grants (contributions) . . | 1e | | | | |
| | f | All other contributions, gifts, grants, and similar amounts not included above . | 1f | 4,300,476. | | | |
| | g | Noncash contributions included in lines 1a-1f: \$ | | 14,588. | | | |
| | h | Total. Add lines 1a-1f ▶ | | 9,257,672. | | | |
| Program Service Revenue | | | Business Code | | | | |
| | 2a | _____ | | | | | |
| | b | _____ | | | | | |
| | c | _____ | | | | | |
| | d | _____ | | | | | |
| | e | _____ | | | | | |
| | f | All other program service revenue | | | | | |
| g | Total. Add lines 2a-2f ▶ | | 0. | | | | |
| Other Revenue | 3 | Investment income (including dividends, interest, and other similar amounts). ▶ | | 58,839. | | 58,839. | |
| | 4 | Income from investment of tax-exempt bond proceeds . ▶ | | 0. | | | |
| | 5 | Royalties ▶ | | 0. | | | |
| | 6a | Gross rents | (i) Real | (ii) Personal | | | |
| | | | b | Less: rental expenses | | | |
| | | | c | Rental income or (loss) | | | |
| | d | Net rental income or (loss) ▶ | | 0. | | | |
| | 7a | Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | |
| | | | b | Less: cost or other basis and sales expenses | 789,715. | | |
| | | | c | Gain or (loss) | 733,167. | | |
| | | | d | Net gain or (loss) ▶ | 56,548. | | 56,548. |
| | 8a | Gross income from fundraising events (not including \$ 4,939,897. of contributions reported on line 1c). See Part IV, line 18 a | | | | | |
| | | | b | Less: direct expenses b | 697,352. | | |
| | | | c | Net income or (loss) from fundraising events ▶ | 897,707. | | -200,355. |
| | 9a | Gross income from gaming activities. See Part IV, line 19 a | | | | | |
| | | | b | Less: direct expenses b | 0. | | |
| | | | c | Net income or (loss) from gaming activities ▶ | 0. | | 0. |
| 10a | Gross sales of inventory, less returns and allowances a | | | | | | |
| | | b | Less: cost of goods sold b | 0. | | | |
| | | c | Net income or (loss) from sales of inventory ▶ | 0. | | 0. | |
| Miscellaneous Revenue | | Business Code | | | | | |
| 11a | OTHER _____ | | 25,653. | | 25,653. | | |
| b | _____ | | | | | | |
| c | _____ | | | | | | |
| d | All other revenue | | | | | | |
| e | Total. Add lines 11a-11d ▶ | | 25,653. | | | | |
| 12 | Total revenue. See instructions. ▶ | | 9,198,357. | | | | |

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 | 425,000. | 425,000. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 50,000. | 50,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | 0. | | | |
| 4 Benefits paid to or for members | 0. | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 834,693. | 670,691. | 90,446. | 73,556. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 3,921,008. | 3,129,446. | 423,196. | 368,366. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 22,588. | 18,014. | 2,437. | 2,137. |
| 9 Other employee benefits | 349,766. | 279,165. | 37,751. | 32,850. |
| 10 Payroll taxes | 356,535. | 284,871. | 38,506. | 33,158. |
| 11 Fees for services (non-employees): | | | | |
| a Management | 0. | | | |
| b Legal | 257. | | 257. | |
| c Accounting | 0. | | | |
| d Lobbying | 0. | | | |
| e Professional fundraising services. See Part IV, line 17. | 0. | | | |
| f Investment management fees | 15,276. | | 15,276. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | 790,989. | 653,696. | 44,909. | 92,384. |
| 12 Advertising and promotion | 161,630. | 147,632. | 859. | 13,139. |
| 13 Office expenses | 506,587. | 238,492. | 154,329. | 113,766. |
| 14 Information technology. | 200,301. | 160,083. | 21,610. | 18,608. |
| 15 Royalties. | 0. | | | |
| 16 Occupancy | 666,904. | 532,337. | 71,955. | 62,612. |
| 17 Travel | 396,093. | 336,805. | 21,157. | 38,131. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| 19 Conferences, conventions, and meetings | 0. | | | |
| 20 Interest | 2,903. | | 2,903. | |
| 21 Payments to affiliates. | 0. | | | |
| 22 Depreciation, depletion, and amortization | 41,625. | 33,259. | 4,495. | 3,871. |
| 23 Insurance | 31,142. | 24,883. | 3,363. | 2,896. |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a HOTEL AND CATERING | 401,486. | 326,313. | 3,257. | 71,916. |
| b MISCELLANEOUS | 121,066. | 81,099. | 7,677. | 32,290. |
| c | | | | |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 9,295,849. | 7,391,786. | 944,383. | 959,680. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | 0. | | | |

Form 990 (2018)

Part X Balance Sheet

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

| | | (A) Beginning of year | | (B) End of year | |
|-----------------------------|--|---|------------|--------------------|------------|
| Assets | 1 | Cash - non-interest-bearing | 1,458,383. | 1 | 1,570,520. |
| | 2 | Savings and temporary cash investments | 68,499. | 2 | 80,389. |
| | 3 | Pledges and grants receivable, net | 934,485. | 3 | 1,117,480. |
| | 4 | Accounts receivable, net | 0. | 4 | 0. |
| | 5 | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L | 0. | 6 | 0. |
| | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| | 8 | Inventories for sale or use | 0. | 8 | 0. |
| | 9 | Prepaid expenses and deferred charges | 288,229. | 9 | 219,161. |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 1,311,470. | | |
| | | 10a | | | |
| | b | Less: accumulated depreciation | 1,232,914. | 10b | |
| | | 10b | | | |
| | | 10c | 116,422. | 10c | 78,556. |
| | 11 | Investments - publicly traded securities | 2,454,773. | 11 | 2,194,222. |
| | 12 | Investments - other securities. See Part IV, line 11 | 0. | 12 | 0. |
| 13 | Investments - program-related. See Part IV, line 11 | 0. | 13 | 0. | |
| 14 | Intangible assets | 0. | 14 | 0. | |
| 15 | Other assets. See Part IV, line 11 | 0. | 15 | 0. | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 34) | 5,320,791. | 16 | 5,260,328. | |
| Liabilities | 17 | Accounts payable and accrued expenses | 528,691. | 17 | 668,614. |
| | 18 | Grants payable | 175,000. | 18 | 237,500. |
| | 19 | Deferred revenue | 0. | 19 | 0. |
| | 20 | Tax-exempt bond liabilities | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | 801,234. | 21 | 793,980. |
| | 22 | Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | 0. | 22 | 0. |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 0. | 23 | 99,509. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 0. |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D | 169,828. | 25 | 133,507. |
| | 26 | Total liabilities. Add lines 17 through 25 | 1,674,753. | 26 | 1,933,110. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | | |
| | 27 | Unrestricted net assets | -299,628. | 27 | -474,617. |
| | 28 | Temporarily restricted net assets | 2,953,631. | 28 | 2,809,800. |
| | 29 | Permanently restricted net assets | 992,035. | 29 | 992,035. |
| | Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. | | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 | Total net assets or fund balances | 3,646,038. | 33 | 3,327,218. | |
| 34 | Total liabilities and net assets/fund balances. | 5,320,791. | 34 | 5,260,328. | |

Form 990 (2018)

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 | 9,198,357. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 9,295,849. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -97,492. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 3,646,038. |
| 5 | Net unrealized gains (losses) on investments | 5 | -221,328. |
| 6 | Donated services and use of facilities | 6 | 0. |
| 7 | Investment expenses | 7 | 0. |
| 8 | Prior period adjustments | 8 | 0. |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 3,327,218. |

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|----|-----|----|
| 2a | | X |
| 2b | X | |
| 2c | X | |
| 3a | | X |
| 3b | | |

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include Gifts, grants, contributions, and membership fees received; Tax revenues levied for the organization's benefit; The value of services or facilities furnished by a governmental unit; Total Add lines 1 through 3; The portion of total contributions by each person; Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include Amounts from line 4; Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; Net income from unrelated business activities; Other income; Total support; Gross receipts from related activities; First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include Public support percentage for 2018 (76.79%), Public support percentage from 2017 Schedule A, Part II, line 14 (77.56%), 33 1/3% support test - 2018 (checked), 33 1/3% support test - 2017, 10%-facts-and-circumstances test - 2018, 10%-facts-and-circumstances test - 2017, Private foundation.

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) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 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; 7c Add lines 7a and 7b; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2014, (b) 2015, (c) 2016, (d) 2017, (e) 2018, (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 (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 15: Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2017 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Row 17: Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2017 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

19b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization.

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | |
| 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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. | 2 | |

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | Yes | No |
|---|----------|----|
| 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | |
| 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | |
| 3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | 3 | |

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |
| Section B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI): | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by .035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |
| Section C - Distributable Amount | | | Current Year |
| 1 | Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | |
| 2 | Enter 85% of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

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

| Section D - Distributions | | Current Year |
|---------------------------|--|--------------|
| 1 | Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 | Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 | Amounts paid to acquire exempt-use assets | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | |
| 6 | Other distributions (describe in Part VI). See instructions. | |
| 7 | Total annual distributions. Add lines 1 through 6. | |
| 8 | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 | Distributable amount for 2018 from Section C, line 6 | |
| 10 | Line 8 amount divided by line 9 amount | |

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

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

PART II

AMERICAN LIVER FOUNDATION CHANGED THEIR YEAR-END IN 2015 FROM SEPTEMBER 30 TO DECEMBER 31. THE DATA IN 2015 REPRESENTS THE 3 MONTHS ENDED DECEMBER 31, 2015.

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2014 | 2015 | 2016 | 2017 | 2018 | TOTAL |
|---------------|-----------------|-------------|----------------|-------------------|----------------|-------------------|
| OTHER | 10,762. | 711. | 15,001. | 25,994. | 25,653. | 78,121. |
| FUNDRAISING | 242,554. | | | 2,423,643. | | 2,666,197. |
| TOTALS | <u>253,316.</u> | <u>711.</u> | <u>15,001.</u> | <u>2,449,637.</u> | <u>25,653.</u> | <u>2,744,318.</u> |

Schedule of Contributors

2018

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

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

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 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization **AMERICAN LIVER FOUNDATION**

Employer identification number
36-2883000

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 | ABBVIE, INC. 1 N WAUKEGAN ROAD NORTH CHICAGO, IL 60064 | \$ 414,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | BAYER PHARMACEUTICALS, INC. 100 BAYER ROAD WHIPPANY, NJ 07981 | \$ 218,700. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | GILEAD SCIENCES, INC. 333 LAKESIDE DRIVE FOSTER CITY, CA 94404 | \$ 1,387,784. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | INTERCEPT PHARMACEUTICALS, INC. 10 HUDSON YARDS, 37TH FLOOR NEW YORK, NY 10001 | \$ 387,900. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | SALIX PHARMACEUTICALS, INC. 8510 COLONNADE CENTER DRIVE RALEIGH, NC 27615 | \$ 242,550. | 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.) |

Name of organization **AMERICAN LIVER FOUNDATION**

Employer identification number
36-2883000

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 **AMERICAN LIVER FOUNDATION**

Employer identification number

36-2883000

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 information once. See instructions.) ▶ \$ _____
 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 |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| 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 |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| 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 |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| 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 |
|---------------------|---------------------|-----------------|-------------------------------------|
| | | | |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| | |

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2018

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization: AMERICAN LIVER FOUNDATION; Employer identification number: 36-2883000

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor advisement.

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

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring expenses.

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and revenue/assets.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 1,215,883. | 1,103,423. | 1,095,696. | 1,073,159. | 1,142,761. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | -75,352. | 174,960. | 57,727. | 22,537. | 5,398. |
| d Grants or scholarships | 27,943. | 62,500. | 50,000. | | 75,000. |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | 1,112,588. | 1,215,883. | 1,103,423. | 1,095,696. | 1,073,159. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ 89.1600 %
 - c Temporarily restricted endowment ▶ 10.8400 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---------------------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 97,448. | 96,318. | 1,130. |
| d Equipment | | 464,782. | 449,473. | 15,309. |
| e Other | | 749,240. | 687,123. | 62,117. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 78,556. |

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) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments - Program Related.

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

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|-------------------------------|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|-----------------|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

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

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) DEFERRED RENT | 133,507. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | 133,507. |

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 9,198,357.

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.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 9,295,849.

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.

SEE PAGE 5

Multiple horizontal lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

PART IV, LINE 2B

FUNDS HELD ON BEHALF OF OTHERS - ALF ACTS AS AN ADMINISTRATOR FOR FUNDS COLLECTED ON BEHALF OF LIVER TRANSPLANT PATIENTS. ALF DISBURSES FUNDS TO COVER THE COST OF PROPERLY DOCUMENTED POST-SURGERY EXPENSES.

PART V, LINE 4

INTENDED USE OF ENDOWMENT FUNDS HAS BEEN SPECIFIED BY THE DONOR. ALL FUNDS ON HAND ARE USED TO GENERATE INTEREST/DIVIDEND INCOME AND CAPITAL GAINS TO SUPPORT VARIOUS RESEARCH INITIATIVES.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising and Soliciting Activities

OMB No. 1545-0047

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

2018

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization: **AMERICAN LIVER FOUNDATION**
Employer identification number: **36-2883000**

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

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

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 | |
|-----------------|--|---|--------------|------------------|---------------------------------|------------|
| | | CHALLENGE EVENT | GALA | 76. | (add col. (a) through col. (c)) | |
| | | (event type) | (event type) | (total number) | | |
| Revenue | 1 | Gross receipts | 809,411. | 802,868. | 4,024,970. | 5,637,249. |
| | 2 | Less: Contributions | 809,411. | 583,018. | 3,547,468. | 4,939,897. |
| | 3 | Gross income (line 1 minus line 2) | | 219,850. | 477,502. | 697,352. |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | 8,319. | 133,689. | 142,008. |
| | 7 | Food and beverages | 37,702. | 77,715. | 497,090. | 612,507. |
| | 8 | Entertainment | | | 27,960. | 27,960. |
| | 9 | Other direct expenses | 21,797. | 761. | 92,674. | 115,232. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | -200,355. |

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

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|-----------------------|---|---|---|--|
| | | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 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: _____

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

| | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047
2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization
AMERICAN LIVER FOUNDATION

Employer identification number
36-2883000

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|---------------------------------|--------------------------|-----------------------------------|---|--|------------------------------------|
| (1) COLUMBIA UNIVERSITY PO BOX 29789 NEW YORK, NY 10087 | 13-5598093 | 501(C)(3) | 75,000. | | | | RESEARCH GRANT |
| (2) YALE UNIVERSITY PO BOX 1873 NEW HAVEN, CT 06508 | 06-0646973 | 501(C)(3) | 100,000. | | | | RESEARCH GRANT |
| (3) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA P.O. BOX 989062 SACRAMENTO, CA 95798 | 94-6036494 | 501(C)(3) | 100,000. | | | | RESEARCH GRANT |
| (4) THE REGENTS OF THE UNIVERSITY OF MICHIGAN 5028 WOLVERINE TOWER 3003 SOUTH STATE STREE | 38-6006309 | 501(C)(3) | 75,000. | | | | RESEARCH GRANT |
| (5) TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA OFFICE OF RESEARCH SERVICE, 3451 WALNUT STR | 23-1352685 | 501(C)(3) | 75,000. | | | | RESEARCH GRANT |
| (6) | | | | | | | |
| (7) | | | | | | | |
| (8) | | | | | | | |
| (9) | | | | | | | |
| (10) | | | | | | | |
| (11) | | | | | | | |
| (12) | | | | | | | |

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**

3 Enter total number of other organizations listed in the line 1 table **5.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 POST DOCTORATE AWARD | 4. | 50,000. | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2

ANNUAL REPORTS DETAILING RESEARCH FINDINGS ARE SUBMITTED IN ORDER TO MAINTAIN FUNDING.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2018

Open to Public Inspection

| | |
|--|---|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|--|---|

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2018

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

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

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

| (A) Name and Title | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation in column (B) reported as deferred on prior Form 990 |
|---|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
| | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| 1 THOMAS NEALON III PRESIDENT & CEO | 235,607. | 0. | 0. | 2,211. | 35,040. | 272,858. | |
| 2 DAVID TICKER VP & CFO | 181,953. | 0. | 0. | 1,910. | 25,883. | 209,746. | |
| 3 LYNN SEIM VP & COO | 188,562. | 0. | 0. | 1,910. | 4,874. | 195,346. | |
| 4 ERIKA GOODMAN NATIONAL SR DIR OF DEVELOPMENT | 142,788. | 0. | 0. | 1,494. | 17,067. | 161,349. | |
| 5 VERONICA PEREZ EXECUTIVE DIRECTOR - GNY DIV | 127,724. | 0. | 0. | 0. | 25,350. | 153,074. | |
| 6 JOANN THOMPSON NATIONAL SR. DIR OF DIVISIONS | 155,000. | 0. | 0. | 1,513. | 230. | 156,743. | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| 11 | | | | | | | |
| 12 | | | | | | | |
| 13 | | | | | | | |
| 14 | | | | | | | |
| 15 | | | | | | | |
| 16 | | | | | | | |

Part III Supplemental Information

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2018

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

AMERICAN LIVER FOUNDATION

Employer identification number

36-2883000

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

A DRAFT OF THE FORM 990 IS SENT TO THE FINANCE COMMITTEE FOR REVIEW AND COMMENTS IN THE MONTHLY MEETING PRIOR TO FILING. IN ADDITION, A DRAFT OF THE FORM 990 IS ALSO SENT TO EACH BOARD MEMBER FOR DISCUSSION. AFTER QUESTIONS AND COMMENTS ARE ADDRESSED AND THE FORM 990 IS APPROVED, IT IS READY FOR FILING.

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

ANNUALLY, OUR CONFLICT OF INTEREST FORM IS COMPLETED BY OFFICERS AND DIRECTORS. THE FORM MUST INDICATE ANY POSSIBLE CONFLICTS OF INTEREST AND BE SIGNED BY ALL OFFICERS AND DIRECTORS. WHEN ANY SUCH CONFLICT OF INTEREST IS RELEVANT TO A MATTER REQUIRING ACTION BY THE BOARD, THE INTERESTED PERSON SHALL CALL IT TO THE ATTENTION OF THE BOARD AND SUCH PERSON SHALL NOT VOTE ON THE MATTER. MOREOVER, THE PERSON HAVING A CONFLICT SHALL RETIRE FROM THE ROOM IN WHICH THE BOARD IS MEETING AND SHALL NOT PARTICIPATE IN THE FINAL DELIBERATION OR DECISION REGARDING THE MATTER UNDER CONSIDERATION. HOWEVER, THAT PERSON SHALL PROVIDE THE BOARD WITH ANY AND ALL RELEVANT INFORMATION. THE MINUTES OF THE MEETING OF THE BOARD, SHALL REFLECT THAT THE CONFLICT OF INTEREST WAS DISCLOSED AND THAT THE INTERESTED PERSON WAS NOT PRESENT DURING THE FINAL DISCUSSION OR VOTE AND DID NOT VOTE. WHEN THERE IS A DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD.

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

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

CEO COMPENSATION IS DETERMINED BY THE NATIONAL BOARD OF DIRECTOR'S EXECUTIVE COMMITTEE AND APPROVED BY THE BOARD MEMBERS. IN DETERMINING SALARY LEVELS, THE EXECUTIVE COMMITTEE REVIEWS AN ANNUAL SALARY SURVEY OF NATIONAL VOLUNTARY HEALTH ORGANIZATIONS PREPARED FOR THE NATIONAL HEALTH COUNCIL AND REVIEWS PRIOR YEAR PERFORMANCE. CURRENT MARKET CONDITIONS AND THE FINANCIAL CONDITION OF THE AMERICAN LIVER FOUNDATION ARE ALSO CONSIDERED IN SETTING COMPENSATION. THIS REVIEW WAS LAST CONDUCTED IN 2018.

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

THE SALARY OF OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CEO, COO AND CFO BASED ON PERFORMANCE, MARKET CONDITIONS AND THE FINANCIAL CONDITION OF THE AMERICAN LIVER FOUNDATION.

FORM 990, PART VI, SECTION C, LINE 19

VIA WWW.LIVERFOUNDATION.ORG

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PUBLIC AND PATIENT EDUCATION

INFORMATION SPECIALISTS ARE AVAILABLE TO ANSWER QUESTIONS ABOUT LIVER DISEASE AND LIVER WELLNESS, INCLUDING RISK FACTORS, PREVENTION, SYMPTOMS, EARLY DETECTION, DIAGNOSIS AND TREATMENT OPTIONS. AMERICAN LIVER FOUNDATION (ALF) CAN DIRECT CALLERS TO LOCAL SERVICES IN THEIR AREA, HELP THEM LEARN ABOUT CLINICAL TRIALS AND HELP THEM FIND A PHYSICIAN. INTERPRETATION SERVICES ARE AVAILABLE FOR NON-ENGLISH SPEAKERS. WE ALSO HOST A VIBRANT ONLINE

Name of the organization

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ATTACHMENT 1 (CONT'D)

COMMUNITY ACROSS NUMEROUS SOCIAL MEDIA PLATFORMS AND ONE WEBSITE.

THE LIVER LOWDOWN E-NEWSLETTER IS DISSEMINATED TO PROVIDE INFORMATION ABOUT THE PREVENTION, TREATMENT AND CURE OF LIVER ABOUT THE FOUNDATION'S EDUCATIONAL AND SIGNATURE PROGRAMS; AN IN-DEPTH FOCUS ON SPECIFIC TYPES OF LIVER DISEASE, AND PROFILES OF LIVER PATIENTS' AND CAREGIVERS' PERSONAL EXPERIENCES. IN 2018, OVER 100,000 PEOPLE RECEIVED EACH OF OUR ISSUES.

IN CY 2018, OUR HELPLINE ANSWERED OVER 10,000 REQUESTS FOR INFORMATION VIA PHONE, E-CHAT, EMAIL AND "SNAIL MAIL".

ALF LAUNCHED A NEW AND IMPROVED PUBLIC WEBSITE, WWW.LIVERFOUNDATION.ORG AT THE END OF 2017. THIS WEBSITE HELPS US BETTER DELIVER QUALITY PROGRAMS AND EVENTS TO OUR CONSTITUENTS INCLUDING MULTIMEDIA WEBINARS, VIDEOS AND BROADCASTS. WE'VE SEEN A RISE IN USE WITH APPROXIMATELY 3.5 MILLION-PAGE VIEWS IN 2018 FROM 1.9 MILLION UNIQUE VISITORS. AT THE END OF THIS YEAR, WE HAD 153,848 FACEBOOK FANS AND 6,069 TWITTER FOLLOWERS. OUR SUPPORT COMMUNITY ON THE INSPIRE PLATFORM HAD OVER 19,000 MEMBERS. WE HELD A FACEBOOK LIVE EVENT ON END-STAGE LIVER DISEASE THAT REACHED OVER 6,800 PEOPLE.

IN CY 2018, WE CONTINUED OUR SERIES OF PATIENT EDUCATION WEBINARS. WEBINARS SPONSORED BY OUR DIVISIONS INCLUDE FEATURES ON

Name of the organization

AMERICAN LIVER FOUNDATION

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ATTACHMENT 1 (CONT'D)

ELIMINATION OF HEPATITIS C, ALCOHOL RELATED HEPATITIS, AUTO-IMMUNE HEPATITIS, PEDIATRIC LIVER DISEASE, NUTRITION AND THE LIVER, PREVENTION OF FATTY LIVER DISEASE, MENTAL HEALTH, AND LIVER TRANSPLANTATION. ON THE NATIONAL LEVEL, WE HOSTED WEBINARS ON NAFLD/NASH, PEDIATRIC NASH, AND LIVER CANCER. THESE AND OTHER VIDEOS ON OUR YOU TUBE CHANNEL WERE VIEWED MORE THAN 53,000 TIMES.

ALF EXPANDED ITS EDUCATIONAL RESOURCE LIBRARY BY CREATING UPDATED AND NEW RESOURCES ON VIRAL HEPATITIS, VETERAN'S HEPATITIS C TESTING, LIVER TRANSPLANT, AND NONALCOHOLIC FATTY LIVER DISEASE. MANY OF THESE RESOURCES ARE AVAILABLE IN ENGLISH, CHINESE, KOREAN, VIETNAMESE, RUSSIAN AND SPANISH). ALL BROCHURES ARE AVAILABLE FOR DOWNLOAD FROM OUR WEBSITE AT <HTTPS://LIVERFOUNDATION.ORG/FOR-PATIENTS/RESOURCES/BROCHURES/>

ALF'S NATIONAL PATIENT ADVISORY COMMITTEE, MADE UP OF PATIENT ADVOCATES FROM ACROSS THE COUNTRY WITH HEPATITIS C, NAFLD, PRIMARY BILIARY CHOLANGITIS AND ALCOHOL-RELATED LIVER DISEASE, WAS EXPANDED TO INCLUDE PATIENTS WITH HEPATIC ENCEPHALOPATHY. EDUCATIONAL VIDEOS WERE CREATED FEATURING THESE PATIENTS ARE AVAILABLE AT HTTPS://WWW.YOUTUBE.COM/PLAYLIST?LIST=PLRHF_O3GHRY5D7TTWYJIK9DTTLNYQNQOA

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

ATTACHMENT 1 (CONT'D)

ALF'S 5TH ANNUAL LIVER CANCER AWARENESS CAMPAIGN REACHED OVER 12 MILLION PEOPLE IN TARGETED ADVERTISING IN SAN FRANCISCO, LOS ANGELES, NEW YORK, DALLAS AND HOUSTON. THE CAMPAIGN HAD NATIONWIDE REACH VIA SOCIAL MEDIA DURING OCTOBER (LIVER CANCER AWARENESS MONTH) AND ON OUR WEBSITE, WHICH HAD NEARLY 38,000 VISITORS ON ALF'S LIVER CANCER WEBPAGE, A 660% INCREASE FROM THE PREVIOUS MONTH.

IN 2018, THE AMERICAN LIVER FOUNDATION MET WITH REPRESENTATIVES FROM THE FOOD AND DRUG ADMINISTRATION (FDA) TO SHARE EXPERIENCES, PERSPECTIVES, NEEDS AND PRIORITIES OF PATIENTS LIVING WITH ALCOHOL-RELATED LIVER DISEASE.

OUR PATIENT EDUCATION AND SUPPORT PROGRAM FOR PRIMARY BILIARY CHOLANGITIS (PBC) CONTINUED WITH A NEW PBC BLOG LOCATED ON OUR WEBSITE. OVER 6,000 UNIQUE INDIVIDUALS READ THE FIRST BLOG PIECE, ENTITLED "WHAT WE WISH PEOPLE KNEW ABOUT PBC." WE CREATED 4 PBC FRIENDLY COOKING VIDEOS WITH TWO PHYSICIANS, WHICH HAS RECEIVED OVER 14,000 VIEWS ON ALF'S YOUTUBE CHANNEL. THE VIDEOS CAN BE VIEWED HERE:

[HTTPS://WWW.YOUTUBE.COM/PLAYLIST?LIST=PLRHF_O3GHRY5IHVOQ9CUFX1RU0VW](https://www.youtube.com/playlist?list=PLRHF_O3GHRY5IHVOQ9CUFX1RU0VW)

GIAAO

OUR CONNECT TEXAS TESTING INITIATIVE PROVIDED HEPATITIS C TESTING AND LINKAGE TO CARE TO HIGH-RISK POPULATIONS IN 8 COUNTIES IN

Name of the organization

AMERICAN LIVER FOUNDATION

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36-2883000

ATTACHMENT 1 (CONT'D)

TEXAS. NEARLY 3,400 PEOPLE WERE TESTED IN 2018, WITH ALL THAT TESTED POSITIVE LINKED TO SERVICES TO ASSIST THEM IN OBTAINING TREATMENT. THE GREAT LAKES DIVISION CONTINUED THEIR TESTING INITIATIVE IN UNDER-SERVED POPULATIONS IN CHICAGO. 1,435 INDIVIDUALS WERE TESTED AND LINKED TO CARE.

NEW IN 2018: ALF LAUNCHED THE NASH FACEBOOK SUPPORT GROUP, A SUPPORT COMMUNITY FOR THOSE AFFECTED BY NONALCOHOLIC STEATOHEPATITIS (NASH). THIS GROUP IS OPEN TO ANYONE CONNECTED TO NASH AROUND THE COUNTRY AND SERVES AS A SPACE TO FEEL LESS ALONE AND SEEK ANSWERS TO QUESTIONS THEY MAY HAVE ABOUT THEIR JOURNEY. AVERAGE DISCUSSION TOPICS INCLUDE: WHAT TO ASK YOUR DOCTOR, NASH PROGRESSION, UNDERSTANDING TRANSPLANT PROCEDURES, VARIOUS SYMPTOMS THESE PATIENTS ARE EXPERIENCING, DIET/NUTRITION, AND DEALING WITH STRESS AND STIGMA. THE GROUP CONSISTS OF 522 MEMBERS.

OUR ASK THE EXPERTS EDUCATIONAL PROGRAM OFFERED PARTICIPANTS ACROSS THE UNITED STATES ACCESS TO HEAR FROM MEDICAL PROFESSIONALS ON A VARIETY OF TOPICS, INCLUDING VIRAL HEPATITIS, NON-ALCOHOLIC FATTY LIVER DISEASE, ALCOHOL-RELATED LIVER DISEASE, LIVER CANCER, NUTRITION, MANAGING YOUR MEDICATIONS AND LIVER WELLNESS. MORE THAN 1,200 PEOPLE PARTICIPATED IN THESE PROGRAMS.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COMMUNITY SERVICES

ALF OFFERS SEVERAL COMMUNITY EDUCATION PROGRAMS ON LIVER HEALTH

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

ATTACHMENT 2 (CONT'D)

AND LIVER DISEASE THAT ARE INTERACTIVE AND AGE APPROPRIATE. THESE POPULAR PROGRAMS INCLUDE: LOVE YOUR LIVER, LIVER WELLNESS - WHAT EVERYBODY NEEDS TO KNOW, TEENS TO TWENTIES - LIVER WELLNESS GUIDE, NON-ALCOHOLIC FATTY LIVER DISEASE, AND ALCOHOL-RELATED LIVER DISEASE. IN ADDITION, ALF PARTICIPATES IN COMMUNITY HEALTH FAIRS AND COALITION MEETINGS TO RAISE AWARENESS OF LIVER DISEASE.

IN CY 2018, COMMUNITY EDUCATION PROGRAMS REACHED A COMBINED TOTAL OF 11,278 PEOPLE NATIONWIDE, AND HEALTH FAIRS/OUTREACH REACHED 4,701 PEOPLE.

ALF PARTICIPATES IN FEDERAL, STATE AND LOCAL ADVOCACY EFFORTS TO ADDRESS THE NEEDS OF PEOPLE AFFECTED BY LIVER DISEASE AND THAT FOCUS ON LARGER HEALTHCARE ISSUES TO IMPROVE LIVER HEALTH AND INCREASE RESEARCH FUNDING.

IN CY 2018, ALF HAS BEEN INCLUDED IN COMMUNITY SIGN-ON LETTERS ADVOCATING FOR PATIENTS WITH CHRONIC DISEASES ON ISSUES INCLUDING ACCESS TO CARE AND RESEARCH; PARTICIPATED IN COALITIONS WITH VARIOUS OTHER PATIENT ADVOCACY GROUPS TO URGE INCREASED FUNDING FOR THE NIH, CDC, VA, AND DOD; DISTRIBUTED "CALLS TO ACTION" FOR OUR COMMUNITY TO CONTACT THEIR ELECTED OFFICIALS REGARDING A VARIETY OF ISSUES RELATING TO LIVER DISEASE THROUGH OUR ADVOCACY PLATFORM, WHICH CURRENTLY INCLUDES 640 CONSTITUENTS; HOSTED AND EDUCATION AND ADVOCACY DAY IN WASHINGTON, DC THAT INCLUDED 57 PATIENT ADVOCATES REPRESENTING MULTIPLE DISEASE STATES; AND

| | |
|---|--|
| Name of the organization AMERICAN LIVER FOUNDATION | Employer identification number 36-2883000 |
|---|--|

ATTACHMENT 2 (CONT'D)

BROUGHT PATIENT ADVOCATES TO LIVER HILL DAY WITH THE AMERICAN ASSOCIATION FOR THE STUDY OF LIVER DISEASE AND THE DIGESTIVE DISEASES NATIONAL COALITION.

ATTACHMENT 3FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

| <u>DESCRIPTION</u> | <u>GRANTS</u> | <u>EXPENSES</u> | <u>REVENUE</u> |
|-------------------------------------|-----------------|-------------------|----------------|
| RESEARCH AND PROFESSIONAL EDUCATION | 475,000. | 1,962,335. | |
| TOTALS | <u>475,000.</u> | <u>1,962,335.</u> | |

ATTACHMENT 4FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, AP, CA, CO, CT, DE,
DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI,
MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,
RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

ATTACHMENT 5990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

| <u>NAME AND ADDRESS</u> | <u>DESCRIPTION OF SERVICES</u> | <u>COMPENSATION</u> |
|---|--------------------------------|---------------------|
| JPA HEALTH COMMUNICATIONS 1101 CONNECTICUT AVE, NW WASHINGTON, DC 20036 | PUBLIC RELATIONS | 129,509. |
| AMPLOTECH LLC PO BOX 16422 SAN JUAN, PR 00908 | MARKETING | 144,860. |