

Return of Organization Exempt From Income Tax

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 2020, and ending 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: AMERICAN LIVER FOUNDATION
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: PO BOX 299
 City or town, state or province, country, and ZIP or foreign postal code: WEST ORANGE, NJ 07052

D Employer identification number: 36-2883000

E Telephone number: (212) 668-1000

F Name and address of principal officer: DAVID TICKER
PO BOX 299, WEST ORANGE, NJ 07052

G Gross receipts \$: 6,145,538.

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. See instructions

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

J Website: ▶ WWW.LIVERFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: 1976 **M** State of legal domicile: NY

H(c) Group exemption number ▶ _____

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>OUR MISSION IS TO FACILITATE, ADVOCATE, AND PROMOTE EDUCATION, SUPPORT SERVICES, AND RESEARCH FOR THE PREVENTION, TREATMENT, AND CURE OF LIVER DISEASE.</u>		
	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	<u>22.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>21.</u>
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	<u>61.</u>
	6 Total number of volunteers (estimate if necessary)	6	<u>1,000.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	<u>0.</u>
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	<u>0.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	<u>8,927,298.</u>	<u>5,317,288.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>0.</u>	<u>0.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>103,785.</u>	<u>100,795.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>-179,794.</u>	<u>85,146.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>8,851,289.</u>	<u>5,503,229.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>275,000.</u>	<u>150,000.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4)	<u>0.</u>	<u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>5,391,464.</u>	<u>3,749,868.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e)	<u>0.</u>	<u>0.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>614,514.</u>		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u>3,071,102.</u>	<u>1,984,475.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>8,737,566.</u>	<u>5,884,343.</u>
19 Revenue less expenses. Subtract line 18 from line 12	<u>113,723.</u>	<u>-381,114.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	<u>5,267,197.</u>	<u>5,773,717.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20	<u>1,566,244.</u>	<u>2,371,898.</u>
		<u>3,700,953.</u>	<u>3,401,819.</u>

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: DAVID TICKER CFO Date: 9/30/2021

Print/Type preparer's name: AARON SHAPIRO Preparer's signature: [Signature] Date: 9/24/21 Check if self-employed PTIN: P01333816

Firm's name ▶ BKD, LLP Firm's EIN ▶ 44-0160260

Firm's address ▶ 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036 Phone no. 212.867.4000

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** (2020)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
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 No
If "Yes," describe these new services on Schedule O.

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

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

4a (Code:) (Expenses \$ 1,144,199. including grants of \$) (Revenue \$)
ATTACHMENT 1

4b (Code:) (Expenses \$ 1,181,018. including grants of \$) (Revenue \$)
ATTACHMENT 2

4c (Code:) (Expenses \$ 1,103,198. including grants of \$) (Revenue \$)
ATTACHMENT 3

4d Other program services (Describe on Schedule O.) ATTACHMENT 4
(Expenses \$ 1,117,919. including grants of \$ 150,000.) (Revenue \$)

4e Total program service expenses 4,546,334.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 with various questions about organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, and controlled entities.

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

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

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body... 8b Each committee... 9 Is there any officer, director, trustee...

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

Table with 4 columns: Question, Line Number, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document retention... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 5
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 on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records DAVID TICKER PO BOX 299 WEST ORANGE, NJ 07052 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.
- See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID TICKER CFO	35.00 0.			X			150,283.	0.	18,630.	
(2) LYNN SEIM COO	35.00 0.			X			152,437.	0.	5,788.	
(3) KELLY SMITH NATIONAL DIRECTOR - EVENTS	35.00 0.					X	102,780.	0.	43,010.	
(4) ERIKA GOODMAN NAT'L DIRECTOR OF DEVELOPMENT	35.00 0.					X	122,828.	0.	19,320.	
(5) KATHLEEN FLYNN NAT'L SR. DIR - ENGAGEMENT	35.00 0.					X	121,218.	0.	16,605.	
(6) VERONICA PEREZ NATIONAL DIRECTOR - INDIVIDUAL	35.00 0.					X	113,754.	0.	13,302.	
(7) FARRAH DOUGLAS NATIONAL DIRECTOR - ENGAGEMENT	35.00 0.					X	109,483.	0.	14,629.	
(8) THOMAS F. NEALON III CEO TILL 4/20/BOARD MEMBER	35.00 0.	X		X			71,684.	0.	35,728.	
(9) DANIEL E. WEIL BOARD CHAIR	.30 0.	X		X			0.	0.	0.	
(10) GENE CAUTILLO SECRETARY	.30 0.	X		X			0.	0.	0.	
(11) SUSAN SHERMAN STONE, CPA, MST TREASURER	.30 0.	X		X			0.	0.	0.	
(12) NICHOLAS J. DEROMA BOARD MEMBER	.30 0.	X					0.	0.	0.	
(13) EDDIE CHEUNG, MD, FACG BOARD MEMBER	.30 0.	X					0.	0.	0.	
(14) ALLAN J. DOERR 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) T. CLARK GAMBLIN, MD, MS, MBA BOARD MEMBER	.30 0.	X						0.	0.	0.
(16) MARY ANN HUANG, MD, MS BOARD MEMBER	.30 0.	X						0.	0.	0.
(17) MICHAEL KERR BOARD MEMBER	.30 0.	X						0.	0.	0.
(18) ELIZABETH LEESMANN BOARD MEMBER	.30 0.	X						0.	0.	0.
(19) ROHIT LOOMBA, MD BOARD MEMBER	.30 0.	X						0.	0.	0.
(20) SAMMY SAAB, MD, MPH BOARD MEMBER	.30 0.	X						0.	0.	0.
(21) NICOLE SMITH, PHD BOARD MEMBER	.30 0.	X						0.	0.	0.
(22) MIKE BRAUNSTEIN BOARD MEMBER	.30 0.	X						0.	0.	0.
(23) EMMANUEL THOMAS, MD, PHD BOARD MEMBER	.30 0.	X						0.	0.	0.
(24) TRACI TIGUE BOARD MEMBER	.30 0.	X						0.	0.	0.
(25) HILLEL TOBIAS, MD, PHD BOARD MEMBER	.30 0.	X						0.	0.	0.
1b Sub-total								944,467.	0.	167,012.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								944,467.	0.	167,012.

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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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**

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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) ROCKY YAPP, MD, MPH, AGAF BOARD MEMBER	.30 0.	X					0	0.	0.	
(27) STEVE BAUM BOARD MEMBER	.30 0.	X					0	0.	0.	
(28) ROBERT BRICKMAN BOARD MEMBER	.30 0.	X					0	0.	0.	
(29) ROBERT MEROWITZ BOARD MEMBER	.30 0.	X					0	0.	0.	
1b Sub-total							0.	0.	0.	
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 **8**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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	12,799.				
	b	Membership dues	1b					
	c	Fundraising events	1c	1,700,569.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,603,920.				
	g	Noncash contributions included in lines 1a-1f.	1g	\$				
	h	Total. Add lines 1a-1f ▶			5,317,288.			
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). ▶			45,040.		45,040.	
	4	Income from investment of tax-exempt bond proceeds ▶			0.			
	5	Royalties ▶			0.			
	6a	6a	(i) Real					
			(ii) Personal					
	b	6b	Less: rental expenses					
	c	6c	Rental income or (loss)					
	d	Net rental income or (loss). ▶			0.			
	7a	7a	(i) Securities					
			(ii) Other					
	b	7b	Less: cost or other basis and sales expenses			426,458.		
	c	7c	Gain or (loss)			55,755.		
	d	Net gain or (loss) ▶			55,755.		55,755.	
8a	8a	Gross income from fundraising events (not including \$ 1,700,569. of contributions reported on line 1c). See Part IV, line 18			116,700.			
b	8b	Less: direct expenses			215,851.			
c	Net income or (loss) from fundraising events. ▶			-99,151.		-99,151.		
9a	9a	Gross income from gaming activities. See Part IV, line 19			0.			
b	9b	Less: direct expenses			0.			
c	Net income or (loss) from gaming activities. ▶			0.				
10a	10a	Gross sales of inventory, less returns and allowances			0.			
b	10b	Less: cost of goods sold			0.			
c	Net income or (loss) from sales of inventory. ▶			0.				
Miscellaneous Revenue				Business Code				
	11a	OTHER	900099	184,297.			184,297.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d ▶			184,297.				
12	Total revenue. See instructions ▶			5,503,229.		185,941.		

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	150,000.	150,000.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
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	434,550.	337,262.	54,100.	43,188.
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	2,681,141.	2,080,882.	333,794.	266,465.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,654.	12,149.	1,949.	1,556.
9 Other employee benefits	371,549.	288,367.	46,256.	36,926.
10 Payroll taxes	246,974.	191,681.	30,748.	24,545.
11 Fees for services (nonemployees):				
a Management	0.			
b Legal	136,550.	113,792.	9,306.	13,452.
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees	14,260.		14,260.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	111,777.	93,148.	7,618.	11,011.
12 Advertising and promotion	257,941.	216,451.	15,999.	25,491.
13 Office expenses	211,058.	88,594.	68,816.	53,648.
14 Information technology	258,185.	201,564.	32,292.	24,329.
15 Royalties	0.			
16 Occupancy	599,352.	471,797.	70,869.	56,686.
17 Travel	75,144.	63,561.	5,420.	6,163.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	7,690.		7,690.	
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	26,443.	20,523.	3,292.	2,628.
23 Insurance	49,551.	38,457.	6,169.	4,925.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a HOTEL AND CATERING	153,627.	129,396.	9,132.	15,099.
b MISCELLANEOUS	82,897.	48,710.	5,785.	28,402.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	5,884,343.	4,546,334.	723,495.	614,514.
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.			

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	1,791,670.	1	2,422,890.
	2	Savings and temporary cash investments.	11,538.	2	21,891.
	3	Pledges and grants receivable, net	196,618.	3	180,798.
	4	Accounts receivable, net.	0.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	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	191,894.	9	88,292.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,314,633.		
	b	Less: accumulated depreciation.	10b 1,293,955.	10c	20,678.
	11	Investments - publicly traded securities.	3,028,356.	11	3,039,168.
	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 33)	5,267,197.	16	5,773,717.	
Liabilities	17	Accounts payable and accrued expenses.	572,902.	17	867,078.
	18	Grants payable	137,500.	18	75,000.
	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.	774,204.	21	669,521.
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0.	22	0.
	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties.	0.	24	737,979.
	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	81,638.	25	22,320.
	26	Total liabilities. Add lines 17 through 25.	1,566,244.	26	2,371,898.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27	Net assets without donor restrictions	614,131.	27	632,568.
	28	Net assets with donor restrictions.	3,086,822.	28	2,769,251.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
	31	Retained earnings, endowment, accumulated income, or other funds.		31	
32	Total net assets or fund balances	3,700,953.	32	3,401,819.	
33	Total liabilities and net assets/fund balances.	5,267,197.	33	5,773,717.	

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	5,503,229.
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,884,343.
3	Revenue less expenses. Subtract line 2 from line 1	3	-381,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,700,953.
5	Net unrealized gains (losses) on investments	5	81,980.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,401,819.

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 on 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 on 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

2020

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
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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: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 79.46%; 15 Public support percentage from 2019 Schedule A, Part II, line 14 80.33%; 16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. [X]; 16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization; 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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

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

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (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; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b; 12 Other income; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2019 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2019 Schedule A, Part III, line 17 18%.

- 19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2.

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1.

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2, 3.

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Rows 1, 2a, 2b, 3a, 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):	1e	
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

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	2016	2017	2018	2019	2020	TOTAL
OTHER	15,001.	25,994.	25,653.	35,890.	184,297.	286,835.
TOTALS	<u>15,001.</u>	<u>25,994.</u>	<u>25,653.</u>	<u>35,890.</u>	<u>184,297.</u>	<u>286,835.</u>

Schedule of Contributors

2020

▶ 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
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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 FOUNDATIONEmployer 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	<u>ABBVIE, INC.</u> <u>1 N WAUKEGAN ROAD</u> <u>NORTH CHICAGO, IL 60064</u>	\$ <u>641,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>INTERCEPT PHARMACEUTICALS, INC.</u> <u>10 HUDSON YARDS, 37TH FLOOR</u> <u>NEW YORK, NY 10001</u>	\$ <u>419,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>ESTATE OF ROBERT M. BATH</u> <u>5070 HIGHWAY A1A, SUITE 221</u> <u>VERO BEACH, FL 32963</u>	\$ <u>379,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>SALIX PHARMACEUTICALS, INC.</u> <u>8510 COLONNADE CENTER DRIVE</u> <u>RALEIGH, NC 27615</u>	\$ <u>252,550.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>EISAI INC</u> <u>100 TICE BOULEVARD</u> <u>WOODCLIFF LAKE, NJ 07677</u>	\$ <u>226,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>GILEAD SCIENCES, INC.</u> <u>333 LAKESIDE DRIVE</u> <u>FOSTER CITY, CA 94404</u>	\$ <u>223,800.</u>	Person <input checked="" 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 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
7	ESTATE OF GAIL MARION BROWN 53 LAFAYETTE STREET NORWICH, CT 06360	\$ 220,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	EXELIXIS, INC. 1851 HARBOR BAY PARKWAY ALAMEDA, CA 94502	\$ 185,075.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

2020

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1, Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items, b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

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

Schedule D (Form 990) 2020

JSA OE1268 1.000

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange program
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:
Table with columns: Amount, 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

- 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 75.1000 %
c Term endowment 24.9000 %
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:
(i) Unrelated organizations
(ii) Related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Table with 2 columns: Yes, No. Rows: 3a(i) Unrelated organizations, 3a(ii) Related organizations, 3b 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.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

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.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely held equity interests, and Other (A-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.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation. Rows numbered 1 through 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.

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 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.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes and DEFERRED RENT with a value of 22,320.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Part 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

THE 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 D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 4B

REFUNDED GRANT: 25,000

PART XII, LINE 4B

REFUNDED GRANT: 25,000

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	
		CUISINE FOR A C (event type)	LIVER LIFE WAL (event type)	6. (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	823,303.	620,446.	373,520.	1,817,269.
	2	Less: Contributions	706,603.	620,446.	373,520.	1,700,569.
	3	Gross income (line 1 minus line 2)	116,700.		0.	116,700.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	67,024.			67,024.
	8	Entertainment				
	9	Other direct expenses	108,716.	15,057.	25,054.	148,827.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					-99,151.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
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: _____

10 a 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**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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 615 WEST 131ST STREET NEW YORK, NY 10027	13-5598093	501(C)(3)	75,000.				LIVER DISEASE RESEAR
(2) THOMAS JEFFERSON UNIVERSITY 1020 WALNUT STREET PHILADELPHIA, PA 19107	23-1352651	501(C)(3)	75,000.				LIVER DISEASE RESEAR
(3)							
(4)							
(5)							
(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 .
- 3 Enter total number of other organizations listed in the line 1 table .

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule I (Form 990) 2020

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						
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)**

Compensation Information

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
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 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
1a		
1b		
2		
3		
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) 2020

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				
LYNN SEIM 1COO	(i)	152,437.	0.	1,540.	4,248.	158,225.	
	(ii)	0.	0.	0.	0.	0.	
DAVID TICKER 2CFO	(i)	150,283.	0.	1,540.	17,090.	168,913.	
	(ii)	0.	0.	0.	0.	0.	
(i)							
(ii)							
3	(i)						
(ii)							
4	(i)						
(ii)							
5	(i)						
(ii)							
6	(i)						
(ii)							
7	(i)						
(ii)							
8	(i)						
(ii)							
9	(i)						
(ii)							
10	(i)						
(ii)							
11	(i)						
(ii)							
12	(i)						
(ii)							
13	(i)						
(ii)							
14	(i)						
(ii)							
15	(i)						
(ii)							
16	(i)						
(ii)							

Part III Supplemental Information

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

AMERICAN LIVER FOUNDATION

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Employer identification number

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FORM 990, PART III, LINE 3

DUE TO COVID-19 ALL PROGRAMS WERE DELIVERED VIRTUALLY DURING 2020.

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

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DOUBT AS TO WHETHER A CONFLICT OF INTEREST EXISTS, THE MATTER SHALL BE RESOLVED BY A VOTE OF THE BOARD.

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 2020.

FORM 990, PART VI, SECTION B, LINE 15B
THE SALARY OF OFFICERS AND KEY EMPLOYEES ARE DETERMINED BY THE CEO & CFO BASED ON PERFORMANCE, MARKET CONDITIONS AND THE FINANCIAL CONDITION OF THE AMERICAN LIVER FOUNDATION.

FORM 990, PART VI, SECTION C, LINE 19
THE FORM 990 IS AVAILABLE VIA WWW.LIVERFOUNDATION.ORG AND FORM 1023 IS AVAILABLE UPON REQUEST.

ATTACHMENT 1

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

PUBLIC AND PATIENT EDUCATION: SINCE THE START OF THE COVID-19 PANDEMIC IN EARLY 2020, PATIENT EDUCATION HAS FOCUSED PRIMARILY ON THE RELATIONSHIP OF COVID-19 AND THE LIVER. PEOPLE WITH UNDERLYING HEALTH CONDITIONS SUCH AS LIVER DISEASE HAVE BOTH AN ELEVATED RISK

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ATTACHMENT 1 (CONT'D)

FOR COVID-19 INFECTION AND, SHOULD THEY CONTRACT THE VIRUS, MORE SEVERE COMPLICATIONS. THE FOUNDATION TAPPED INTO ITS MEDICAL ADVISORY RESOURCES TO PROVIDE A GENERAL UNDERSTANDING OF THE VIRUS AND ITS IMPACT TO PATIENTS WITH LIVER DISEASE.

PATIENT EDUCATION AROUND LIVER DISEASE AND COVID-19 INCLUDED WEBINARS, BLOG POSTS, AND EDUCATIONAL VIDEOS. THE FOUNDATION'S COVID-RELATED EDUCATIONAL VIDEO SERIES INCLUDED THE FOLLOWING TOPICS:

- . CORONAVIRUS AND THE LIVER
- . HEALTHY EATING AT HOME
- . UPDATE ON COVID-19
- . QUESTIONS FOR AN INFECTIOUS DISEASE SPECIALIST ABOUT COVID-19
- . COVID-19 AND LIVER TRANSPLANTATION
- . BEING A CAREGIVER DURING COVID-19
- . THE SPREAD OF COVID-19 IN THE LATINO COMMUNITY AND LATINO LIVER PATIENTS
- . CHILDREN WITH LIVER DISEASE LIVING THROUGH COVID-19
- . COVID-19 AND FATTY LIVER DISEASE
- . COVID-19 AND HEPATITIS AWARENESS MONTH

RECOGNIZING THAT EMOTIONAL WELL-BEING IS PART OF THE PATIENT EXPERIENCE AND THE ADDITIONAL STRESS FROM THE PANDEMIC, THE FOUNDATION ALSO DEVELOPED WELLNESS AND COPING TOOLS SUCH AS "HOW TO EXPLAIN COVID TO KIDS" AND MIND-BODY WEBINARS.

THE LIVER LOWDOWN E-NEWSLETTER IS DISSEMINATED TO PROVIDE

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ATTACHMENT 1 (CONT'D)

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 2020, OVER 130,000 PEOPLE RECEIVED EACH OF OUR ISSUES.

THE AMERICAN LIVER FOUNDATION'S DIGITAL CONTENT ALLOWS US TO REACH MILLIONS OF PEOPLE WITH OUR INFORMATION AND RESOURCE. THE ALF WEBSITE HELPS US BETTER DELIVER QUALITY PROGRAMS AND EVENTS TO OUR CONSTITUENTS INCLUDING MULTIMEDIA WEBINARS, VIDEOS AND BROADCASTS. WE'VE SEEN A STEADY RISE IN USE WITH APPROXIMATELY 5 MILLION-PAGE VIEWS IN 2020 FROM 3.5 MILLION JUST TWO YEARS AGO IN 2018.

AT THE END OF 2020, WE HAD OVER 158,000 FACEBOOK FANS AND OVER 7,000 TWITTER FOLLOWERS. OUR SUPPORT COMMUNITY ON THE INSPIRE PLATFORM HAD OVER 26,000 MEMBERS.

ALF RELEASED TWO PODCASTS IN 2020. ONE DURING DONATE LIFE MONTH AND ANOTHER EPISODE FOR WORLD HEPATITIS DAY, IN COLLABORATION WITH THE CDC DIVISION OF VIRAL HEPATITIS.

ALF EXPANDED ITS EDUCATIONAL RESOURCE LIBRARY BY CREATING UPDATED AND NEW RESOURCES ON CLINICAL TRIALS, LIVER CANCER AND ACUTE HEPATIC PORPHYRIA. ALL BROCHURES ARE AVAILABLE FOR DOWNLOAD FROM OUR WEBSITE AT

[HTTPS://LIVERFOUNDATION.ORG/FOR-PATIENTS/RESOURCES/BROCHURES/](https://liverfoundation.org/for-patients/resources/brochures/).

ALF HELD A VIRTUAL HCC PATIENT CONFERENCE IN 2020. THIS CONFERENCE PROVIDED EDUCATIONAL SESSIONS AND RESOURCES FOR HCC PATIENTS AND CAREGIVERS THAT ARE NOT ELIGIBLE FOR A TRANSPLANT. 100 PEOPLE

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ATTACHMENT 1 (CONT'D)

ATTENDED THIS EVENT.

THE ALF CONVENED A NASH ROUNDTABLE TO UNDERSTAND THE NEEDS OF PEOPLE DIAGNOSED WITH NASH & IDENTIFY SOLUTIONS FOR EMPOWERING THEM TO TAKE AN ACTIVE ROLE IN MANAGING THEIR LIVER HEALTH.

PARTICIPANTS INCLUDED NASH PATIENTS, CAREGIVERS, REPRESENTATIVES FROM PATIENT ADVOCACY ORGANIZATIONS, HEMATOLOGISTS, AND PRIMARY CARE PROVIDERS. USING THE FINDINGS FROM THE ROUNDTABLE, WE HAVE CREATED A NASH PATIENT BILL OF RIGHTS AND PHYSICIAN DISCUSSION GUIDE.

ATTACHMENT 2

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

PATIENT SUPPORT: INFORMATION SPECIALISTS ARE AVAILABLE TO ANSWER QUESTIONS ABOUT LIVER DISEASE AND LIVER WELLNESS, INCLUDING RISK FACTORS, PREVENTION, SYMPTOMS, EARLY DETECTION, DIAGNOSIS AND TREATMENT OPTIONS. 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 COMMUNITY ACROSS NUMEROUS SOCIAL MEDIA PLATFORMS AND ONE WEBSITE.

IN CY 2020, OUR HELP LINE ANSWERED NEARLY 7,000 REQUESTS FOR INFORMATION VIA PHONE, E-CHAT, EMAIL AND THE POSTAL SERVICE. WHILE THE MAJORITY OF REQUESTS CAME FROM WITHIN THE UNITED STATES, 20% WERE INTERNATIONAL CONTACTS. THE FIVE STATES WITH THE LARGEST POPULATIONS - CALIFORNIA, TEXAS, FLORIDA, NEW YORK, AND

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ATTACHMENT 2 (CONT'D)

PENNSYLVANIA -ACCOUNTED FOR 22% OF ALL INQUIRIES.

THE COVID-19 PANDEMIC WHICH AFFECTED ALL AMERICANS POSED ADDITIONAL HEALTH RISKS TO PEOPLE WITH UNDERLYING HEALTH CONDITIONS SUCH AS LIVER DISEASE. THE HELPLINE RECEIVED OVER 70 TYPES OF COVID-RELATED INQUIRIES IN 2020. QUESTIONS RANGED FROM WHERE TO FIND MORE INFORMATION ABOUT THE VIRUS TO VACCINATION QUESTIONS SUCH AS VACCINE OPTIONS, SAFETY, AND PRIORITIZATION FOR PEOPLE WITH LIVER DISEASE.

ANTICIPATING THE INCREASE IN COVID-RELATED INQUIRIES, STAFF PARTICIPATED IN MULTIPLE WEBINARS TO LEARN AS MUCH AS POSSIBLE ABOUT COVID-19 SO THE INFORMATION THEY SHARED WITH HELPLINE VISITORS WAS ACCURATE. ADDITIONALLY, HELPLINE STAFF REGULARLY VISIT THE CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) WEBSITE, WHERE COVID-19 INFORMATION IS UPDATED FREQUENTLY TO ENSURE THAT THE INFORMATION THE FOUNDATION DISTRIBUTES IS ACCURATE WHEN PROVIDED AT THE TIME OF REQUESTS.

THE AMERICAN LIVER FOUNDATION'S PRIMARY BILIARY CHOLANGITIS FACEBOOK SUPPORT GROUP CURRENTLY HAS OVER 2,800 MEMBERS AND IS OUR FIRST AND LARGEST FACEBOOK SUPPORT COMMUNITY THAT WAS STARTED IN 2017.

THE NASH FACEBOOK SUPPORT GROUP, A SUPPORT COMMUNITY FOR THOSE AFFECTED BY NONALCOHOLIC STEATOHEPATITIS (NASH) HAS GROWN SIGNIFICANTLY SINCE ITS INCEPTION IN 2018. THE GROUP CURRENTLY HAS OVER 1,900 MEMBERS FROM 522 MEMBERS IN 2018. 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

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ATTACHMENT 2 (CONT'D)

ABOUT THEIR JOURNEY.

IN LATE 2020, WE CREATED A NEW FACEBOOK SUPPORT GROUP FOR LIVER CANCER PATIENTS AND THEIR LOVED ONES. THIS GROUP HAS NEARLY 100 MEMBERS AND IS CONTINUING TO GROW DAILY.

ALF'S NATIONAL PATIENT ADVISORY COMMITTEE, MADE UP OF PATIENT ADVOCATES FROM ACROSS THE COUNTRY WITH HEPATITIS C, NAFLD, PRIMARY BILIARY CHOLANGITIS, HEPATIC ENCEPHALOPATHY AND ALCOHOL-RELATED LIVER DISEASE, HEPATORENAL SYNDROME, AND IN 2020 WE EXPANDED THE GROUP FURTHER TO ADD PATIENT ADVOCATES WITH NASH AND LIVER CANCER.

ATTACHMENT 3

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

COMMUNITY SERVICES: ALF OFFERS SEVERAL COMMUNITY EDUCATION PROGRAMS ON LIVER HEALTH 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.

DESPITE THE PANDEMIC, ALF STILL DELIVERED COMMUNITY EDUCATION PROGRAMS VIRTUALLY WHEN POSSIBLE. IN 2020, ALF REACHED 4,097 PEOPLE THROUGH OUR COMMUNITY EDUCATION PROGRAMS.

ALF CONDUCTS ADVOCACY WORK ON BEHALF OF THE PATIENT COMMUNITY THROUGHOUT THE YEAR, ACTIVELY LOBBYING FEDERAL, STATE, AND LOCAL

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ATTACHMENT 3 (CONT'D)

GOVERNMENTS ON PERTINENT LEGISLATION AFFECTING THE LIVER COMMUNITY. THE FOUNDATION HAS BEEN A MOVING FORCE BEHIND THE ACCEPTANCE OF AN AGREEMENT ON A COMPREHENSIVE "RESEARCH AGENDA" FOR LIVER DISEASE. ADDITIONALLY, THE FOUNDATION HAS BEEN ACTIVE IN OBTAINING COSPONSORS FOR THE LIVER RESEARCH ENHANCEMENT ACT (HR1743) TO CREATE A CENTER WITHIN THE NATIONAL INSTITUTES FOR HEALTH THAT WILL FOCUS SOLELY ON RESEARCH INTO LIVER-RELATED DISEASES. WITH MANY PATIENTS WITH LIVER DISEASE REQUIRING LIVER TRANSPLANTS, THE FOUNDATION HAS RESOLUTELY LOBBIED CONGRESS AND STATE LEGISLATURES FOR LEGISLATION TO SUPPORT INCREASES IN ORGAN DONATIONS.

THE AMERICAN LIVER FOUNDATION HAS OVER 900 CONSTITUENTS SIGNED UP ON OUR ADVOCACY PLATFORM AND WE REGULARLY SHARE ACTION ALERTS AND IMPORTANT ISSUES FOR LIVER PATIENTS.

DUE TO COVID RESTRICTIONS, THE FOUNDATION PIVOTED FROM AN IN-PERSON "ANNUAL DAY ON THE HILL" MEETINGS TO "ADVOCACY WEEK" IN 2020 WHERE STAFF, PATIENTS, AND VOLUNTEERS VIRTUALLY MET WITH LEGISLATORS TO DISCUSS PERTINENT ISSUES AND LEGISLATIVE PRIORITIES. WHETHER IN-PERSON OR VIRTUAL, ADVOCATES RECEIVE TRAINING WHICH ENCOMPASSES A LEGISLATIVE UPDATE, REVIEW OF THE ISSUES, THE FOUNDATION'S POSITIONS ON THESE ISSUES, AND BEST PRACTICES TO ENGAGE LEGISLATORS. IN 2019, OVER 60 PEOPLE ATTENDED HILL DAY IN WASHINGTON D.C. AND IN 2020 WE HAD OVER 100 PEOPLE ATTEND OUR VIRTUAL ADVOCACY WEEK.

THE ALF HAS PARTICIPATED IN THE AASLD ANNUAL HILL DAY AND THE DIGESTIVE DISEASE NATIONAL COALITION PUBLIC POLICY FORUM IN 2020.

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ATTACHMENT 4

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

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
RESEARCH AND PROFESSIONAL EDUCATION	150,000.	1,117,919.	
TOTALS	<u>150,000.</u>	<u>1,117,919.</u>	

ATTACHMENT 5

FORM 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 6

990, 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	103,951.
AMPLOTECH LLC PO BOX 16422 SAN JUAN, PR 00908	MARKETING	117,038.