

Return of Organization Exempt From Income Tax

Form **990**

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

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.

2022

Open to Public Inspection

A For the 2022 calendar year, or tax year beginning **FEB 1, 2022** and ending **JAN 31, 2023**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALS OF MICHIGAN, INC. Doing business as AMYOTROPHIC LATERAL SCLEROSIS OF Number and street (or P.O. box if mail is not delivered to street address) Room/suite 24359 NORTHWESTERN HWY 100 City or town, state or province, country, and ZIP or foreign postal code SOUTHFIELD, MI 48075 F Name and address of principal officer: KIMBERLY NIEMIEC GRAZIOS 24359 NORTHWESTERN HWY, SOUTHFIELD, MI 4807	D Employer identification number ** - ***0726 E Telephone number 248-354-6100 G Gross receipts \$ 896,634. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.ALSOFMICHIGAN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1978 M State of legal domicile: MI

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: ALS OF MICHIGAN IS DEDICATED TO HELPING (PALS) PEOPLE WITH ALS, THEIR FAMILIES, AND CAREGIVERS LIVE		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
Activities & Governance	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 581,031.
9 Program service revenue (Part VIII, line 2g)		0.	0.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-10,716.	-17,944.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		224,313.	204,738.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		794,628.	834,309.
Expenses		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	108,587.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	339,021.	327,281.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	101,985.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	134,875.	157,810.
Net Assets or Fund Balances	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	582,483.	614,374.
	19 Revenue less expenses. Subtract line 18 from line 12	212,145.	219,935.
	20 Total assets (Part X, line 16)	Beginning of Current Year 1,104,417.	End of Year 1,353,152.
	21 Total liabilities (Part X, line 26)	12,951.	41,751.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,091,466.	1,311,401.

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 KIMBERLY NIEMIEC GRAZIOSI, EXECUTIVE DIRECTOR	Date			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PATRICK M. SWEENEY, CPA	Preparer's signature	Date 11/19/23	Check if self-employed <input type="checkbox"/>	PTIN P00287872
	Firm's name CROSKEY LANNI, PC	Firm's EIN ** - ***7985	Phone no. 248-659-5300		
	Firm's address 345 DIVERSION STREET, SUITE 400 ROCHESTER, MI 48307				

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