Form **990**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning 02/01/25 , and ending 01/31/26

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

C Name of organization
ALS OF MICHIGAN, INC.

Doing business as AMYOTROPHIC LATERAL SCLEROSIS OF MI

Number and street (or P.O. box if mail is not delivered to street address) 24359 NORTHWESTERN HWY, STE 100

Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SOUTHFIELD MI 48075

D Employer identification number
38-2190726

E Telephone number
248-354-6100

G Gross receipts $ 745,827

F Name and address of principal officer:
KIMBERLY NIEMIEC GRAZIOSI
24359 NORTHWESTERN HWY #100
SOUTHFIELD MI 48075

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.ALSOFMICHIGAN.ORG

H(c) Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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 LIFE AS FULLY AS POSSIBLE.

2 Check this box ☐ 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	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	85
	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

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	768,107	713,168
	9 Program service revenue (Part VIII, line 2g)		0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,779	32,005
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-45,951	-33,922
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	765,935	711,251
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	305,435	316,537
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	373,112	375,398
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 106,505		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	139,712	132,910
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	818,259	824,845
	19 Revenue less expenses. Subtract line 18 from line 12	-52,324	-113,594

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	1,253,178	1,126,635
	21 Total liabilities (Part X, line 26)	107,085	94,136
	22 Net assets or fund balances. Subtract line 21 from line 20	1,146,093	1,032,499

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 — Date

KIMBERLY NIEMIEC GRAZIOSI EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ANTHONY R ANDRE, CPA	ANTHONY R ANDRE, CPA	10/30/26		P01761830

Firm's name SCHREIBER ADVISORS, PC — Firm's EIN 46-1282767

Firm's address 6905 TELEGRAPH RD, SUITE 300 BLOOMFIELD HILLS, MI 48301 — Phone no. 248-689-7550

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