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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 black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning and ending

B Check if applicable:
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization: BUSBY FOUNDATION

Number and street (or P O box if mail is not delivered to street address): 3600 N CAP OF TX HWY, BLDG B, SUITE 250

Room/suite:

City or town, state or country, and ZIP + 4: AUSTIN, TX 78746

D Employer identification number: 20-2486640

E Telephone number: 512-835-4455

F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) ▶

- Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶WWW.BUSBYALS.COM

J Organization type (check only one) ▶ [X] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check here ▶ [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? [ ] Yes [X] No

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A [ ] Yes [ ] No (If "No," attach a list)

H(d) Is this a separate return filed by an organization covered by a group ruling? [ ] Yes [X] No

I Group Exemption Number ▶ N/A

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 222,492.

M Check ▶ [ ] if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, grants, and similar amounts received			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	191,320.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash $ 191,320. noncash $)			1e 191,320.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2
	3	Membership dues and assessments			3
	4	Interest on savings and temporary cash investments			4
	5	Dividends and interest from securities			5 19,813.
	6 a	Gross rents	6a		
	b	Less rental expenses	6b		
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c
	7	Other investment income (describe ▶)			7
	8 a	Gross amount from sales of assets other than inventory — (A) Securities	8a	(B) Other	
	b	Less cost or other basis and sales expenses	8b		
	c	Gain or (loss) (attach schedule)	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B)			8d
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ 18,711. of contributions reported on line 1b)	9a	11,359.	
	b	Less direct expenses other than fundraising expenses	9b	12,647.	
	c	Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 1			9c -1,288.
	10 a	Gross sales of inventory, less returns and allowances	10a		
	b	Less cost of goods sold	10b	211.	
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c -211.
	11	Other revenue (from Part VII, line 103)			11
	12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12 209,634.
Expenses	13	Program services (from line 44, column (B))			13 42,229.
	14	Management and general (from line 44, column (C))			14 14,678.
	15	Fundraising (from line 44, column (D))			15 21,897.
	16	Payments to affiliates (attach schedule)			16
	17	Total expenses. Add lines 16 and 44, column (A)			17 78,804.
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12			18 130,830.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19 301,153.
	20	Other changes in net assets or fund balances (attach explanation)			20 0.
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21 431,983.

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
23 Specific assistance to individuals (attach schedule)	23	22,379.	22,379.		
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	0.	0.	0.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29				
30 Professional fundraising fees	30				
31 Accounting fees	31	2,500.		2,500.	
32 Legal fees	32				
33 Supplies	33				
34 Telephone	34				
35 Postage and shipping	35				
36 Occupancy	36				
37 Equipment rental and maintenance	37				
38 Printing and publications	38				
39 Travel	39				
40 Conferences, conventions, and meetings	40				
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42				
43 Other expenses not covered above (itemize):					
a BANK FEES	43a	239.		239.	
b CONTRACT SERVICES	43b	33,084.	19,850.	9,926.	3,308.
c CREDIT CARD FEES	43c	1,539.		1,539.	
d MISCELLANEOUS EXPENSES	43d	210.		210.	
e WEBSITE	43e	264.		264.	
f PROGRAM EXPENSES	43f	18,589.			18,589.
g	43g				
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	78,804.	42,229.	14,678.	21,897.

Joint Costs. Check ▶ ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ▶ ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A , (ii) the amount allocated to Program services $ N/A , (iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

Part III Statement of Program Service Accomplishments *(See the instructions.)*

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 2

All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others)

a Please see the attachments

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐ 42,229.

b DEDICATE FUNDS TO INDIVIDUALS CONDUCTING RESEARCH RELEVANT TO AMYOTROPHIC LATERAL SCLEROSIS

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

c MAY MAKE GRANTS TO ORGANIZATIONS THAT SPONSOR AND/OR CONDUCT SCIENTIFIC RESEARCH RELEVANT TO AMYOTROPHIC LATERAL SCLEROSIS

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶ 42,229.

Form **990** (2007)

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Part IV Balance Sheets *(See the instructions.)*

			(A) Beginning of year		(B) End of year
Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.*					
Assets	45	Cash - non-interest-bearing		45	
	46	Savings and temporary cash investments	301,153.	46	431,983.
	47 a	Accounts receivable 47a			
	b	Less: allowance for doubtful accounts 47b		47c	
	48 a	Pledges receivable 48a			
	b	Less: allowance for doubtful accounts 48b		48c	
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees		50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a	Other notes and loans receivable 51a			
	b	Less: allowance for doubtful accounts 51b		51c	
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges		53	
	54 a	Investments - publicly-traded securities ▶ ☐ Cost ☐ FMV		54a	
	b	Investments - other securities ▶ ☐ Cost ☐ FMV		54b	
	55 a	Investments - land, buildings, and equipment: basis 55a			
	b	Less: accumulated depreciation 55b		55c	
	56	Investments - other		56	
	57 a	Land, buildings, and equipment: basis 57a			
	b	Less: accumulated depreciation 57b		57c	
	58	Other assets, including program-related investments (describe ▶)		58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58	301,153.	59	431,983.
Liabilities	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees		63	
	64 a	Tax-exempt bond liabilities		64a	
	b	Mortgages and other notes payable		64b	
	65	Other liabilities (describe ▶)		65	
	66	**Total liabilities.** Add lines 60 through 65	0.	66	0.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here** ▶ ☐ and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted		67	
	68	Temporarily restricted		68	
	69	Permanently restricted		69	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds	0.	70	0.
	71	Paid-in or capital surplus, or land, building, and equipment fund	0.	71	0.
	72	Retained earnings, endowment, accumulated income, or other funds	301,153.	72	431,983.
	73	**Total net assets or fund balances.** Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	301,153.	73	431,983.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73	301,153.	74	431,983.

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return *(See the instructions.)*

a	Total revenue, gains, and other support per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	**Total revenue** (Part I, line 12). Add lines c and d	▶	e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	N/A
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	**Total expenses** (Part I, line 17). Add lines c and d	▶	e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) *(See the instructions.)*

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
VOLNEY CAMPBELL 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	PRESIDENT, SECTY, DIRECTOR 1.00	0.	0.	0.
RICHARD ANDERSON 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	TREASURER, DIRECTOR 1.00	0.	0.	0.
HARRIS BASS 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	DIRECTOR 0.00	0.	0.	0.
CHARLES COFFMAN 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	DIRECTOR 0.00	0.	0.	0.
SAM HOUSTON 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	DIRECTOR 0.00	0.	0.	0.
GREG MARBERRY 3600 N CAP OF TX HWY, BLDG B, SUITE 2 AUSTIN, TX 78746	DIRECTOR 0.00	0.	0.	0.
JOHN GILLULY 1221 S. MOPAC EXPRESSWAY, SUITE 100 AUSTIN, TX 78746	DIRECTOR 0.00	0.	0.	0.

Part V-A Current Officers, Directors, Trustees, and Key Employees *(continued)*

			Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ▶ 6			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."	75c		X
	If "Yes," attach a statement that includes the information described in the instructions			
d	Does the organization have a written conflict of interest policy?	75d		X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
NONE				

Part VI Other Information *(See the instructions.)*

			Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77		X
78 a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

Part VI Other Information *(continued)*

				Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		82a		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b N/A			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions? N/A		83b		
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members? N/A		85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less? N/A		85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.				
c	Dues, assessments, and similar amounts from members	85c N/A			
d	Section 162(e) lobbying and political expenditures	85d N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b N/A			
87	*501(c)(12) organizations* Enter: a Gross income from members or shareholders	87a N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶		88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. ; section 4912 ▶ 0. , section 4955 ▶ 0.				
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.				
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.				
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed ▶ TX				
b	Number of employees employed in the pay period that includes March 12, 2007	90b 0			
91 a	The books are in care of ▶ MARY JANE OROSCO Telephone no ▶ 512-835-4455 Located at ▶ 3600 N CAP OF TX HWY, BLDG B, SUITE 250, AUSTIN, ZIP + 4 ▶ 78746				
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ N/A See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** Report of Foreign Bank and Financial Accounts.		91b		X

Part VI Other Information *(continued)*

		Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the United States? 91c		X
	If "Yes," enter the name of the foreign country ▶ N/A		
92	*Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** - Check here ▶ ☐		
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92 N/A		

Part VII Analysis of Income-Producing Activities *(See the instructions.)*

Note: *Enter gross amounts unless otherwise indicated.*	Unrelated business income (A) Business code	Unrelated business income (B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	Excluded by section 512, 513, or 514 (D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	19,813.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					-1,288.
102 Gross profit or (loss) from sales of inventory					-211.
103 Other revenue:					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		19,813.	-1,499.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					18,314.

Note: *Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.*

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes *(See the instructions.)*

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
	THE BUSBY FOUNDATION USES MONIES RECEIVED FROM CONTRIBUTIONS AND FUND RAISING TO PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS DIAGNOSED WITH AMYOTROPHIC LATERAL SCLEROSIS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities *(See the instructions.)*

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts *(See the instructions.)*

(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	☐ Yes ☒ No

Note: *If "Yes" to* **(b)**, *file Form 8870* **and** *Form 4720 (see instructions)*

Part XI Information Regarding Transfers To and From Controlled Entities. *Complete only if the organization is a controlling organization as defined in section 512(b)(13).* N/A

		Yes	No
106	Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
107	Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.		

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

		Yes	No
108	Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?		

Please Sign Here

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

Signature of officer _____ Date 8/16/10

Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date 5/16/08 Check if self-employed ▶ ☐ Preparer's SSN or PTIN (See Gen. Inst. X) P00539361

Firm's name (or yours if self-employed), address, and ZIP + 4

POWELL, EBERT & SMOLIK, P.C.
515 CONGRESS, TWENTIETH FLOOR
AUSTIN, TX 78701

EIN ▶ 74-2619259

Phone no ▶ (512)320-8000

Form **990** (2007)

723164/12-27-07

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: BUSBY FOUNDATION

Employer identification number: 20 2486640

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than $50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over $50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶	0	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None " See page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over $50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

			Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ $ _____ $ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?	2d		X
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year ▶			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)

6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)

7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)

8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)

9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state** ▶ _____

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)

11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)

12 ☐ 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents? Yes	(d) No	(e) Amount of support
Total ▶					

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants See line 28.)	159,759.	182,223.			341,982.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc , purpose	8,420.	20,249.			28,669.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,627.	2,674.			14,301.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	179,806.	205,146.	0.	0.	384,952.
24 Line 23 minus line 17	171,386.	184,897.			356,283.
25 Enter 1% of line 23	1,798.	2,051.			

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24	▶ 26a	7,126.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts	▶ 26b	56,870.
c Total support for section 509(a)(1) test. Enter line 24, column (e)	▶ 26c	356,283.
d Add Amounts from column (e) for lines 18 14,301. 19 ____ 22 ____ 26b 56,870.	▶ 26d	71,171.
e Public support (line 26c minus line 26d total)	▶ 26e	285,112.
f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))**	▶ 26f	80.0240%

27 **Organizations described on line 12:** a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." **Do not file this list with your return.** Enter the sum of such amounts for each year N/A
(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year N/A
(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 ____ 16 ____ 17 ____ 20 ____ 21 ____	▶ 27c	N/A
d Add Line 27a total ____ and line 27b total ____	▶ 27d	N/A
e Public support (line 27c total minus line 27d total)	▶ 27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶ 27f N/A		
g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))**	▶ 27g	N/A %
h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))**	▶ 27h	N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15
NONE

Part V **Private School Questionnaire** (See page 9 of the instructions.) N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If "Yes," please describe; if "No," please explain (If you need more space, attach a separate statement)			
32	Does the organization maintain the following			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a ☐ if the organization belongs to an affiliated group Check ▶ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount Enter the amount from the following table -			
If the amount on line 40 is - / The lobbying nontaxable amount is -			
Not over $500,000 — 20% of the amount on line 40			
Over $500,000 but not over $1,000,000 — $100,000 plus 15% of the excess over $500,000			
Over $1,000,000 but not over $1,500,000 — $175,000 plus 10% of the excess over $1,000,000	41		
Over $1,500,000 but not over $17,000,000 — $225,000 plus 5% of the excess over $1,500,000			
Over $17,000,000 — $1,000,000			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: *If there is an amount on either line 43 or line 44, you must file Form 4720.*

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 13 of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period N/A

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities N/A

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

		Yes	No
a	Transfers from the reporting organization to a noncharitable exempt organization of		
	(i) Cash	51a(i)	X
	(ii) Other assets	a(ii)	X
b	Other transactions		
	(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)	X
	(ii) Purchases of assets from a noncharitable exempt organization	b(ii)	X
	(iii) Rental of facilities, equipment, or other assets	b(iii)	X
	(iv) Reimbursement arrangements	b(iv)	X
	(v) Loans or loan guarantees	b(v)	X
	(vi) Performance of services or membership or fundraising solicitations	b(vi)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c	X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 1

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
CRAWFISH BOIL	30,070.	18,711.	11,359.	12,647.	-1,288.
TO FM 990, PART I, LINE 9	30,070.	18,711.	11,359.	12,647.	-1,288.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

PROVIDE FINANCIAL ASSISTANCE TO INDIVIDUALS LIVING IN THE GREATER AUSTIN, TEXAS AREA WHO ARE DIAGNOSED WITH AMYOTROPHIC LATERAL SCLEROSIS.

ALS Association
South Texas Chapter

June 2007

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Alex Vargas	**08/17/1973**	ALSA ☒ Busby Rep ☒ Committee ☒

Mailing address (Street and/or P O Box, City, State, ZIP Code)	Email Address	Phone Number
6011 Carnation Terrace Austin, TX	**Am25vargas@yahoo.com**	**512-494-5303**

Assistance Requested (please provide a detailed description of what is needed)

The Vargas home has one step about 4 inches high. A ramp is needed to allow Alex to get into and out of the home.

Estimated Cost

Diagnosis (please include the date of diagnosis and brief description of current symptoms)

Alex, his wife Ramona, and their three young children live in a home they own in South Austin. Alex was diagnosed with ALS in June 2003 and has recently stopped working. He is still able to walk with some assistance and relies on furniture to support him around the house. He has fallen several times. He does not use a walker due to lack of arm strength and does not use a wheelchair due to lack of accessibility in the home. Recently, the family has begun the process of ordering an electric wheelchair, but a ramp will be needed for him to access the home. Other home modifications may also be necessary such as door or hallway widening.

Have you received a second opinion? ☐ No ☒ Yes *If yes, who gave the second opinion? **Dr. Carlayne Jackson**

B. Primary Correspondent

Name	Relationship to applicant
Alex or Ramona Vargas	Self / Wife

Address (include City, State, and ZIP Code)	
Same as above	
Home Telephone (inc area code)	**Alternate Telephone / Email address**
512-494-5303	

C. Family Members

Name	Relationship	Age
Manual	Son	13
Name	Relationship	Age
Trinidad	Son	12
Name	Relationship	Age
Zoe	Daughter	5

D. Financial Information

Income Source (Employment, SSDI, Etc)	**Monthly Amount**	**Resources Exhausted:**
Commemorative Brand – Ramona's Employer	$1,250 00	☒ Private Insurance
Social Security	$982 00	☒ Medicare
		☒ DARS
		☒ Austin Barrier Removal
Annual Total $ 26,784 00		☒ ALSA Loan Closet

Applicant / Representative Signature **Date**

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
Don Busby – Busby Foundation (Project Manager)	1.	1
	2	2

Specifications / Evaluation Complete		Item / Service Ordered		Item / Service Delivered		Project Complete		Family Contacted	
Date	Initials	Date	Initials	Date	Initials	Date	Initials	Date	Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information for review

From Don busby [mailto bjkimbo@austin rr com]
Sent Sunday, November 11, 2007 7 36 PM
The wheelchair ramp project isn't complete yet I took one over, but it would not work I am going to take the one Bo had and see if it works, just haven't been able to fit my schedule I hope to finish it this next Saturday If it doesn't work, then we may need to purchase one, which is about $350-$400

From: melina@alsasotx.org [mailto:melina@alsasotx.org]
Sent: Tuesday, November 20, 2007 10:01 AM
FYI...TX Ramp projects took care of the family we were having troubles getting in touch with. Please let the others know that the project is finished.

ALS Association Signature _____ Date _____

Busby Foundation Signature _____ Date _____

ALS Association
South Texas Chapter

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Donna Dianne Greathouse	**12/17/1943**	**ALSA ☒ Busby Rep ☒ Committee ☒**

Mailing address (Street and/or P O Box, City, State, ZIP Code)	Email Address	Phone Number
2804 Bushnell Dr. Austin, TX 78745	**Dgreathouse1@austin.rr.com**	**(512)916-4488**

Assistance Requested (please provide a detailed description of what is needed)

Ms. Greathouse currently spends the majority of her time in the master bedroom of the home she is renting. The bedroom has a small full bathroom attached, which she uses independently throughout the day. Dianne uses a walker to get to the bathroom, but the doorway is not wide enough to allow her walker to pass through. The door frame needs to be widened to allow her to bring a walker or a wheelchair into the bathroom. This is important for her safety and ability to remain independent in her home for a longer period of time.

Estimated Cost
Zero

Diagnosis (please include the date of diagnosis and brief description of current symptoms)

Ms. Greathouse was diagnosed with ALS in 1998 and has slowly progressed through the disease in the past 9 years. She has lived independently for the majority of that time with minimal assistance from her adult son, Ronnie Greathouse, who has lived with her for 3 years. In the last 6 months her needs have increased significantly. She is having more difficulty with speaking, swallowing, and ambulating. Dianne has fallen several times in the last few months and has begun receiving care-giving and home health services. Her plan of care includes emphasis on safety and independence, which will require a variety of modifications to her home including grab bar and ramp installation, door widening, and furniture relocation.

Have you received a second opinion? ☐ No ☒ Yes *If yes, who gave the second opinion? Dr Carlayne Jackson

B. Primary Correspondent

Name	Relationship to applicant
Robert Closter	Landlord

Address (include City, State, and ZIP Code)

Home Telephone (inc area code)	Alternate Telephone / Email address
512-282-6119	512-784-1667

C. Family Members

Name / location	Relationship	Age
Randy Greathouse - Houston	Son	40+
Ronnie Greathouse – In home	Son	43

Name	Relationship	Age

D. Financial Information

Income Source (Employment, SSDI, Etc)	**Monthly Amount**	**Resources Exhausted:**
State Retirement	$1288 00	☒ Private Insurance
Social Security	$2188 00	☒ Medicare
		☐ DARS
		☒ Austin Barrier Removal
Annual Total $ 41,712 00		☒ ALSA Loan Closet

Applicant / Representative Signature **Date**

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
ABC Home Improvement Don Busby – Busby Foundation (Project Manager)	1	1
	2	2

Specifications / Evaluation Complete	Item / Service Ordered	Item / Service Delivered	Project Complete	Family Contacted
Date Initials	Date Initials	Date Initials	Date Initials	Date Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information for review

Dianne's landlord has been contacted and has approved the modification.

From: Don busby [mailto:bjkimbo@austin.rr.com]
Sent: Sunday, November 11, 2007 7:36 PM
The project for Mrs Greathouse was completed I was able to obtain the services of ABC Home Improvement to do the work I understood they would donate the time and we would pay for the materials, however, the last I heard they may donate everything I haven't received a bill yet

ALS Association Signature _____ **Date** _____

Busby Foundation Signature _____ **Date** _____

ALS Association
South Texas Chapter

June 2007

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Gary Johnson	**Unknown**	ALSA ☒ Busby Rep ☐ Committee ☐

Mailing address	Email Address	Phone Number
114 Willow Terrace, Kyle TX 78640		**512-295-3044**

Assistance Requested (please provide a detailed description of what is needed)

Gary Johnson lost his wife Selinda Kay to ALS on November 29th. He is grief and guilt stricken and has missed over a week of work. Gary and his family could use some financial assistance to make it through the holidays.

Estimated Cost	Maximum Amount Approved
$200.00	

Diagnosis (please include the date of diagnosis and brief description of current symptoms)

Kay was diagnosed with bulbar onset ALS in 2005 at the age of 44. She died on November 29th due to respiratory failure. The household now consists of Gary, daughter Katy (21), son in law, and granddaughter Selinda Faye. They live in a small trailer in the Kyle area.

B. Primary Correspondent

Name	Relationship to applicant
Gary Johnson	Self
Address	
114 Willow Terrace, Kyle TX	
Home Telephone (inc area code)	**Alternate Telephone / Email address**
512-699-1939	512-295-3044

C. Family Members

Name / Location	Relationship
Katy Mendez (and family) / Home	Daughter
Name / Location	Relationship
Amy Valentine / San Marcos	Daughter
Name / Location	Relationship
Teddy Johnson / Austin	Son

D. Financial Information

Income Source: (Employment, SSDI, Etc)	Amount Received per Month:	Resources Exhausted:
Clark Travel	$1600 - $1800	☒ Private Insurance
		☒ Medicare
		☐ DARS
		☒ Austin Barrier Removal
Total: $ 1800 00 / month - $21,600 00 / year		☒ ALSA Loan Closet

(Liability waiver)

Applicant / Representative Signature _____ Date _____

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
	1	1
	2	2

Specifications / Evaluation Complete	Item / Service Ordered	Item / Service Delivered	Project Complete	Family Contacted
Date Initials	Date Initials	Date Initials	Date Initials	Date Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information and/or photos

Melina Monson — **12/4/07**

ALS Association Signature — Date

Busby Foundation Signature — Date

ALS Association
South Texas Chapter

June 2007

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Rod Turner	**01/21/64**	ALSA ☒ Busby Rep ☐ Committee ☐

Mailing address	Email Address	Phone Number
405 Trumpet Vine Trl Cedar Park, TX 78613	rockncj@sbcglobal net	**512-250-8854**

Assistance Requested (please provide a detailed description of what is needed)

Cough assist machine.

Estimated Cost	Maximum Amount Approved
$3000.00	

Diagnosis (please include the date of diagnosis and brief description of current symptoms)

April 2005

Bilateral paralysis in upper and lower extremities. Also suffer from Dysphagia and Dysarthria.

ALSA - (Rod is wheelchair bound and has been receiving hospice services since October 2006. He has problems speaking and swallowing and is very difficult to understand. He has difficulty clearing mucous from his lungs and throat, which creates unnecessary discomfort. A cough assist machine is needed to help him clear this mucous, but the hospice agency he is using is not willing to pay for the machine because they do not consider it "palliative care," or comfort care. The ALS Association currently owns approximately 14 of these machines, which are all currently on loan. Rod's neurologist prescribed one for him in August of 2007, when he was placed on the "wait list." It is difficult to say how long he may have to wait before a machine becomes available.)

B. Primary Correspondent

Name	Relationship to applicant
Rod Turner	Self

Address
405 Trumpet Vine, Cedar Park, TX 78613

Home Telephone (inc area code)	Alternate Telephone / Email address
512-250-8854	rocknc j@sbcglobal net

C. Family Members

Name / Location	Relationship
Maria Turner / home	Wife
Name / Location	Relationship
Name / Location	Relationship

D. Financial Information

Income Source: (Employment, SSDI, Etc)	Amount Received per Month:	Resources Exhausted:
SSDI	1600	☒ Private Insurance
SSDI (wife)	1100	☒ Medicare
LTD	466	☐ DARS
		☐ Austin Barrier Removal
Total $ 3166 00 / Month - $37,992 00 / Year		☒ ALSA Loan Closet

(Liability waiver)

Applicant / Representative Signature _____ Date _____

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
	1	1
	2	2

Specifications / Evaluation Complete	Item / Service Ordered	Item / Service Delivered	Project Complete	Family Contacted
Date Initials	Date Initials	Date Initials	Date Initials	Date Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information and/or photos

Melina Monson — **12/4/07**

ALS Association Signature — **Date**

Busby Foundation Signature — **Date**

ALS Association
South Texas Chapter

June 2007

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Sandra Brown	**02/01/1974**	ALSA ☒ Busby Rep ☐ Committee ☐

Mailing address	Email Address	Phone Number
3002 Flower Hill, Round Rock - Mailing: Po Box 80562 Austin, TX 78708	**l4hbrown@yahoo.com**	**512-803-6633**

Assistance Requested (please provide a detailed description of what is needed)

Sandra Brown (ALS Patient) currently lives with her sister Crystal and Crystal's 4 children She has no income at this time and was initially denied for Social Security assistance and Medicaid/Medicare She has submitted an appeal and is waiting for approval **Once approved for Medicaid, Sandra will receive caregiving services through the Department of Aging and Disability Services. In the meantime, the family cannot afford to pay for a caregiver to come into the home. Sandra is home alone during the day while Crystal is at work, 6 days per week, approximately 10am-5pm. Crystal reports that the greatest need for them right now is to have someone there for at least a few hours while she is gone. Caregiving agencies range in price from $15 - $25 per hour. The ALS Association has worked with Home Instead Senior Care and negotiated a fixed rate of $15 per hour**
5 hours per day x 6 days per week x $15 per hour = $450 per week. Care will likely be needed for 3-4 weeks

Estimated Cost	Maximum Amount Approved
$500 - $1800	

Diagnosis (please include the date of diagnosis and brief description of current symptoms)

Sandra Brown is a 33 year old single female who was diagnosed with ALS in July 2007 To date she has lost the ability to move and care for herself and must have assistance with all activities of daily living Thus far, she has maintained the ability to eat by mouth and speak clearly. During the month of November she reluctantly moved in with her sister who agreed to help care for her She has registered with DADS to receive care and is on the wait list for public housing, but it is unlikely that she will be able to live independently again Sandra may be suffering from FTD – a mild cognitive impairment sometimes associated with ALS – which only exacerbates her situation

B. Primary Correspondent

Name	Relationship to applicant
Crystal Brown	**Sister of Patient**
Address	
Po Box 80562 Austin, TX 78708	
Home Telephone (inc area code)	Alternate Telephone / Email address
512 -803-6633	**l4hbrown@yahoo.com**

C. Family Members

Name / Location	Relationship
Braylan & Breshae – 17 months (twins)	**Niece / Nephew**
Name / Location	Relationship
Alexis – 11 Years	**Niece**
Name / Location	Relationship
Aubrey – 12 Years	**Niece**

D. Financial Information

Income Source: (Employment, SSDI, Etc)	**Amount Received per Month:**	**Resources Exhausted:**
Crystal's Paycheck (USPS)	$1700 00	☒ **Private Insurance**
		☒ **Medicare**
		☒ **DARS**
		☒ **Austin Barrier Removal**
Total $ 1,700 00 / Month - $20,400 / year		☒ **ALSA Loan Closet**

(Liability waiver)

_____ _____

Applicant / Representative Signature **Date**

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
	1	1
	2	2

Specifications / Evaluation Complete	Item / Service Ordered	Item / Service Delivered	Project Complete	Family Contacted
Date Initials	Date Initials	Date Initials	Date Initials	Date Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information and/or photos

Melina Monson — **12/16/07**

ALS Association Signature — Date

Busby Foundation Signature — Date

ALS Association
South Texas Chapter

June 2007

Assistance Application

A. Applicant Information

Name	Date of Birth	Approval?
Alex Vargas	**08/17/1973**	ALSA ☒ Busby Rep ☐ Committee ☐

Mailing address (Street and/or P O Box, City, State, ZIP Code)	Email Address	Phone Number
6011 Carnation Terrace Austin, TX	**Am25vargas@yahoo.com**	**512-494-5303**

Assistance Requested (please provide a detailed description of what is needed)

The Vargas home has one step about 4 inches high. A ramp is needed to allow Alex to get into and out of the home. TX Ramp projects recently built a small ramp that the family feels is too steep. A longer ramp that extends into the yard and is joined with the driveway would be safer for Alex and the family.

The family is also very low income and could use financial help during the holidays to be able to provide gifts for their three young children. A Walmart gift card would be a great help to them.

Estimated Cost

Gift Card - $200-$500? Ramp - $500?

Diagnosis (please include the date of diagnosis and brief description of current symptoms).

Alex, his wife Ramona, and their three young children live in a home they own in South Austin. Alex was diagnosed with ALS in June 2003 and has stopped working. He is still able to walk with some assistance and relies on furniture to support him around the house. He has fallen several times. Recently, the family has begun the process of ordering an electric wheelchair, but a ramp will be needed for him to access the home. Other home modifications may also be necessary such as door or hallway widening.

Have you received a second opinion? ☐ No ☒ Yes *If yes, who gave the second opinion? **Dr. Carlayne Jackson**

B. Primary Correspondent

Name	Relationship to applicant
Alex or Ramona Vargas	Self / Wife

Address (include City, State, and ZIP Code)	
Same as above	

Home Telephone (inc area code)	Alternate Telephone / Email address
512-494-5303	

C. Family Members

Name	Relationship	Age
Manual	Son	13
Trinidad	Son	12
Zoe	Daughter	5

D. Financial Information

Income Source (Employment, SSDI, Etc)	Monthly Amount	Resources Exhausted.
Commemorative Brand – Ramona's Employer	$1,250 00	☒ Private Insurance
Social Security	$982 00	☒ Medicare
		☒ DARS
		☒ Austin Barrier Removal
Annual Total $2232 00 / Month - $26,784 00 / Year		☒ ALSA Loan Closet

Applicant / Representative Signature _____ Date _____

E. Project Information

Contractor / Agency / Individual Providing Service	Contact Name	Phone/Email
	1	1
	2	2

Specifications / Evaluation Complete	Item / Service Ordered	Item / Service Delivered	Project Complete	Family Contacted
Date Initials	Date Initials	Date Initials	Date Initials	Date Initials

* Please attach any relevant bids, specifications, invoices, evaluations, etc

D. Other Information

Please provide any other relevant information for review

ALS Association Signature _____ Date _____

Busby Foundation Signature _____ Date _____

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II **Additional (Not Automatic) 3-Month Extension of Time.** You **must** file original and one copy.

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	BUSBY FOUNDATION		20-2486640
	Number, street, and room or suite no. If a P.O. box, see instructions. 3600 N CAP OF TX HWY, BLDG B, SUITE 250		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, TX 78746		

Check type of return to be filed (File a separate application for each return):

[X] Form 990 [ ] Form 990-EZ [ ] Form 990-T (sec. 401(a) or 408(a) trust) [ ] Form 1041-A [ ] Form 5227 [ ] Form 8870
[ ] Form 990-BL [ ] Form 990-PF [ ] Form 990-T (trust other than above) [ ] Form 4720 [ ] Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ MARY JANE OROSCO
  Telephone No. ▶ 512-835-4455 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2008.

5 For calendar year 2007, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension
TAXPAYER REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE AND COMPLETE AN ACCURATE TAX RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	$	
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	$	
c	**Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	$	N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶

Form **8868** (Rev 4-2008)

723832
04-16-08