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SCANNED OCT 04 2010

POSTMARK DATE SEP 2 2010

**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

**A** For the 2009 calendar year, or tax year beginning 02/01/09 and ending 01/31/10

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type See Specific Instructions</b>	<b>C</b> Name of organization <u>The ALS Association</u> <u>Florida Chapter, Inc.</u>	<b>D</b> Employer identification number <u>94-3124732</u>
		Doing Business As	
		Number and street (or P O box if mail is not delivered to street address) Room/suite <u>3242 Parkside Center Circle</u>	
		City or town, state or country, and ZIP + 4 <u>Tampa FL 33619</u>	
		<b>F</b> Name and address of principal officer <u>Dara Alexander, President</u> <u>3242 Parkside Center Circle</u> <u>Tampa FL 33619</u>	<b>E</b> Telephone number <u>813-637-9000</u>
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( <u>3</u> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>G</b> Gross receipts \$ <u>1,579,638</u>		
<b>J</b> Website ▶ <u>www.alsa.org</u>	<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>K</b> Type of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶	<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>L</b> Year of formation <u>1987</u>	<b>H(c)</b> Group exemption number ▶ <u>4119</u>		
<b>M</b> State of legal domicile <u>FL</u>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities <u>The Organization's mission is to empower people with Lou Gehrig's disease (ALS) to live fuller lives by providing them with care and support, to lead the fight to cure and treat ALS through global cutting-edge research.</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>14</u>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>4</u>	<u>13</u>
	<b>5</b> Total number of employees (Part V, line 2a)	<u>5</u>	<u>23</u>
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>200</u>
<b>Revenue</b>	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>-7,609</u>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>-4,869</u>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<u>1,134,526</u>	<u>1,362,485</u>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>25,564</u>	<u>11,840</u>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>226,955</u>	<u>109,519</u>
<b>Expenses</b>	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,387,045</u>	<u>1,483,844</u>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u>84,129</u>	<u>72,548</u>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<u>706,847</u>	<u>846,756</u>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>186,823</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<u>963,602</u>	<u>739,475</u>
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u>1,754,578</u>	<u>1,658,779</u>
	<b>19</b> Revenue less expenses Subtract line 18 from line 12	<u>-367,533</u>	<u>-174,935</u>
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>
<b>21</b> Total liabilities (Part X, line 26)		<u>1,503,358</u>	<u>1,279,067</u>
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		<u>565,951</u>	<u>516,595</u>
		<u>937,407</u>	<u>762,472</u>

**Part III Signature Block**

<b>Sign Here</b>	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 <u>Nancy L. Bailey</u> Type or print name and title		Date <u>9/21/10</u> <u>President</u>	
<b>Paid Preparer's Use Only</b>	Preparer's signature Robert M. Weldon, CPA	Date <u>9/21/10</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions) <u>263-79-1965</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Lowery, Weldon &amp; Company, CPAs</u> <u>101 Main St Ste B</u> <u>Safety Harbor, FL 34695-3656</u>	EIN <u>59-3259266</u>	Phone <u>727-796-2002</u>	

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**Part III** Statement of Program Service Accomplishments**1** Briefly describe the organization's mission:

The Organization's mission is to empower people with Lou Gehrig's disease (ALS) to live fuller lives by providing them with care and support, to lead the fight to cure and treat ALS through global cutting-edge research.

**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 exempt purpose achievements for each of the organization's three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 1,238,895 including grants of \$ 72,548 ) (Revenue \$ )  
Assistance to patients through respite care and equipment loans

**4b** (Code ) (Expenses \$ 61,081 including grants of \$ ) (Revenue \$ )  
Fund research for the ALS disease

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O )

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ► 1,299,976

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII</li> <li>Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X</li> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X</li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
<b>28a</b> A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		X

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	X	
<b>4a</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)?		X
<b>b</b>	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year.		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12.		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders.		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body	14	
<b>1b</b> Enter the number of voting members that are independent	13	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		X
<b>11a</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► None

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☐ Own website ☒ Another's website ☒ Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► Nancy Bailly 3242 Parkside Center Circle Tampa FL 33619 813-637-9000

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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			
James B Murphy Jr Secretary								0	0	0
Hiram Green Trustee								0	0	0
Leland Talcott Trustee								0	0	0
Cynthia Holloway Trustee								0	0	0
Tom McLean Trustee								0	0	0
Jack Ratcliffe Trustee								0	0	0
Martin E. Koscsó Chairman								0	0	0
Jim Moroney Trustee								0	0	0
Warren Nelson Treasurer								0	0	0
David L Smith Past Chair								0	0	0
Sandy Torres Trustee								0	0	0
Dick Nimphie Trustee								0	0	0
Dewayne Standifer Trustee								0	0	0



## Pàrt VII

1b Total

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

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**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,362,485			
	<b>g</b> Noncash contributions included in lines 1a-1f		\$ 69,279			
<b>h</b> Total. Add lines 1a-1f			1,362,485			
<b>Program Service Revenue</b>	<b>2a</b>	Busn. Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			12,024		12,024
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross Rents	(i) Real 32,084 (ii) Personal				
	<b>b</b> Less rental exps	39,693				
	<b>c</b> Rental inc or (loss)	-7,609				
	<b>d</b> Net rental income or (loss)		-7,609		-7,609	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 1,500				
	<b>b</b> Less cost or other basis & sales exps	1,684				
	<b>c</b> Gain or (loss)	-184				
	<b>d</b> Net gain or (loss)		-184	-184		
	<b>8a</b> Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a 171,545				
	<b>b</b> Less direct expenses	b 54,417				
	<b>c</b> Net income or (loss) from fundraising events		117,128	117,128		
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	a				
	<b>b</b> Less direct expenses	b				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	a					
<b>b</b> Less cost of goods sold	b					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn. Code</b>				
<b>11a</b>						
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d						
<b>12</b> Total Revenue. See instructions			1,483,844	116,944	-7,609	12,024

**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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	72,548	72,548		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	716,029	539,786	96,767	79,476
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	130,727	97,944	18,362	14,421
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	10,000	5,000	5,000	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	1,713	857	856	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	44,650	22,326	11,162	11,162
15 Royalties				
16 Occupancy	19,035	16,360	772	1,903
17 Travel	38,851	38,422		429
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,921	1,657	120	144
20 Interest	15,055	7,528	3,764	3,763
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	90,519	82,457	4,031	4,031
23 Insurance	4,683	2,342	1,171	1,170
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
a Revenue Share to ALS Natl	196,002	146,022	18,424	31,556
b Walk to Defeat ALS Exp.	116,404	88,634		27,770
c Research	61,081	61,081		
d Advocacy	47,444	47,444		
e Bank and Credit Card Char	16,976	8,488	4,244	4,244
f All other expenses	75,141	61,080	7,307	6,754
25 Total functional expenses. Add lines 1 through 24f	1,658,779	1,299,976	171,980	186,823
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	110,773	1	26,460
	2 Savings and temporary cash investments	276,183	2	280,059
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	72,500	4	62,125
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	31,000	8	
	9 Prepaid expenses and deferred charges	6,130	9	6,001
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,037,906		
	b Less: accumulated depreciation	10b 232,269	820,832	10c 805,637
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	1,045
	15 Other assets. See Part IV, line 11	185,940	15	97,740
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,503,358	16	1,279,067	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	70,475	17	46,866
	18 Grants payable		18	7,111
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	431,333	23	420,023
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	64,143	25	42,595
	26 <b>Total liabilities.</b> Add lines 17 through 25	565,951	26	516,595
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	647,623	27	546,979
	28 Temporarily restricted net assets	289,784	28	215,493
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 <b>Total net assets or fund balances</b>	937,407	33	762,472
	34 <b>Total liabilities and net assets/fund balances</b>	1,503,358	34	1,279,067

**Part XI** Financial Statements and Reporting1 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?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **The ALS Association  
Florida Chapter, Inc.**

Employer identification number  
**94-3124732**

**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 11, 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 )
- 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 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 )
- 10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h
- a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> 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 <b>stop here</b> ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3 % support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> <b>33 1/3 % support test—2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,190,894	898,151	770,561	1,134,527	1,362,485	5,356,618
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	646,143	357,026	346,611	320,703	171,545	1,842,028
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b> <b>Total.</b> Add lines 1 through 5	1,837,037	1,255,177	1,117,172	1,455,230	1,534,030	7,198,646
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8</b> <b>Public support</b> (Subtract line 7c from line 6.)						7,198,646

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6	1,837,037	1,255,177	1,117,172	1,455,230	1,534,030	7,198,646
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,424	42,539	80,843	67,180	12,024	222,010
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	19,424	42,539	80,843	67,180	12,024	222,010
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			122	1,140		1,262
<b>13</b> <b>Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,856,461	1,297,716	1,198,137	1,523,550	1,546,054	7,421,918
<b>14</b> <b>First five years.</b> 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 <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	96.99%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	95.54%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	3%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	3%

- 19a** **33 1/3 % support tests—2009.** 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—2008.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions

## Part III, Line 12 - Other Income Detail

Miscellaneous	\$	1,262
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**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

The ALS Association  
Florida Chapter, Inc.

Employer identification number

94-3124732

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_ \_ \_ \_ \_

7 Amount of expenses incurred in monitoring, inspecting, 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)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
(ii) Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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 SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _ _ _ _ _
b Assets included in Form 990, Part X	▶ \$ _ _ _ _ _

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition

d ☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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" to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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 year end balance held as

a Board designated or quasi-endowment ▶ \_\_\_\_\_ %

b Permanent endowment ▶ \_\_\_\_\_ %

c Term endowment ▶ \_\_\_\_\_ %

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000		225,000
b Buildings		477,698	43,407	434,291
c Leasehold improvements				
d Equipment		335,208	188,862	146,346
e Other				
Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				805,637



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,483,844
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,658,779
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-174,935
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-174,935

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	1,577,954
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,577,954
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-94,110
c	Add lines 4a and 4b	4c	-94,110
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,483,844

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	1,752,889
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,752,889
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	-94,110
c	Add lines 4a and 4b	4c	-94,110
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,658,779

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XI, Line 8 - Reconciliation of Changes - Other

Direct expenses on line 8b are included as expenses on \$ 0

audited financial statements \$ 54,417

Rental expenses on line 6b are included as expenses on \$ 0

audited financial statements \$ 39,693

Event expenses included in expenses on audited financial \$ 0

statements rather than reduction of income-see line 8b \$ -54,417

**Part XIV** Supplemental Information (continued)

Rental expenses included in expenses on audited financial \$ 0  
statements rather than reduction of income-see line 6b \$ -39,693

Part XII, Line 4b - Revenue Amounts Included on Return - Other

Direct expenses on line 8b are included as expenses on \$ 0  
audited financial statements \$ -54,417

Rental expenses on line 6b are included as expenses on \$ 0  
audited financial statements \$ -39,693

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Event expenses included in expenses on audited financial \$ 0  
statements rather than reduction of income-see line 8b \$ -54,417

Rental expenses included in expenses on audited financial \$ 0  
statements rather than reduction of income-see line 6b \$ -39,693

Department of the Treasury  
Internal Revenue Service

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

OMB No 1545-0047

2009

**Open To Public Inspection**

Employer identification number  
94-3124732

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

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

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
<b>Total</b>						

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>Various Events</u> (event type)	(b) Event #2 _____ (event type)	(c) Other events <u>None</u> (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	171,545			171,545
	2 Less Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	171,545			171,545
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	54,417			54,417
	10 Direct expense summary Add lines 4 through 9 in column (d)				54,417
11 Net income summary Combine line 3, column (d), and line 10				117,128	

**Part III Gaming.** Complete if the organization answered "Yes" to 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 Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		



**13** Indicate the percentage of gaming activity operated in

- a** The organization's facility
- b** An outside facility

			Yes	No
<b>13a</b>		%		
<b>13b</b>		%		

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

Name ►

Address ►

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- 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?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

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

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

► Attach to Form 990.

# 2009

## Open to Public Inspection

Employer identification number

94-3124732

## 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?**

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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. **▲**

[illegible]

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Part IV and Schedule I-1 (Form 990) 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
Medical Equipment		14,475			
Respite Care		58,073			
<b>Part IV: Supplemental Information.</b> Complete this part to provide the information required in Part I, line 2, and any other additional information.					

**SCHEDULE M**  
**(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2009**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

► Complete if the organizations answered "Yes" on Form  
990, Part IV, lines 29 or 30.  
► Attach to Form 990

Name of the organization **The ALS Association  
Florida Chapter, Inc.**

Employer identification number  
**94-3124732**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	7,529	Provided by lessor
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ( Medical Equip. )	X	84	52,000	Secondary markets
26 Other ► ( Advertising )	X	2	9,750	Stated by provider
27 Other ► ( )				
28 Other ► ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X

---

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

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**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization **The ALS Association  
Florida Chapter, Inc.**

Employer identification number  
**94-3124732**

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

No review was or will be conducted.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

At least annually, the Board discusses the conflict of interest policy at a regularly scheduled meeting, and each member of the Board signs a statement confirming that there are no undisclosed conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

An independent HR consultant performs a comparability study and makes a recommendation to the Board for the Executive Director's compensation package; the Board of Directors hold a meeting to review the recommendation and approve the final compensation package.

Form 990, Part VI, Line 15b - Compensation Process for Officers

An independent HR consultant performs a comparability study and makes a recommendation to the Board of Directors for key employee compensation packages; the Board of Directors hold a meeting and approve the final package

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

No documents available to the public

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2009**

For calendar year 2009, or tax year beginning 02/01/09, and ending 01/31/10

Name

The ALS Association  
Florida Chapter, Inc.

Employer Identification Number

94-3124732

## Form 990, Part X, Line 23 - Additional Information

Name of lender	Relationship to disqualified person
(1) Mortgage Payable	none
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 460,000	06/26/06	06/26/26	Monthly payments of 3,666	7.250
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1) Real estate	Purchase real estate
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	431,333	420,023
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	431,333	420,023

Year Ended: January 31, 2010

94-3124732

The ALS Association  
Florida Chapter, Inc.  
3242 Parkside Center Circle  
Tampa, FL 33619

**Electing out of the 50% Bonus Depreciation Allowance for  
All Eligible Depreciable Property**

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service during the tax year.



# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
<b>Other Depreciation:</b>											
15	Presentation Projector	1/10/03	700				700	7	MO S/L	608	92
17	Gray Workstation - Patient Service	3/17/03	3,693				3,693	7	MO S/L	3,077	528
18	Slider Equipment	1/06/03	1,690				1,690	7	MO S/L	1,469	221
	Sold/Scrapped 1/31/10										
19	Equipment	7/30/03	636				636	7	MO S/L	500	91
20	Medical Equipment	9/11/03	1,695				1,695	7	MO S/L	1,312	242
	Sold/Scrapped 1/31/10										
21	Telephone System	2/27/03	4,703				4,703	7	MO S/L	3,975	672
22	Lift Chair	1/07/05	325				325	7	MO S/L	190	46
	Sold/Scrapped 1/31/10										
23	Lift Chair	1/07/05	325				325	7	MO S/L	190	46
	Sold/Scrapped 1/31/10										
24	Lift Chair	1/07/05	325				325	7	MO S/L	190	46
	Sold/Scrapped 1/31/10										
25	Lift Chair	1/05/05	325				325	7	MO S/L	190	46
	Sold/Scrapped 1/31/10										
28	Dell Dimoension 3000 Comp-Pattu	12/17/04	651				651	5	MO S/L	531	120
34	Ft Myers Office Furniture	11/12/05	864				864	7	MO S/L	401	124
35	Building	6/26/06	437,147				437,147	39	MO S/L	28,956	11,209
36	Land	6/26/05	225,000				225,000	0	-- Land	0	0
37	Equipment-Alarm EMG	5/24/06	412				412	7	MO S/L	157	59
38	Cable Wiring for Network/Innovative Netw	6/23/06	2,300				2,300	7	MO S/L	849	328
39	Equipment	7/10/06	1,063				1,063	7	MO S/L	392	152
40	Gray reception desk	7/10/06	932				932	7	MO S/L	344	133
41	Equipment	8/11/06	1,149				1,149	7	MO S/L	410	164
42	Telephone system equipment	6/12/06	14,390				14,390	7	MO S/L	5,482	2,056
43	Telephone system equipment	6/30/06	990				990	7	MO S/L	365	142
44	Telephone equipment	7/10/06	1,925				1,925	7	MO S/L	710	275
45	Network equip TOE switch from PCM	7/31/06	917				917	7	MO S/L	328	131
46	Furn Bush desk units (Robin & Nancy)	8/07/06	2,190				2,190	7	MO S/L	782	313
48	Laser printer & 3 Acer monitors	8/15/06	1,081				1,081	7	MO S/L	386	155
49	Acer computer, memory (Katie's)	8/15/06	796				796	7	MO S/L	284	114
50	3 computers (1 Tampa, 2 Palm Beach)	10/11/06	1,650				1,650	7	MO S/L	550	236
51	Lift Chair	2/13/06	1,475				1,475	7	MO S/L	632	211
52	Lift Chair	5/03/06	440				440	7	MO S/L	173	63
53	Lift Chair	5/16/06	4,952				4,952	7	MO S/L	1,886	708
54	Lift Chair	5/25/06	256				256	7	MO S/L	97	37
55	Lift Chair	10/16/06	1,925				1,925	7	MO S/L	619	275
56	Hydraulic Sara Lift	11/11/06	4,277				4,277	7	MO S/L	1,375	611
58	2 4-dwr lateral file cab, 6 mobile conf table	7/16/06	2,930				2,930	7	MO S/L	1,046	419
59	Blinds - ALS office	8/04/06	427				427	7	MO S/L	152	61
60	Wheel Chairs	2/01/06	105,000				105,000	3	MO S/L	105,000	0
	Sold/Scrapped 1/31/10										
61	Chair	4/10/07	500				500	7	MO S/L	131	71
62	3 Acer computers (vol patient serv, Robin)	4/03/07	1,350				1,350	5	MO S/L	495	270
63	IT Eqp/Trufax	5/10/07	469				469	5	MO S/L	164	94
64	IT Eqp/Adtran NetVanta 3200 - Router	8/31/07	1,287				1,287	5	MO S/L	365	257
65	2 Office chairs/Palm Beach office	9/14/07	320				320	7	MO S/L	65	45
66	Canon Multifunction MF5770 laser printer/	8/15/07	256				256	5	MO S/L	77	51
67	HP Office Jet Pro L7780 color printer	9/12/07	520				520	5	MO S/L	147	104
68	Shore Gear 40/8	11/20/07	1,496				1,496	5	MO S/L	349	299
69	Upgrade to Enterprise Ed (Shore Gear?)	11/20/07	3,746				3,746	5	MO S/L	874	749
70	Adtran total Access 604 router	11/20/07	779				779	5	MO S/L	182	155
71	Blinds for tenant buildout	4/11/07	444				444	7	MO S/L	116	64
72	Buildout for tenant	4/30/07	39,500				39,500	39	MO S/L	1,772	1,013
73	Gray WS for Walk Coord -2 Desks, Return,	10/15/07	1,379				1,379	7	MO S/L	263	197
74	4 Hoyer Lifts	7/31/07	1,600				1,600	3	MO S/L	800	533
75	27 Power Wheelchairs	7/31/07	135,000				135,000	3	MO S/L	67,500	45,000
76	DME Equipment	4/17/07	420				420	7	MO S/L	105	60
78	ALS power w/chair repl	1/31/08	880				880	7	MO S/L	126	125
82	Door signage/logos-ALS & tenant	8/28/07	185				185	7	MO S/L	37	27
83	Acer monitor (Katie)	11/11/07	206				206	7	MO S/L	37	29
84	Compact refrig, over-counter microwave	7/10/06	268				268	7	MO S/L	99	38
85	Blackberry (Verizon)	7/10/06	285				285	7	MO S/L	105	41
86	Telephone equipment	10/11/06	536				536	7	MO S/L	179	76
87	ChatterVox Complete	2/29/08	257				257	7	MO S/L	34	36
88	6 Wheelchair Components	6/13/08	3,540				3,540	7	MO S/L	337	506
89	Invacare Reliant 450 Elec Hoyer Lift	9/26/08	1,800				1,800	7	MO S/L	86	257
90	2 MK 60 amp gel batteries	11/11/08	500				500	7	MO S/L	18	71
91	MK Batteries-(4)75 amp,(2) 55 amp, (2) 35	1/16/09	1,744				1,744	7	MO S/L	0	249

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
92	Dell 1110 Laser Printer	3/10/08	106			106	5 MO S/L	19	22
93	Linksys Wireless Access Point	3/04/08	170			170	5 MO S/L	31	34
94	Dell vostro 200	3/11/08	565			565	5 MO S/L	104	113
95	Dell Lat D630	4/22/08	1,794			1,794	5 MO S/L	269	359
96	Dell Lat D630	6/27/08	1,855			1,855	5 MO S/L	216	371
97	Dell Lat D630	9/22/08	1,817			1,817	5 MO S/L	121	364
98	Seagate 500GB Freeagent Dsk Top 3 5	10/09/08	423			423	5 MO S/L	28	85
99	Trailer	1/28/09	2,300			2,300	5 MO S/L	0	460
100	15 Manual Wheelchairs	7/01/08	3,000			3,000	3 MO S/L	583	1,000
101	8 Hospital Beds	7/01/08	4,800			4,800	3 MO S/L	933	1,600
102	9 Hoyer Lifts	7/01/08	3,600			3,600	3 MO S/L	700	1,200
103	13 Lift Chairs	7/01/08	2,600			2,600	3 MO S/L	506	866
104	8 Ramps	7/01/08	800			800	3 MO S/L	156	266
105	11 Power Wheelchairs	7/01/08	11,000			11,000	3 MO S/L	2,139	3,667
106	2 High-Back Chairs	3/04/08	100			100	7 MO S/L	13	14
107	Trailer	11/18/08	1,250			1,250	5 MO S/L	42	21
Sold/Scrapped 2/19/09									
109	Fujitsu ScanSnap 5510	3/10/09	460			460	5 MO S/L	0	84
110	39 Power Wheelchairs	7/01/09	39,000			39,000	3 MO S/L	0	7,583
111	15 Manual Wheelchairs	7/01/09	3,000			3,000	3 MO S/L	0	583
112	9 Hospital Beds	7/01/09	5,400			5,400	3 MO S/L	0	1,050
113	6 Hoyer Lifts	7/01/09	2,400			2,400	3 MO S/L	0	467
114	7 Lift Chairs	7/01/09	1,400			1,400	3 MO S/L	0	272
115	8 Ramps	7/01/09	800			800	3 MO S/L	0	156
116	31 Wheelchairs	7/01/09	31,000			31,000	3 MO S/L	0	6,028
<b>Total Other Depreciation</b>			<u>1,148,463</u>			<u>1,148,463</u>		<u>243,931</u>	<u>97,208</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,148,463</u>			<u>1,148,463</u>		<u>243,931</u>	<u>97,208</u>
<b>Amortization:</b>									
108	Loan Costs	7/02/09	1,082			1,082	17 MO Amort	0	37
33	Adobe Software	5/10/05	380			380	3 MO Amort	380	0
			<u>1,462</u>			<u>1,462</u>		<u>380</u>	<u>37</u>
<b>Grand Totals</b>			1,149,925			1,149,925		244,311	97,245
<b>Less: Dispositions and Transfers</b>			110,935			110,935		108,583	668
<b>Less: Start-up/Org Expense</b>			0			0		0	0
<b>Net Grand Totals</b>			<u>1,038,990</u>			<u>1,038,990</u>		<u>135,728</u>	<u>96,577</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
109	Fujitsu ScanSnap 5510	3/10/09	460				460	5 HY 200DB	0	84
			460				460		0	84
<b>Prior MACRS:</b>										
87	ChatterVox Complete	2/29/08	257		X		129	7 HY 200DB	147	31
			257				129		147	31
<b>Other Depreciation:</b>										
15	Presentation Projector	1/10/03	700				700	7 MO S/L	608	92
17	Gray Workstation - Patient Service	3/17/03	3,693				3,693	7 MO S/L	3,077	528
18	Slider Equipment	1/06/03	1,690				1,690	7 MO S/L	1,469	221
	Sold/Scrapped	1/31/10								
19	Equipment	7/30/03	636				636	7 MO S/L	500	91
20	Medical Equipment	9/11/03	1,695				1,695	7 MO S/L	1,312	242
	Sold/Scrapped	1/31/10								
21	Telephone System	2/27/03	4,703				4,703	7 MO S/L	3,975	672
22	Lift Chair	1/07/05	325				325	7 MO S/L	190	46
	Sold/Scrapped	1/31/10								
23	Lift Chair	1/07/05	325				325	7 MO S/L	190	46
	Sold/Scrapped	1/31/10								
24	Lift Chair	1/07/05	325				325	7 MO S/L	190	46
	Sold/Scrapped	1/31/10								
25	Lift Chair	1/05/05	325				325	7 MO S/L	190	46
	Sold/Scrapped	1/31/10								
28	Dell Dimoension 3000 Comp-Patt	12/17/04	651				651	5 MO S/L	531	120
34	Ft Myers Office Furniture	11/12/05	864				864	7 MO S/L	401	124
35	Building	6/26/06	437,147				437,147	39 MO S/L	28,956	11,209
36	Land	6/26/05	225,000				225,000	0 -- Land	0	0
37	Equipment-Alarm EMG	5/24/06	412				412	7 MO S/L	157	59
38	Cable Wiring for Network/Innovative Netw	6/23/06	2,300				2,300	7 MO S/L	849	328
39	Equipment	7/10/06	1,063				1,063	7 MO S/L	392	152
40	Gray reception desk	7/10/06	932				932	7 MO S/L	344	133
41	Equipment	8/11/06	1,149				1,149	7 MO S/L	410	164
42	Telephone system equipment	6/12/06	14,390				14,390	7 MO S/L	5,482	2,056
43	Telephone system equipment	6/30/06	990				990	7 MO S/L	365	142
44	Telephone equipment	7/10/06	1,925				1,925	7 MO S/L	710	275
45	Network equip. TOE switch from PCM	7/31/06	917				917	7 MO S/L	328	131
46	Furn Bush desk units (Robin & Nancy)	8/07/06	2,190				2,190	7 MO S/L	782	313
48	Laser printer & 3 Acer monitors	8/15/06	181				181	7 MO S/L	129	26
49	Acer computer, memory (Katie's)	8/15/06	796				796	7 MO S/L	284	114
50	3 computers (1 Tampa, 2 Palm Beach)	10/11/06	1,650				1,650	7 MO S/L	550	236
51	Lift Chair	2/13/06	1,475				1,475	7 MO S/L	632	211
52	Lift Chair	5/03/06	440				440	7 MO S/L	173	63
53	Lift Chair	5/16/06	4,952				4,952	7 MO S/L	1,886	708
54	Lift Chair	5/25/06	256				256	7 MO S/L	97	37
55	Lift Chair	10/16/06	1,925				1,925	7 MO S/L	619	275
56	Hydraulic Sara Lift	11/11/06	4,277				4,277	7 MO S/L	1,375	611
58	2 4-dwr lateral file cab, 6 mobile conf table	7/16/06	2,930				2,930	7 MO S/L	1,046	419
59	Blinds - ALS office	8/04/06	427				427	7 MO S/L	152	61
60	Wheel Chairs	2/01/06	105,000				105,000	3 MO S/L	105,000	0
	Sold/Scrapped	1/31/10								
61	Chair	4/10/07	500				500	7 MO S/L	131	71
62	3 Acer computers (vol patient serv, Robin)	4/03/07	1,350				1,350	5 MO S/L	495	270
63	IT Eqp/Trufax	5/10/07	469				469	5 MO S/L	164	94
64	IT Eqp/Adtran NetVanta 3200 - Router	8/31/07	1,287				1,287	5 MO S/L	365	257
65	2 Office chairs/Palm Beach office	9/14/07	320				320	7 MO S/L	65	45
66	Canon Multifunction MF5770 laser printer/	8/15/07	256				256	5 MO S/L	77	51
67	HP Office Jet Pro L7780 color printer	9/12/07	520				520	5 MO S/L	147	104
68	Shore Gear 40/8	11/20/07	1,496				1,496	5 MO S/L	349	299
69	Upgrade to Enterprise Ed (Shore Gear?)	11/20/07	3,746				3,746	5 MO S/L	874	749
70	Adtran total Access 604 router	11/20/07	779				779	5 MO S/L	182	155
71	Blinds for tenant buildout	4/11/07	444				444	7 MO S/L	116	64
72	Buildout for tenant	4/30/07	39,500				39,500	39 MO S/L	1,772	1,013
73	Gray WS for Walk Coord -2 Desks, Return,	10/15/07	1,379				1,379	7 MO S/L	263	197
74	4 Hoyer Lifts	7/31/07	1,600				1,600	3 MO S/L	800	533
75	27 Power Wheelchairs	7/31/07	135,000				135,000	3 MO S/L	67,500	45,000

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
76	DME Equipment	4/17/07	420			420	7 MO S/L	105	60
78	ALS power w/chair repl	1/31/08	880			880	7 MO S/L	126	125
82	Door signage/logos-ALS & tenant	8/28/07	185			185	7 MO S/L	37	27
83	Acer monitor (Katie)	11/11/07	206			206	7 MO S/L	37	29
84	Compact refrig, over-counter microwave	7/10/06	268			268	7 MO S/L	99	38
85	Blackberry (Verizon)	7/10/06	285			285	7 MO S/L	105	41
86	Telephone equipment	10/11/06	536			536	7 MO S/L	179	76
88	6 Wheelchair Components	6/13/08	0			0	0 HY	0	0
89	Invacare Reliant 450 Elec Hoyer Lift	9/26/08	0			0	0 HY	0	0
90	2 MK 60 amp gel batteries	11/11/08	0			0	0 HY	0	0
91	MK Batteries-(4)75 amp,(2) 55 amp, (2) 35	1/16/09	0			0	0 HY	0	0
92	Dell 1110 Laser Printer	3/10/08	0			0	0 HY	0	0
93	Linksys Wireless Access Point	3/04/08	0			0	0 HY	0	0
94	Dell vostro 200	3/11/08	0			0	0 HY	0	0
95	Dell Lat D630	4/22/08	0			0	0 HY	0	0
96	Dell Lat D630	6/27/08	0			0	0 HY	0	0
97	Dell Lat D630	9/22/08	0			0	0 HY	0	0
98	Seagate 500GB Freeagent Dsk Top 3 5	10/09/08	0			0	0 HY	0	0
99	Trailer	1/28/09	0			0	0 HY	0	0
100	15 Manual Wheelchairs	7/01/08	0			0	0 HY	0	0
101	8 Hospital Beds	7/01/08	0			0	0 HY	0	0
102	9 Hoyer Lifts	7/01/08	0			0	0 HY	0	0
103	13 Lift Chairs	7/01/08	0			0	0 HY	0	0
104	8 Ramps	7/01/08	0			0	0 HY	0	0
105	11 Power Wheelchairs	7/01/08	0			0	0 HY	0	0
106	2 High-Back Chairs	3/04/08	0			0	0 HY	0	0
107	Trailer	11/18/08	0			0	0 HY	0	0
	Sold/Scrapped 2/19/09								
110	39 Power Wheelchairs	7/01/09	0			0	0 HY	0	0
111	15 Manual Wheelchairs	7/01/09	0			0	0 HY	0	0
112	9 Hospital Beds	7/01/09	0			0	0 HY	0	0
113	6 Hoyer Lifts	7/01/09	0			0	0 HY	0	0
114	7 Lift Chairs	7/01/09	0			0	0 HY	0	0
115	8 Ramps	7/01/09	0			0	0 HY	0	0
116	31 Wheelchairs	7/01/09	0			0	0 HY	0	0
<b>Total Other Depreciation</b>			<u>1,020,082</u>			<u>1,020,082</u>		<u>237,339</u>	<u>69,295</u>
<b>Total ACRS and Other Depreciation</b>			<u>1,020,082</u>			<u>1,020,082</u>		<u>237,339</u>	<u>69,295</u>
<b>Grand Totals</b>			1,020,799			1,020,671		237,486	69,410
<b>Less: Dispositions and Transfers</b>			109,685			109,685		108,541	647
<b>Net Grand Totals</b>			<u>911,114</u>			<u>910,986</u>		<u>128,945</u>	<u>68,763</u>

**Application for Extension of Time To File an Exempt Organization Return**

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
  - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☒ **X**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	The ALS Association, Inc., Florida Chapter	94-3124732
	Number, street, and room or suite no. If a P.O. box, see instructions	
	3242 Parkside Center Circle	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Tampa, FL 33619	

**Check type of return to be filed** (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► Dara Alexander

Telephone No ► 813-637-9000FAX No ► 813-637-9010

- 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 will cover

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until December 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ☐ calendar year \_\_\_\_\_ or  
 ► ☒ tax year beginning February 1, 2009, and ending January 31, 2010

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a 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	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	
c Balance Due. Subtract line 3b from line 3a. 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	3c	\$	0.00

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)

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

**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.** Only file the original (no copies needed)

Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization The ALS Association Florida Chapter, Inc.		Employer identification number 94-3124732
	Number, street, and room or suite no. If a P.O. box, see instructions 3242 Parkside Center Circle		For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Tampa FL 33619		

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

- |  |  |                                      |                                    |
|--|--|--------------------------------------|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-PF                             | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 4720   | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 5227   |                                    |

**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 ☒ Nancy Baily  
Telephone No ☒ 813-637-9000 FAX No ☒ 813-637-9010
- 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) 4119 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 12/15/10
- 5 For calendar year , or other tax year beginning 02/01/09, and ending 01/31/10
- 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  
Additional time is requested to gather information to prepare a complete and accurate 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 <b>Balance Due.</b> 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	\$

**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 ☒ Robert M. Welton Title ☒ C.P.A. Date ☒ 9/15/10

Form 8868 (Rev 4-2009)