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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2012 Open to Public

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning FEB 1 2012 and ending JAN 31, 2013 C Name of organization D Employer identification number Check if applicable X Address change ALS ASSOCIATION OF NEW MEXICO Name change 85-0473026 Doing Business As Initial Room/suite E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Termin-202 505-323-6348 2309 RENARD PLACE SE Amended return City, town, or post office, state, and ZIP code G Gross receipts \$ 294,204. Applica-ALBUQUERQUE, NM 87106 H(a) Is this a group return pending F Name and address of principal officer.BILL MARSHALL for affiliates? Yes X No 2309 RENARD PLACE SE #202, ALBUQUERQUE, NM H(b) Are all affiliates included? Tax-exempt status X = 501(c)(3) = 501(c)) ◀ (insert no.) 4947(a)(1) or L If "No," attach a list (see instructions) J Website: ► WWW.ALSANM.ORG **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation 2000 M State of legal domicile: NM Part I Summary Briefly describe the organization's mission or most significant activities TO IMPROVE THE QUALITY OF LIFE FOR PERSONS LIVING WITH AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE $oldsymbol{ol}}}}}}}}}}}}}}}}}$ 6 Number of voting members of the governing body (Part VI, line 1a) 6 Number of independent voting members of the governing body (Part VI, line 1b) 4 2 5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 50 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7b b Net unrelated business taxable income from Form 990-T, ine 34 Prior Year **Current Year** 81,896 163,093. Contributions and grants (Part VIII, line 1h) 0 0. 9 Program service revenue (Part VIII, line 2g) 0. 22 Investment income (Part VIII, column (A), lines 3, 4, and 7d) SS Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 4dc, and 11e) 169,009 92,200. 11 10 Total revenue add lines 8 through 11 (must equal Partwill, column (A), line 12 250,927 255,293. JŒ 0. Grants and similar amounts paid (Part IX, column (A), lines-1-3)-0 Benefits paid to or for members (Part IX, column (A), line 4) 0 0. 74,160 88,656. Salaries, other compensation, employee benefits (Part-IX-column-(A)-lines-5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 27,881. b Total fundraising expenses (Part IX, column (D), line 25) 83,967 91,002. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 158,127 179,658. Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12 92,800, 75,635. Assets or Balances **Beginning of Current Year** End of Year 215,270. 306,183. 20 Total assets (Part X, line 16) 433. 16,711. 21 Total liabilities (Part X, line 26) 289,472. 837 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury Adjectare 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 veclaration of prepare (other than officer) based on all information of which preparer has any knowledge Signature of officer Sign BILL MARSHALL Here Type or print name and title Check Preparer's sylnature Print/Type preparer's name P00173149 Paid JOHN GORDON 74-1130599 Preparer Firm's name > PATTILLO BROWN & HILL, Firm's EIN > Use Only Firm's address 4301 THE 25 WAY, NE ALBUQUERQUE, NM 87109 Phone no. 505-266-5904 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form **990** (2012)

	m 990 (2012) ALS ASSOCIATION OF NEW MEXICO	<u>85-0473026</u>	Page 2
Pa	art III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission	~. 	
'	TO IMPROVE THE QUALITY OF LIFE FOR PERSONS LIVING WITH A	AMVOTRODHTC	
			D17
	LATERAL SCLEROSIS (ALS) DISEASE, THEIR FAMILIES AND OTHE	EKS AFFECTED	BI
	AMYOTROPHIC LATERAL SCLEROSIS (ALS) DISEASE.		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O		
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	[□v _{oo}	X No
3		1es	LAL INO
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, a	and
	revenue, if any, for each program service reported		
4a	00.050	ie \$	
	PATIENT SERVICES- THE NEW MEXICO CHAPTER OF ALS OFFERS		70 ′
			, 0
	PERSONS WITH ALS (PALS) BY PROVIDING SUPPORT GROUPS, ACC		
	RESOURCE REFERRALS, AND FINANCIAL ASSISTANCE TO PALS IN		
	THE NEW MEXICO CHAPTER ALSO PROVIDES FUNDING TO THE LOCA	AL ALS CLINIO	C
			
			
			
4b	(Code) (Expenses \$ 16,489. including grants of \$) (Revenu		
710	ADVOCACY AND AWARENESS- THE CHAPTER SENDS INDIVIDUALS TO		
	CAPITOL AND WASHINGTON TO SPEAK OUT FOR PALS IN NEW MEXI		PTER
	BRINGS AWARENESS THROUGH ITS MAJOR FUNDRAISER WALK TO DE	FEAT ALS BY	
	PRINTING BROCHURES AND MAKING PUBLIC SERVICE ANNOUCEMENT	.'S	
			
4c	(Code) (Expenses \$20, 295. including grants of \$) (Revenue	۰ ۹	
	RESEARCH - FUND RESREARCH GRANTS TO DOCTORS/SCIENTISTS T		
	CAUSE AND CURE OF AMYOTROPHIC LATERAL SCLEROSIS (ALS) DI	SEASE.	
			
			
			
4 -1	Other program convices (Describe in Schedule O.)		
4d		•	
	(Expenses \$ including grants of \$) (Revenue \$		
4e	Total program service expenses ► 126,842.		
		Form 99	(2 012)

Part IV	Checklist of Required Schedules
I GILIV	Checkist of negatied achequies

			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	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	ļ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	ľ		
	public office? If "Yes," complete Schedule C, Part I	3	ļ	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	i		ļ
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	ļ		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
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	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		٦,
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		,	37
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	^	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Ì	Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	יווט		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
A	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	i	X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	j	Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ŀ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	- 1	}	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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, Parts II and IV	15	i	<u>_X</u> _
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, Parts III and IV	16		<u>X</u>
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	17		<u>X</u>
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	18	X	
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	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u> _
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b]	000 "	2042
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Form 990 (2012)

ALS ASSOCIATION OF NEW MEXICO
Part IV Checklist of Required Schedules (continued)

Ч—		T ~	т-	Т
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the	<u> </u>	Yes	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	121		_
~~	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	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	1	1	
	Schedule J	23	j	X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		 	
270	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1	i	İ
	Schedule K If "No", go to line 25	24a	ŀ	Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	
c		- 10		
·	any tax-exempt bonds?	24c	ĺ	
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
Lou	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
٥	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1	j	
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	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	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	} }		
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		ĺ	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?		Ì	
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	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	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2	2012)

Form 990 (2012) ALS ASSOCIATION OF NEW MEXICO
Part V Statements Regarding Other IRS Filings and Tax Compliance

a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12a		Check if Schedule O contains a response to any question in this Part V					
1a Enter the number reported in Box 3 of From 1096. Enter-0 -d not applicable be Enter the number of Forms 926 anduded in the 1 at Enter 0 -d not applicable of the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gaminding) with movements? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements. 2 If It all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 3 If It all least one is reported on line 2a, did the organization file all required federal employment tax returns? 4 Note. If this sum of lines 1a and 2a is greater than 250, you may be required for a left feel entertuctions) 5 If It all least one is reported on line 2a, did the organization file all required federal employment tax returns? 5 If It all least one is reported on line 2a, did the organization for least interest in, or a significant or a official feel and the state of the control of the feel and the state of the stat						Yes	No
b Enter the number of Forms WSG included in line 1 a. Enter 0 if not applicable C. Did the organization comby with backup witholding rules for reportable payments to venidors and reportable gaining (gamblerg) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, life of for the calendar year ending with or within the year covered by this return. 2 b if it a least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a In If Yea, That is fide a Form 950 for for the year "1 "No," proude an explanation in Schedule O 4a At any time during the calendar year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign outinity (such as a bank account; securities account, or other financial account)? 4b If Yes," enter the name of the foreign country, by the same shark account; securities account, or other financial accounts? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Did any translet party neithy the organization that it was or a a party to a prohibited tax shelter transaction? 6c If Yes," of the Sair St, did the organization first it was or a sparty to a prohibited tax shelter transaction? 6c If Yes," of the organization include with every solicitation an express statement that such contributions or grits were not tax deductible as charinable contributions? 6c Did the organization shell areas years are capital that are normally greater than \$100,000, and did the organization shell areas years. 6c Did the organization encerve apyment in excess of \$5's made party is a contribution and party for goods and services provided? 7c Organizations that may receive deductible contributions under section 170(c). 8d If Yes," detait enumber of Forms 8282 filed during the year 9d If the organiza	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	C)		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gamthding) winnings to prize without the vendors and reportable gaming (gamthding) winnings to prize without the vendors and reportable gaming (gamthding) winnings to prize without the vendors of the vendors and vendors with the vendors of the ven		•	1b		il .		
a Enter the number of employees recorded on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year anding with or within the year covered by this return 3 b If at least one is reported on line 22, did the organization file all required federal employment tax returns? 3 b Obt the organization have unrelated business gross income of \$1,000 or more during the year? 4 a At any time during the calendar year, did the organization file all required federal employment tax returns? 5 b If *Yes, *Test it field a Form 990-Tif for this year? *I*No, *provide an explination in Schedula** O 4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account!? 5 b If *Yes,** are the name of the foreign country, \times.\times a bank account, securities account, or other financial account!? 5 a Was the organization in party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 b If *Yes,** are the name of the foreign country, \times.\times a bank account, securities account, or other financial account!? 5 b If *Yes,** are the organization in tax discutcible form 86861** or a party to a prohibited tax shelter transaction at any time during the tax year? 5 c If *Yes,** are the organization in tax discutcible is a charitable contributions.\times* 5 b If *Yes,** and the organization reclude with every solicitation an express statement that such contributions or gifts were not tax deductible is a charitable contribution and parity for goods and services provided? 7 b organizations that may receive deductible contributions under section 170(c). 8 b If *Yes,** and tax deductible is a charitable contribution or and parity for goods and services provided to the payor. 9 b of the organization receive a payment in excess of \$75 made parity as a contribution or and parity for goods and services provided?	c	• • • • • • • • • • • • • • • • • • • •	eportai	ole gaming	1		l
bif at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fise (see instructions) 3a Did the organization have unrelated business gross is is income of \$1,000 or more during the year? 3b If 1 Yes; has it fied a Form 990 T for this year? If 1No, *prowde an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country, the same a bank account, securities account; or other financial account; a foreign country (such as a bank account, securities account; or other financial account; a financial acco				- •	1c		
bif at least one is reported on line 2a, did the organization life all required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-fise (see instructions) 3a Did the organization have unrelated business gross is is income of \$1,000 or more during the year? 3b If 1 Yes; has it fied a Form 990 T for this year? If 1No, *prowde an explanation in Schedule 0 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account; a foreign country, the same a bank account, securities account; or other financial account; a foreign country (such as a bank account, securities account; or other financial account; a financial acco	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b. If Yes, This is filed a form 990-1 for the year? If Yes, 1 powde an explanation in Schedule 0 3b. If Yes, This is filed a form 990-1 for the year? If Yes, 1 powde an explanation in Schedule 0 3b. If Yes, 1 the is filed a form 990-1 for the year? If Yes, 1 powde an explanation in Schedule 0 3c. If Yes, 1 the standard year, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the Sa of 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If Yes, 1 the standard that were not tax deductable as charitable contributions? 6c. If Yes, 1 the standard that were not tax deductable as charitable contributions? 9c. If Yes, 1 the standard that were not tax deductable as charitable contributions under section 170(c). 9c. If If Yes, 1 the standard that were not tax deductable? 9c. If Yes, 1 the standard that were not tax deductable? 9c. If Yes, 1 the standard that were not tax deductable? 9c. If Yes, 1 the standard that were not tax deductable? 9c. If Yes, 1 the standard that the standard that the standard that the standard that the			2a	2	.[[ĺ
Note. If the sum of ines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 If "Yes," has it filed a Form 990 T for this year? If "No," provide an explanation in Schedule 0 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly of the second of t	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b		х
3a							
b If "Yes," has if filed a Form 990.T for this year? If "No.", provide an explanation in Schedule O 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 floreign country (such as a bank account, securities account, or other financial account)? 4	За				3a		Х
tinancial account in a foreign country (such as a bank account, securities account, or other financial account)? b if "Yes," enter the name of the foreign country, " see instructions for filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts 5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b. Did any stable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes," to fine 6 a or 5b, did the organization file Form 8886.12 6a. 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 is schantable contributions or gifts were not tax deductible of the second second to see the organization network and the second transplant or serve a symmetrial excess of \$75 made party as a contribution and party for goods and services provided to the form 8886.7 6c. Did the organization receive a symmetrial excess of \$75 made party as a contribution and party for goods and services provided to the form 8886.7 6b. If "Yes," did the organization notify the donor of the value of the goods or services provided? 6c. Did the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8886? 6c. To the organization seel, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8886? 6d. If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? 7e. Did the organization magnetian similariting donor advised funds and section \$96(3) as sponsoning organization, and an arrange of the reveloces, did the organizations. Brite in the organization make any taxable distributions under section 4966? 8 Sponsoning organization make any taxable distributions un	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
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9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Gross income from members or shareholders a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c Inter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did	d the su	pporting		- 1	
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		·	13c				77
			_	}			Χ_
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	U			000	0040

Form 990 (2012) ALS ASSOCIATION OF NEW MEXICO 85-0473026 Page
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			
	Check if Schedule O contains a response to any question in this Part VI			X
Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	6		}
	If there are material differences in voting rights among members of the governing body, or if the governing	ļ		ļ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	İ	ĺ	ĺ
b	Enter the number of voting members included in line 1a, above, who are independent	6	ł	l
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	7	ļ	}
	officer, director, trustee, or key employee?	2	,	x
3	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?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<u> </u>	X
6	Did the organization have members or stockholders?	6		X
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or			1
1 a	more members of the governing body?	7a		X
		<u>Ia</u>	-	
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or]	· •
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	• • •	8a	X	
b	,	8b	X	
9	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	9		<u>X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	1	X
	Other officers or key employees of the organization	15b		X
_	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1	}	
	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation		\longrightarrow	<u> </u>
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure	<u> IQD</u>		
17	List the states with which a copy of this Form 990 is required to be filed ►NM			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availah		
10	for public inspection. Indicate how you made these available. Check all that apply	. v uliau		
	Own website Another's website X Upon request Other (explain in Schedule O)			
10	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, ar	d finan	cial	
19		u mian	ciai	
~	statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	tion 🕨		
20		HOH P		
	KERRIE COPELIN - 505-323-6348 2309 RENARD PLACE SE, SUITE 202, ALBUQUERQUE, NM 87106			
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter 0 in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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 neither the organization n	or any related	organization compensate					nsat	ated any current officer, director, or trustee				
(A) (B)			(C)					(D)	(E)	(F)		
Name and Title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated		
	hours per	box	, unle	ss pe	rson	is bot	h an		compensation	amount of		
	week	}	cer ar	nd a c	irecto	or/trus	ree)	from	from related	other		
	(list any	ecto		ļ]	}		the	organizations	compensation		
	hours for	Į.	93		İ	eg eg		organization	(W-2/1099-MISC)	from the		
	related	stee	trust	İ	يو ا	E S		(W-2/1099-MISC)		organization		
	organizations	lat tr	onal	ĺ	e e	5 8				and related		
	below line)	Individual trustee or director	Institutional trustee	Officer	ey ell	Highest compensated employee	Ē			organizations		
(1) BILL MARSHALL	2.00	=	 =	0	×	===						
PRESIDENT		x	ļ	X			ľ	0.	0.	0.		
(2) TATIANA DUSELIS	2.00	-	_									
SECRETARY SECRETARY		X	İ	х		ł		0.	0.	0.		
(3) JAMES FRIAR	2.00	-	-			f^{-}			-			
BOARD MEMBER		x						0.	0.	0.		
(4) TAYNA LUJAN	2.00											
TREASURER		X		X		}	}	0.	0.	0.		
(5) ALEX WALKER	2.00											
BOARD MEMBER		Х		İ		L		0.	0.	0.		
(6) ERIC HEDLIND	2.00											
BOARD MEMBER		X						0.	0.	0.		
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Pai	rt VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	<u>ighe</u>	st C	Compensated Employe	es (continued)	-,		
	(A)	(B)	(C)						(D)	(E)	ł	(F)	
	Name and title	Average	(do	not c	Pos		า than	one	Reportable	Reportable	Es	stimate	∍d
		hours per	box	box, unless person is both officer and a director/truste				th an	compensation	compensation	1	nount	of
		week (list any		T				100,	from the	from related organizations	1	other pensa	tion
		hours for	direct	ĺ			9	ĺ	organization	(W-2/1099-MISC)	1	om th	
		related	iee o	stee		l	nsate	l	(W-2/1099-MISC)	(** = *********************************	J	anızat	
		organizations	l trus	na fr		oyee	ğ s				and	d relat	ed
		below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			orga	anızatı	ons
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	Sub-total								0.	0.	 		0
C	Total from continuation sheets to Part VI	I Section A							0.	0.	-		0
d	Total (add lines 1b and 1c)	i, decudii A							0.	0.			0
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	no re		,000 of reportable	 		<u> </u>
_	compensation from the organization						·						(
												Yes	No
3	Did the organization list any former officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or t	nighest compensated er	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		<u>X</u>
4	For any individual listed on line 1a, is the su	m of reportable	е со	mpe	ensa	tion	and	oth	er compensation from t	he organization	1 1	ł	
	and related organizations greater than \$150										4		<u>X</u>
5	Did any person listed on line 1a receive or a							elate	ed organization or individual	dual for services			
Saa	rendered to the organization? If "Yes," comption B. Independent Contractors	plete Schedule) 10	or su	ich į	oers	<u>on</u>				5		<u>X</u>
1	Complete this table for your five highest coil	manested ind	long	ndo	nt co		acto	re th	and received more than 9	\$100,000 of company			
'	the organization Report compensation for the										alloi II	OIII	
	(A)	ye	<u>, , , , , , , , , , , , , , , , , , , </u>		<u>.g</u>			T	(B)		(C)	
	Name and business	address	NC	NE	:			_ L	Description of se	ervices (Compen		1
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]			
								+					
								+					
			_		_								
2	Total number of independent contractors (in	ncluding but no	ot lin	nitec	to 1	thos	e lis	ted	above) who received me	ore than			
	\$100,000 of compensation from the organiz	ation				0							
											Farm 0	(A)(A)	010

Form **990** (2012

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/III]	Statement	OT	Revenue	

		Check if Schedule O cor	ntains a response	to any question i	n this Part VIII			
				, ,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
ts s	1 a	Federated campaigns	1a					
irar	b	Membership dues	1b					Ì
S, E	c	: Fundraising events	1c	107,756.		İ		
ar /	d	Related organizations	1d					
S,E	e	Government grants (contribu						1
is is	f	All other contributions, gifts, gra	·					
Per l		similar amounts not included abo		55,337.				
<u>ē</u> ŏ		Noncash contributions included in line	<u> </u>]
Contributions, Gifts, Grants and Other Similar Amounts	h	Total, Add lines 1a-1f		<u> </u>	163,093.			<u></u>
				Business Code				
g,	2 a	l						<u></u>
اہ ≦:	b							
SE	С							
e a	d			1 1				
Program Service Revenue	е							
مّ	f	All other program service reve	enue					
1	g			>				
	3	Investment income (including	dividends, intere	est, and				
-		other similar amounts)		>				L
1	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties		▶				
		•	(i) Real	(ii) Personal				
- [6 a	Gross rents						
ĺ	b	Less: rental expenses				{		1
ļ	С	Rental income or (loss)						
ĺ	d	Net rental income or (loss)		•				<u></u>
ł	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
ł		assets other than inventory				i		
1	b	Less cost or other basis						
ļ		and sales expenses				1		
j	С	Gain or (loss)				ļ		
i	d	Net gain or (loss)		>				
	8 a	Gross income from fundraisin	g events (not					
Other Revenue		including \$107,7	756 of				J	
ě		contributions reported on line	1c) See					
<u>بر</u>		Part IV, line 18	а	131,111.	[
₹	b	Less. direct expenses	b	38,911.	1		ĺ	
0	С	Net income or (loss) from fund	draising events		92,200.			92,200.
	9 a	Gross income from gaming ac	tivities See	1			Í	
1		Part IV, line 19	a		Ì			
}	b	Less: direct expenses	b∫				ì	
ł	c	Net income or (loss) from gam	ning activities	•				
Ì	10 a	Gross sales of inventory, less	returns		1			
}		and allowances	a		ļ			
	b	Less cost of goods sold	þ					
	С	Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	е	Business Code				
Γ	11 a							
- 1	b							
- 1	С							
1	d	All other revenue						
ļ	е	Total. Add lines 11a-11d	•	>		T		
	12_	Total revenue See instructions.		▶	255,293.	0.	0.	92,200.
232009 12-10-	12			-				Form 990 (2012)

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	tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon-		s Part IX		
	not include amounts reported on lines 6b, 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 United States. See Part IV, line 21				
2	Grants and other assistance to individuals in			j	
	the United States See Part IV, line 22				·
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	70 002	E2 020	10,430.	15 644
_	trustees, and key employees	78,902.	52,828.	10,430.	15,644
6	Compensation not included above, to disqualified	1			
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages Pension plan accruals and contributions (include				
8	section 401(k) and 403(b) employer contributions)		{		
9	Other employee benefits	3,395.	2,275.	441.	679
10	Payroll taxes	6,359.	4,260.	827.	1,272
11	Fees for services (non-employees)				
''a	Management				
b	Legal				
c	Accounting	3,913.		3,913.	
d	Г Т				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
Ŭ	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	1,007.			1,007.
13	Office expenses	678.		678.	
14	Information technology				
15	Royalties				
16	Occupancy	8,878.	5,948.	1,154.	1,776.
17	Travel				
18	Payments of travel or entertainment expenses	1	[
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	778.		778.	
20	Interest				
21	Payments to affiliates			DC1	
22	Depreciation, depletion, and amortization	761.		761.	
23	Insurance	413.		413.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	PATIENT SERVICES	39,197.	39,197.		
b	RESEARCH	8,822.	8,822.		
c	ADVOCACY & AWARENESS	7,431.	7,431.		
d	OTHER	6,720.	4,502.	874.	1,344.
	All other expenses	12,404.	1,579.	4,666.	6,159.
25	Total functional expenses. Add lines 1 through 24e	179,658.	126,842.	24,935.	27,881.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				Form 990 (2012)

Pa	rt X	Balance Sheet				
_		Check if Schedule O contains a response to an	y question in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		212,713.	1	292,491.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		300.	4	1,424.
	5	Loans and other receivables from current and f				
		trustees, key employees, and highest compens		i i		
		Part II of Schedule L		5		
	6	Loans and other receivables from other disqual	ified persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing)	
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
	1	employees' beneficiary organizations (see instr)	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventories for sale or use			8	
-	9	Prepaid expenses and deferred charges	Ĺ	······	9	
	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a 5,437.		1 1	
	b	Less accumulated depreciation	10b 4,692.	1,506.	10c	745.
	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	. — — — — — — — — — — — — — — — — — — —	
	15	Other assets. See Part IV, line 11	751.	15	11,523.	
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	215,270.	16	306,183.
	17	Accounts payable and accrued expenses		17	12,728.	
	18	Grants payable	<u> </u>		18	
	19	Deferred revenue	-		19	
	20	Tax-exempt bond liabilities			20	
ies	21	Escrow or custodial account liability Complete			21	
Liabilıties	22	Loans and other payables to current and former				
<u>E</u>		key employees, highest compensated employee	es, and disqualified persons		00	
		Complete Part II of Schedule L	<u> </u>		22	
!	23	Secured mortgages and notes payable to unrela			23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pa			_24	
	25	parties, and other liabilities not included on lines	*		1	
		Schedule D	17-24). Complete Fat X of	1,433.	25	3,983.
	26	Total liabilities. Add lines 17 through 25	<u></u>	1,433.	26	16,711.
	2.0	Organizations that follow SFAS 117 (ASC 958), check here X and			
ý		complete lines 27 through 29, and lines 33 an	"			
ည	27	Unrestricted net assets		213,837.	27	289,472.
ala	28	Temporarily restricted net assets			28	
Fund Balances	29	Permanently restricted net assets			29	
2		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗔			
ь		and complete lines 30 through 34.	j		ļ	
ets	30	Capital stock or trust principal, or current funds	L		30	-
Ass	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
ž	33	Total net assets or fund balances		213,837.	33	289,472.
	34	Total liabilities and net assets/fund balances		215,270.	34	306,183.
						Form 990 (2012)

Check if Schedule O contains a response to any question in this Part XI 1 Total revenue (must equal Part XIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 3 Total expenses Subtract line 2 from line 1 4 Subtract line 2 from line 1 5 Subtract line 2 from line 1 5 Subtract line 2 from line 1 5 Subtract line 2 from line 1 5 Subtract line 2 from line 1 5 Subtract line 2 from line 2 from line 3 from line 3 from line 3 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 2 from line 2 from line 2 from line 2 from line 2 from line 2 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 2 from line 2 from line 2 from line 3 from line 2 from line 3 from line 2 from line 3 from line 3 from line 2 from line 3 from line 2 from line 3 from line 3 from line 2 from line 3 from line 3 from line 3 from line 3	Forn	990 (2012) ALS ASSOCIATION OF NEW MEXICO	85-047	3026	Page 12			
Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Donated services and use of facilities Investment expenses Prior penod adjustments Other changes in net assets or fund balances (explain in Schedule O) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (8)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Accounting method used to prepare the Form 990	Pa	rt XI Reconciliation of Net Assets						
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses Subtract line 2 from fine 1 3 75,635. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net urrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 Cash Accrual Other 1 if the organization changed its method of accounting from a prior year or checked *Other,* explain in Schedule O 2 Were the organization is financial statements compiled or reviewed by an independent accountant? 1 if *Yes,* check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis c if *Yes,* check a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c if *Yes,* there is a box below to indicate whether the financial statements for the year were audited on a separate basis. c		Check if Schedule O contains a response to any question in this Part XI						
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7 Investment expenses 7 8 Pnor penod adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0.0.10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 289, 472. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	5	Net unrealized gains (losses) on investments	5					
8 Prior period adjustments 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990	6	Donated services and use of facilities						
9 Other changes in net assets or fund balances (explain in Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 28 9 , 472. Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII 1 Accounting method used to prepare the Form 990 Cash X Accrual Other 16 If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule O 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 16 Yes, "check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis. b Were the organization's financial statements audited by an independent accountant? 16 Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. c of 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? 17 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	7	Investment expenses	7					
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Column (B)) Part XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XIII 1 Accounting method used to prepare the Form 990	9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.			
Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Check if Schedule O contains a response to any question in this Part XII Yes No 1	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	}					
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Accounting method used to prepare the Form 990		Check if Schedule O contains a response to any question in this Part XII		1.				
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Separate basis			on a					
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consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b	b		o haeie	20	^			
X Separate basis Consolidated basis Both consolidated and separate basis c if "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits 3b			e basis,		ļ			
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 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 3b					j			
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 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 3b			e audit		Ì			
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 5 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 3b	С		e addit,	20	x			
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 3b			edule O	20	- <u>^</u>-			
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 3b								
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 3b	Jä		.g.5 / Wall	32	x			
or audits, explain why in Schedule O and describe any steps taken to undergo such audits								
of addito, explain with in contoduc o and decemberary elegation to energy and	D			3b	Ì			
		or addito, explain with in correction or and december any except factor to an acting occurrence			90 (2012)			

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

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. Department of the Treasury

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

ALS ASSOCIATION OF NEW MEXICO

Employer identification number 85-0473026

			POCTATION OF) 	<u>, </u>	
Part I	Reason	for Public Cha	arity Status (All organi	zations mi	ust_comple	te this pa	rt) See ins	structions				
The organ	ızatıon ıs not	a private foundatio	n because it is (For lines	1 through	11, check	only one	box)					
1	A church, co	onvention of church	nes, or association of chu	rches desc	cribed in s	ection 17	0(b)(1)(A)(i	i).				
2	A school de	scribed in section	170(b)(1)(A)(ii). (Attach S	chedule E)							
з 🗀	A hospital o	r a cooperative hos	pital service organization	described	I in section	170(b)(1)(A)(iii).					
4 🔲	A medical re	esearch organization	n operated in conjunction	with a ho	spital desc	ribed in s	ection 170	0(b)(1)(A)(i	iiı). Enter	the hospita	l's nam	e,
	city, and sta	ite [.]										
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)(ıv). (Complete Part II)											
6	A federal, st	ate, or local governi	ment or governmental un	ıt describe	ed in sectio	on 170(b)(1)(A)(v).					
7 X	An organizat	tion that normally re	eceives a substantial part	of its supp	port from a	governm	ental unit i	or from the	e general	public desc	ribed in	1
	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 organizat	tion that normally re	eceives (1) more than 33	1/3% of its	s support t	rom contr	ributions, r	nembersh	ıp fees, a	and gross re	ceipts f	rom
	activities rela	ated to its exempt f	unctions - subject to cert	aın except	ions, and (2) no mor	e than 33	1/3% of its	s suppor	t from gross	ınvestr	nent
	income and	unrelated business	taxable income (less sec	tion 511 ta	ax) from bu	isinesses	acquired t	by the orga	anızatıon	after June 3	30, 197	5
	See section	509(a)(2). (Comple	te Part III)									
10	An organizat	tion organized and d	operated exclusively to te	st for pub	lic safety	See section	on 509(a)(4).				
11 🗔	An organizat	tion organized and o	operated exclusively for t	he benefit	of, to perfe	orm the fu	nctions of	, or to carr	y out the	e purposes o	of one o	r
	more publicl	y supported organia	zations described in secti	ion 509(a)(1) or section	on 509(a)(2). See se	ction 509((a)(3). Ch	eck the box	that	
	describes th	e type of supporting	g organization and compl	lete lines 1	1e through	11h						
	a Type	J Б 🔲 🤄	Туре II	ype III - Fu	inctionally	ıntegrated	J (d 💹 Тур	e III - No	n-functional	y integ	rated
e 🔙	By checking	this box, I certify th	nat the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified	persons oth	ier than	ı
	foundation n	nanagers and other	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	section 509	(a)(2)	
f	If the organiz	zation received a wi	ritten determination from	the IRS th	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting of	organization, check	this box									
g	Since Augus	t 17, 2006, has the	organization accepted a	ny gift or c	ontribution	from any	of the foll	owing per	sons?			
	(i) A perso	n who directly or in	directly controls, either a	lone or tog	jether with	persons o	described	ın (ıı) and (์แ) below	',	Yes	No
	the gov	erning body of the	supported organization?							11g(i)		
	(ii) A family	member of a person	on described in (i) above?	,						11g(ii)		
	(iii) A 35%	controlled entity of	a person described in (i)	or (II) abovi	e?					11g(iii)		
h	Provide the f	following information	n about the supported or	ganization	(s)							
(i) Name (of supported	(ii) EIN	(iii) Type of organization		organization			(vi) ls organization	the	(vii) Amount	of mone	etarv
• •	nization] ''	(described on lines 1-9		sted in your		tion in col.	(i) organiz	ed in the		port	-
			above or IRC section (see instructions))	governing	document?	(1) OI YOU	r support?	U.S	.7			
			(SCC IIISTI GCTOTIS))	Yes	No	Yes	No	Yes	No			
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 ALS ASSOCIATION OF NEW MEXICO 85-0473026 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and			_			
	membership fees received (Do not	}					
	include any "unusual grants ")	87,682.	16,671.	21,490.	81,896.	163,093.	<u>370,832.</u>
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to			İ			
	or expended on its behalf						
3	The value of services or facilities	ĺ					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	87,682.	16,671.	21,490.	81,896.	163,093.	<u>370,832.</u>
5	The portion of total contributions						
	by each person (other than a		}				
	governmental unit or publicly		İ				
	supported organization) included		1				
	on line 1 that exceeds 2% of the			J			-
	amount shown on line 11,		i			·	
	column (f)						
6	Public support. Subtract line 5 from line 4						370,832.
Sec	ction B. Total Support					- 	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	87,682.	16,671.	21,490.	81,896.	163,093.	370,832.
8	Gross income from interest,			Ī			
	dividends, payments received on						
	securities loans, rents, royalties		ì	ì	}	ì	
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the		}				
	business is regularly carried on						
10	Other income Do not include gain			ĺ	ĺ	· ·	
	or loss from the sale of capital						
	assets (Explain in Part IV)		627.	118.	256.		1,001.
11	Total support. Add lines 7 through 10						371,833.
12	Gross receipts from related activities,	etc (see instruction	ons)		{	12	614,355.
13	First five years. If the Form 990 is for	the organization's	first, second, third	, fourth, or fifth tax	x year as a section	1 501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Per	centage				
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, co	olumn (f))		14	<u>99.73 %</u>
	Public support percentage from 2011	· ·			Į	15	97.36 %
16a	33 1/3% support test - 2012. If the o	rganization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies		-				$\triangleright [X]$
b	33 1/3% support test - 2011. if the o	rganization did not	t check a box on lir	ne 13 or 16a, and l	line 15 is 33 1/3%	or more, check th	s box
	and stop here. The organization quali	fies as a publicly s	upported organizat	tion			
17a	10% -facts-and-circumstances test	: - 2012. If the orga	anızatıon dıd not ch	eck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac-	ts-and-circumstand	es" test, check the	s box and stop h e	ere. Explain in Par	IV how the organi	zation
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a p	ublicly supported	organization		▶□
b	10% -facts-and-circumstances test	_					0% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, che	eck this box and s	top here. Explain	in Part IV how the	
	organization meets the "facts-and-circ						▶∐
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	16b, 17a, or 17b,	check this box ar	nd see instructions	
					Schee	dule A (Form 990	or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 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 or if the organization failed to qualify under Part II	If the organization fails to
qualify under the tests listed below, please complete Part II.)	

Se	ction A. Public Support	elow, please con	ipiete rait ii)				
_	endar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
	Gifts, grants, contributions, and	(u) 2000	10/2003	10/2010	(4) 2011	10,20,12	(i) total
•	membership fees received (Do not	į					
	include any "unusual grants ")	}			}	1	
•	, , ,		 		· · · · · · · · · · · · · · · · · · ·	 	
2	Gross receipts from admissions, merchandise sold or services per-		1				
	formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose			_		 	
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			ł			
	ization's benefit and either paid to	I					
	or expended on its behalf	I					
5	The value of services or facilities						
_	furnished by a governmental unit to			[
	the organization without charge		}				
6	Total. Add lines 1 through 5						
-	Amounts included on lines 1, 2, and		 	· · · ·			
1 a	3 received from disqualified persons						
h	Amounts included on lines 2 and 3 received		 -	 -		 	
U	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the					i	
	amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)		l				
Sec	tion B. Total Support		···-		r		
Cale	ndar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,		}				
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources					L I	
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ]	
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,	!					
	whether or not the business is						
12	regularly carried on Other income Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part IV)					 	
	Total support. (Add lines 9, 10c, 11, and 12)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here	- C D.					
	tion C. Computation of Publi						
	Public support percentage for 2012 (lii		•	olumn (t))		15	%
	Public support percentage from 2011					16	%
	tion D. Computation of Inves			- 401 (0)	 	1471	
	Investment income percentage for 20			e 13, ∞lumn (f))		17	%
	Investment income percentage from 2				- د مورد	18	%
	33 1/3% support tests - 2012. If the						/ is not
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2011. If the						ind
	line 18 is not more than 33 1/3%, chec						▶∟
20	Private foundation. If the organization	did not check a	box on line 14, 19a	a, or 19b, check th			
23202	3 12-04-12				Sch	edule A (Form 990	or 990-EZ) 2012

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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Name of the organization

Employer identification number

	ALS ASSOCIATION OF				┷	<u>85-047</u>	
Pa	rt I Organizations Maintaining Donor Advis	ed Funds	or Other Similar Fun	nds or A	\ccour	1ts. Complete d	f the
	organization answered "Yes" to Form 990, Part IV, lir	ne 6					
		(a) C	Oonor advised funds		(b) Fund	is and other acc	ounts
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 t	he assets held in donor ac	dvised fur	nds		
v	are the organization's property, subject to the organization's	-				Yes	☐ No
6	Did the organization inform all grantees, donors, and donors			he used i	only		١١٠٠ ـــــا
Ü	for charitable purposes and not for the benefit of the donor						
	impermissible private benefit?	or donor advi	sor, or for any other purpo	ac come	g	Yes	□ No
Pa		roanization ar	iswared "Ves" to Form 990) Part IV	line 7		140
				5, 1 at 14,			
1	Purpose(s) of conservation easements held by the organizat		Preservation of an	historical	humnar	tant land area	
	Preservation of land for public use (e.g., recreation or	education	Preservation of a c		•		
	Protection of natural habitat		rieservation of a c	erinea m	Storic St	ructure	
_	Preservation of open space			f			
2	Complete lines 2a through 2d if the organization held a quali	itied conserva	ation contribution in the fol	rm or a co	mservati	ion easement of	n the last
	day of the tax year					1.14 - 4.45 - 5-4 - 6	Alex Tex Me
						<u>leid at the End of</u>	the lax Year
а	Total number of conservation easements				2a		
Ь	Total acreage restricted by conservation easements	_			2b		
С	Number of conservation easements on a certified historic str		, ,		2c		
d	Number of conservation easements included in (c) acquired	after 8/17/06	, and not on a historic stru	icture			
	listed in the National Register				2d	 _	
3	Number of conservation easements modified, transferred, re	eleased, exting	guished, or terminated by	the organ	ization c	during the tax	
	year >						
4	Number of states where property subject to conservation ea						
5	Does the organization have a written policy regarding the pe		ring, inspection, handling o	Of .			<u></u>
	violations, and enforcement of the conservation easements i					└── Yes	∟ No
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	_					
8	Does each conservation easement reported on line 2(d) above	ve satisty the	requirements of section 1	7U(N)(4)(B	·)(1)		Г — . .
_	and section 170(h)(4)(B)(ii)?					Yes	L No
9	In Part XIII, describe how the organization reports conservati						
	include, if applicable, the text of the footnote to the organiza	tion's financia	ai statements that describe	es the org	anizatio	n s accounting	ror
Boi	t III Organizations Maintaining Collections o	f Art Hist	orical Treasures, or	Other 9	Similar	Accete	
Га	Complete if the organization answered "Yes" to Form			Other	Jiiiiiai	Assets.	
					d balan	oo oboot walke	
1a	If the organization elected, as permitted under SFAS 116 (AS	•	•				*
	historical treasures, or other similar assets held for public ext			rance or	public Se	ervice, provide,	in Fan Ain,
	the text of the footnote to its financial statements that describes a parented under SEAS 116 (AS			ant and h	nlanca a	boot works of a	rt biotomosi
D	If the organization elected, as permitted under SFAS 116 (AS	•					
	treasures, or other similar assets held for public exhibition, ed	bucation, or r	esearch in furtherance of p	Judiic Sei	vice, pro	ovide the following	ng amounts
	relating to these items				• •		
	(i) Revenues included in Form 990, Part VIII, line 1				3		
_	(ii) Assets included in Form 990, Part X	0011500 541	nor cimilar acceta for fina	nal ages			
2	If the organization received or held works of art, historical treation for the following section of the following section			Jiai yairi, [PLOVIGE		
	the following amounts required to be reported under SFAS 1	10 (42C 328)	relating to triese items		•		
	Revenues included in Form 990, Part VIII, line 1				> 3		
b	Assets included in Form 990, Part X				▶ ⊅_		

Schedule D (Form 990) 2012 ALS ASSOCIATION OF NEW MEXICO Part III Organizations Maintaining Collections of Art, Historical Treasures, or	Other S		0473026 Page 2
	re a sigriii	icani use c	ir its collection items
(check all that apply) a Public exhibition d Loan or exchange programs	-		
	5		
b Scholarly research e Other			
c Preservation for future generations			Dod VIII
4 Provide a description of the organization's collections and explain how they further the organization's			Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other s	sımılar ass	sets	
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 "Ye	es" to Forr	n 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 asset	s not incli	uaea	
on Form 990, Part X?			☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table	г		
	-		Amount
c Beginning balance	-	1c	
d Additions during the year	-	1d	
e Distributions during the year	-	1e	
f Ending balance	L	1f	
2a Did the organization include an amount on Form 990, Part X, line 21?			└─ Yes └─ No
b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part			
Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV,			
(a) Current year (b) Prior year (c) Two years ba	ack (d) T	hree years b	ack (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	1		
and programs			
f Administrative expenses			
g End of year balance			
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as.			
a Board designated or quasi-endowment ▶ %			
b Permanent endowment ▶ %			
c Temporarily restricted endowment ▶ %			
The percentages in lines 2a, 2b, and 2c should equal 100%			
3a Are there endowment funds not in the possession of the organization that are held and administered	for the or	ganization	
by.			Yes No
(i) unrelated organizations			3a(ı)
(ii) related organizations			3a(ii)
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?			3b
4 Describe in Part XIII the intended uses of the organization's endowment funds			 _
Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10			
	(c) Accum	nulated	(d) Book value
basis (investment) basis (other)	deprecia	,	(-, · · · · · · · · · · · · · · · · ·
1a Land			
b Buildings			
c Leasehold improvements			
d Equipment 5,437.	4	,692.	745.
e Other		, •	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))		_	745.

Schedule D (Form 990) 2012

232053 12-10-12

	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per		473026 Page 4
	Total revenue, gains, and other support per audited financial statements	1	294,204.
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12	' -	234,204.
2	i i		
a	Net unrealized gains on investments 2a	-	
b	Donated services and use of facilities 2b	-	
C	Recovenes of prior year grants 2c	-	
d	Other (Describe in Part XIII)		0
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	294,204.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	_	
b	Other (Describe in Part XIII) 4b -38,911	<u>-</u>	
С	Add lines 4a and 4b	4c	-38,911.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	255,293.
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	er Return	
1	Total expenses and losses per audited financial statements	1	<u>218,569.</u>
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b	_	
С	Other losses 2c	_	
d	Other (Describe in Part XIII)	_	
е	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	218,569.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII) 4b -38,911	.	
	Add lines 4a and 4b	4c	-38,911.
_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	179,658.
	t XIII Supplemental Information	<u> </u>	
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		Part V, line 4, Part
			
		· ··	

232054 12-10-12 Schedule D (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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.

2012

Open To Public Inspection

Name of the organization

Employer identification number

ALS ASS	SOCIATION OF NEW ME	EXIC	:0		85-0473	026
Part I Fundraising Activities required to complete this pa	6. Complete if the organization answert	ered "	Yes" to	o Form 990, Part IV,	ine 17 Form 990-E2	fiers are not
1 Indicate whether the organization ra a	e Solicita f Solicita g Special or oral agreement with any individual Part VII) or entity in connection with particular or oral solicitations.	tion of tion of fundra (inclu- profess	non-g gover alsing ding o	rovernment grants rnment grants events fficers, directors, tru fundraising services?	stees orYes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c	Did raiser ustody itrol of utions?	(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			
		-				
		-				
		-				
Total			,			
List all states in which the organization or licensing	on is registered or licensed to solicit of	contrib	utions	or has been notified	It is exempt from re	gistration
				· · · · · · · · · · · · · · · · · · ·		
					-	

LHA Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2012

P	art	Fundraising Events. Complete if the of fundraising event contributions and gr	•			
_	\top	or turidiality event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	}			GOLF		(add col (a) through
			WALK A THON	TOURNAMENT	3	col (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	131,111.	41,830.	65,926.	238,867
	2	Less. Contributions	92,756.	15,000.		107,756.
	3	Gross income (line 1 minus line 2)	38,355.	26,830.	65,926.	131,111.
	4	Cash prizes				
S	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ш	8	Entertainment				
	9	Other direct expenses	21,104.	12,072.	5,735.	38,911.
	10	Direct expense summary Add lines 4 through	n 9 in column (d)		>	(38,911)
-	11			000 5 101 10		92,200.
Pa	art l		answered "Yes" to Form	1990, Part IV, line 19, or r	eported more than	
	,	\$15,000 on Form 990-EZ, ine 6a		(b) Pull tabs/instant		(d) Total gaming (add
Ę			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
Revenue	1	Gross revenue				
ss	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct 6	4	Rent/facility costs				
	5	Other direct expenses				
		Volunteer labor	Yes% No	Yes %	Yes %	
	7	Direct expense summary Add lines 2 through			>	()
	8	Net gaming income summary Combine line 1			>	
		er the state(s) in which the organization operat				
		he organization licensed to operate gaming act				☐ Yes ☐ No
	_					
		re any of the organization's gaming licenses re Yes, " explain			ear?	Yes No
	_					
2320	32 01	-07-13			Schedule G (For	m 990 or 990-EZ) 2012

Sch	nedule G (Form 990 or 990-EZ) 2012 ALS ASSOCIATION OF NEW MEXICO 85	-0473026 Page 3
11	Does the organization operate gaming activities with nonmembers?	Yes No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	
	to administer charitable gaming?	Yes No
	Indicate the percentage of gaming activity operated in	430
	a The organization's facility b An outside facility	13a %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records	70
17	Enter the Harrie and address of the person who propares the enganization of garming operations are the second and	
	Name	
	Address ▶	
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
t	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount	
	of gaming revenue retained by the third party > \$	
C	e 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	
	s Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	retain the state gaming license?	Yes No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	}
<u></u>	organization's own exempt activities during the tax year ▶ \$	(A) = 4 (A) = 4 (B) + 111
Pa —	Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information.	
		

232083 01-07-13

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2012
Open to Public Inspection

Department of the Tallinternal Revenue Se	reasury rvice		FOR	m 990 or :	Attach	to Form	990 or 990-E	Z.			Open inspe	to Public ction
Name of the or		AL	S ASS	CIAT	ON OF	NEW	MEXICO	<u> </u>		Employer ic 85-04		tion number
FORM 990), PART	I,	LINE :	L, DES	CRIPT	ION	OF ORGA	NIZATI	ON MIS	SION:		
THEIR FA	MILIES	AND	OTHER	RS AFE	FECTED	BY A	AMYOTRO	PHIC L	ATERAL	SCLERO	SIS	
(ALS) DI	SEASE.											
FORM 990), PART	VI,	SECT	ON B,	LINE	11:	SENT T	O EACH	BOARD	MEMBER	FOR	THEIR
REVIEW_												
FORM 990), PART	VI,	SECTI	ON C,	LINE	19:	INFORM	ATION :	IS MADI	E PUBLI	CLY	
AVAILABL							<u></u>					
												
							- <u></u>					
												
												
												
					<u>.</u>							
			•									
		-										

Form **8868**

(Rev. January 2013)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2013)

	re filing for an Automatic 3-Month Extension, compl ire filing for an Additional (Not Automatic) 3-Month E			f this form)	► X	
Do not co	omplete Part II unless you have already been granted	an automa	atic 3-month extension on a previou	sly filed Form 886	8	
	c filing (e-file), You can electronically file Form 8868 if					
required t	o file Form 990-T), or an additional (not automatic) 3-mo	onth exten	sion of time. You can electronically t	file Form 8868 to	request an extension	
•	file any of the forms listed in Part I or Part II with the ex					
	Benefit Contracts, which must be sent to the IRS in pa					
	rs gov/efile and click on e-file for Charities & Nonprofit		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3	
Part I	Automatic 3-Month Extension of Time		submit original (no copies ne	eeded).		
A corpora	tion required to file Form 990-T and requesting an auto			- "		
Part I only	,				ightharpoons	
All other o	corporations (including 1120-C filers), partnerships, REN	IICs, and t	trusts must use Form 7004 to reques	st an extension of	time	
to file inco	ome tax returns			 		
Type or	or Name of exempt organization or other filer, see instructions Employer iden			Employer identif	ication number (EIN) or	
print						
.	ALS ASSOCIATION OF NEW MEXICO			85-	85-0473026	
File by the due date for	Number, street, and room or suite no. If a P.O box, s	oom or suite no. If a P.O box, see instructions			Social security number (SSN)	
filing your return See	2309 RENARD PLACE SE, NO. 202			<u> </u>		
instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions					
	ALBUQUERQUE, NM 87106					
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)		01	
Application		Return	Application		Return	
is For		Code	ls For		Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			
Form 990-BL		02	Form 1041-A			
Form 4720 (individual)		03	Form 4720			
Form 990-PF		04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			
Form 990-T (trust other than above)		06	Form 8870			
	· KERRIE COPELIN				12	
• The bo	oks are in the care of > 2309 RENARD PLA	ACE SI	E. SUITE 202 - ALB	UOUEROUE.	NM 87106	
	one No. ► 505-323-6348		FAX No ▶ 505-268-27			
	rganization does not have an office or place of business	s in the Un			_ ▶ □	
	for a Group Return, enter the organization's four digit			If this is for the wh	nole group, check this	
oox ▶ [. If it is for part of the group, check this box	•				
	uest an automatic 3-month (6 months for a corporation					
SEPTEMBER 15, 2013, to file the exempt organization return for the organization named above. The extension						
	r the organization's return for	3	3			
calendar year or X tax year beginning FEB 1, 2012 and ending JAN 31, 2013						
	<u> </u>					
2 If the	e tax year entered in line 1 is for less than 12 months, c	Final return				
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period						
	, change in accounting period					
3a If the	s application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 e	nter the tentative tax. less any			
	nonrefundable credits. See instructions 3a \$				0.	
	f this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				<u>v.</u>	
	nated tax payments made. Include any prior year overp	=		3b \$	0.	
	nce due. Subtract line 3b from line 3a Include your pa			 -~- -		
	sing EFTPS (Electronic Federal Tax Payment System)	-		3c \$	0.	
	you are going to make an electronic fund withdrawal w					
	John Storing to make an electronic fatig withdrawal v					

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