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**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 of private foundation)

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

OMB No 1545-0047

**2012****Open to Public  
Inspection****A For the 2012 calendar year, or tax year beginning** 02/01/12 **and ending** 01/31/13**B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C** Name of organization

The ALS Association

Florida Chapter, Inc.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

3242 Parkside Center Circle

City, town, or post office, state, and ZIP code

Tampa

FL 33619

**F** Name and address of principal officer

Kimberly Hanna, President

3242 Parkside Center Circle

Tampa

FL 33619

**D** Employer identification number

94-3124732

**E** Telephone number

813-637-9000

**G** Gross receipts \$ 1,844,380**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

**I** Tax-exempt status☒ 501(c)(3)☐ 501(c) ( )

(insert no )

☐ 4947(a)(1) or☐ 527**J** Website ▶ www.alsafl.org**H(c)** Group exemption number ▶ 4119**K** Form of organization☒ Corporation☐ Trust☐ Association☐ Other ▶**L** Year of formation 1987**M** State of legal domicile FL**Part I Summary**

Activities &amp; Governance

**1** Briefly describe the organization's mission or most significant activities: The Organization is an autonomous statewide nonprofit that is a chapter of The ALS Association, a national organization. The Chapter is dedicated to improving the lives of patients who are living with ALS (Lou Gehrig's Disease) by providing programs to patients, caregivers, their families, and healthcare providers, participating in advocacy; creating awareness, (continued below)

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3 12

**4** Number of independent voting members of the governing body (Part VI, line 1b)

4 11

**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a)

5 26

**6** Total number of volunteers (estimate if necessary)

6 594

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

7a 6,751

**b** Net unrelated business taxable income from Form 990-T, line 34

7b 2,972

Revenue

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

1,664,798

Current Year

1,791,120

**9** Program service revenue (Part VIII, line 2g)

0

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

1,526

712

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

78,465

-136,684

**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

1,744,789

1,655,148

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

80,955

78,883

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

884,518

994,288

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶

307,802

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

886,393

798,687

**18** Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)

1,851,866

1,871,858

**19** Revenue less expenses Subtract line 18 from line 12

-107,077

-216,710

**20** Total assets (Part X, line 16)

1,043,908

851,531

**21** Total liabilities (Part X, line 26)

465,612

489,945

**22** Net assets or fund balances Subtract line 21 from line 20

578,296

361,586

**Part II Signature Block**

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

Sign  
Here

Signature of officer

Date

Type or print name and title

President AND CEO

12/13/13

Paid

Preparer  
Use Only

Print/Type preparer's name

Robert M. Weldon, CPA

Preparer's signature

Robert M. Weldon, CPA

Date

12/11/13

Check ☐ if PTIN

self-employed

P01407415

Firm's name

Lowery, Weldon &amp; Company, CPAs

Firm's EIN

59-3259266

Firm's address

129 6th Avenue North

Safety Harbor, FL 34695-3532

Phone no

727-796-2002

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2012)

1. (continued from above) and helping to fund research.

G17 24

**Part 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

Leading the fight to treat and cure ALS through global research and nation-wide advocacy while also empowering people with ALS and their families to live fuller lives by providing them with compassionate care and support.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code ) (Expenses \$ 1,324,454 including grants of \$ 78,883 ) (Revenue \$ )

Patient Services: The ALS Association Florida Chapter provides a wide range of services and programs to help people living with Lou Gehrig's Disease. The Chapter serves 905 patients. Programs include 1) sponsorship of five (5) ALS Multidisciplinary clinics in the state of Florida, which includes both financial support and in-kind staffing support; 2) a network of eight (8) care services staff who help patients, families, and caregivers navigate the physical, social, emotional, and financial effects of ALS through case management, twenty (20) support groups, social work, referrals, assessments, education and government/veteran benefits/insurance advocacy; 3) loaned medical equipment and assistive technology programs that provide needed medical, communication, and assistive technology

(Continued on Schedule O)

**4b** (Code ) (Expenses \$ 107,618 including grants of \$ ) (Revenue \$ )

Advocacy and Awareness: Through public outreach, media relations, and online platforms, the ALS Association Florida Chapter continually raises awareness about ALS and the search for a cure, including 1) our website, a definitive source of information for those battling ALS and people looking for the latest information about the disease; 2) social media outreach, including Facebook and Twitter; 3) cutting-edge marketing campaigns, including Piece by Piece, Walk in Their Shoes, and Frozen in Time; 4) a statewide marketing campaign designed to educate patients and healthcare providers about the ALS Multidisciplinary Clinics in the state; and 5) public and healthcare provider education; 6) state advocacy; and 7) participation in federal advocacy within the state and in Washington, D.C.

**4c** (Code ) (Expenses \$ 51,000 including grants of \$ ) (Revenue \$ )

Research: As one of 38 chapters affiliated with the national ALS Association, funds raised by the Florida Chapter that are restricted for research help to fund the Association's global research program that utilized the newest techniques and fosters collaborative initiatives among government agencies, the private sector, and scientists.

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

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

**4e** Total program service expenses ▶ 1,483,072

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		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		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d 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 Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	X	
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		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b 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		X
13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		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		X
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		X
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 (see instructions)		X
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	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		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 26		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b>		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		X
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 26		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>	X	
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	<b>3b</b>	X	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<b>4a</b>		X
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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.	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand.	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	<b>14b</b>		

**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 ☒

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	12	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent.	11	
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

**Section C. Disclosure**

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

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

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

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

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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 nor any related organizations compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kimberly Hanna President	40.00 0.00	X		X				88,000	0	0
(2) James B Murphy Jr Secretary	0.00 0.00	X		X				0	0	0
(3) Hiram Green Chairman	0.00 0.00	X		X				0	0	0
(4) Tim Cummings Vice Chairman	0.00 0.00	X		X				0	0	0
(5) Warren Nelson Treasurer	0.00 0.00	X		X				0	0	0
(6) Sandra Torres Fund Dev. Chair	0.00 0.00	X						0	0	0
(7) Dewayne Standifer Trustee	0.00 0.00	X						0	0	0
(8) Robert Miller Trustee	0.00 0.00	X						0	0	0
(9) John Cannistra Trustee	0.00 0.00	X						0	0	0
(10) Erin Malone, Esq. Nominating Chair	0.00 0.00	X						0	0	0
(11) Kevin Conn Trustee	0.00 0.00	X						0	0	0

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) Wendy Bitner	0.00									
Trustee	0.00	X						0	0	0
(13)										
(14)										
(15)										
(16)										
(17)										
(18)										
(19)										
<b>1b Sub-total</b>								88,000		
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								88,000		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

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

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

**Part VIII Statement of Revenue**Check if Schedule O contains a response to any question in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b>	1,379,205			
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b>				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	411,915			
	<b>g</b> Noncash contributions included in lines 1a-1f	\$	65,902			
<b>h</b> Total. Add lines 1a-1f		1,791,120				
<b>Program Service Revenue</b>	<b>2a</b>	Busn Code				
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
	<b>g</b> Total. Add lines 2a-2f					
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		875			875
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less rental exps					
	<b>c</b> Rental inc. or (loss)					
	<b>d</b> Net rental income or (loss)		6,751		6,751	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less cost or other basis & sales exps					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)		-163	-163		
	<b>8a</b> Gross income from fundraising events (not including \$ 1,379,205 of contributions reported on line 1c) See Part IV, line 18	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>	149,144			
	<b>c</b> Net income or (loss) from fundraising events		-149,144			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19	<b>a</b>				
	<b>b</b> Less direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>					
<b>b</b> Less cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Busn Code</b>				
<b>11a</b> Miscellaneous		5,709	5,709			
<b>b</b>						
<b>c</b>						
<b>d</b> All other revenue						
<b>e</b> Total. Add lines 11a-11d		5,709				
<b>12</b> Total revenue. See instructions		1,655,148	5,546	6,751	875	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U.S. See Part IV, line 22	78,883	78,883		
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	824,259	547,360	49,375	227,524
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	* 170,029	112,287	11,069	46,673
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	21,206	16,964	2,121	2,121
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	7,613	6,091	761	761
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	13,670	10,936	1,367	1,367
<b>14</b> Information technology	43,783	35,027	4,378	4,378
<b>15</b> Royalties				
<b>16</b> Occupancy	14,152	11,320	1,416	1,416
<b>17</b> Travel	41,624	33,715		7,909
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	2,220	1,665		555
<b>20</b> Interest	8,755	7,005	875	875
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	77,759	74,318	1,705	1,736
<b>23</b> Insurance	4,579	3,663	458	458
<b>24</b> 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.)				
<b>a</b> Revenue Share to ALS Natl	223,373	223,373		
<b>b</b> Awareness	102,817	102,817		
<b>c</b> Support Groups, Education	56,263	56,263		
<b>d</b> Center Support/Clinics	** 55,575	55,575		
<b>e</b> All other expenses	125,298	105,810	7,459	12,029
<b>25</b> Total functional expenses. Add lines 1 through 24e	1,871,858	1,483,072	80,984	307,802
<b>26</b> 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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

DAA \* Includes all employee leasing costs (taxes, benefits, fees)

Form 990 (2012)

\*\* See schedule of other expenses, which include \$51,000 in research.

**Part X Balance Sheet**Check if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest bearing	65,191	1	59,765
	2 Savings and temporary cash investments	188,232	2	47,043
	3 Pledges and grants receivable, net		3	1,275
	4 Accounts receivable, net	41,500	4	13,625
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,492	9	2,570
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,073,987		
	b Less accumulated depreciation	10b 348,559	745,575	10c 725,428
	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	918	14	854
	15 Other assets See Part IV, line 11		15	971
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,043,908	16	851,531	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	60,495	17	77,992
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	382,794	23	356,580
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	22,323	25	55,373
	26 <b>Total liabilities.</b> Add lines 17 through 25	465,612	26	489,945
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	485,455	27	361,586
	28 Temporarily restricted net assets	92,841	28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 <b>Total net assets or fund balances</b>	578,296	33	361,586	
34 <b>Total liabilities and net assets/fund balances</b>	1,043,908	34	851,531	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,655,148
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,871,858
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-216,710
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	578,296
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	361,586

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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	X	
<b>3a</b> 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?		X
<b>b</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		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust

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

Name of the organization

The ALS Association
Florida Chapter, Inc.

Employer identification number

94-3124732

Part I Reason for Public Charity Status (All organizations must complete this part ) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E )
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II )
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II )
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II )
- 9 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III )
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III—Functionally integrated d Type III—Non-functionally integrated
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
(ii) A family member of a person described in (i) above?
(iii) A 35% controlled entity of a person described in (i) or (ii) above?

Table with 2 columns: Yes, No. Rows 11g(i), 11g(ii), 11g(iii).

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

Table with 7 main columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S ?, (vii) Amount of monetary support. Rows (A) through (E) and Total.

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

Schedule A (Form 990 or 990-EZ) 2012

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b> <b>Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11</b> <b>Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	%
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14	<b>15</b>	%
<b>16a</b> <b>33 1/3% support test—2012.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>33 1/3% support test—2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a</b> <b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b</b> <b>10%-facts-and-circumstances test—2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18</b> <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	1,134,527	1,362,485	1,722,631	1,664,798	1,791,120	7,675,561
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	320,703	171,545	92,803	93,064	5,709	683,824
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	1,455,230	1,534,030	1,815,434	1,757,862	1,796,829	8,359,385
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						8,359,385

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>9</b> Amounts from line 6	1,455,230	1,534,030	1,815,434	1,757,862	1,796,829	8,359,385
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,180	12,024	8,103	1,526	875	89,708
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975			1,852	547	2,526	4,925
<b>c</b> Add lines 10a and 10b	67,180	12,024	9,955	2,073	3,401	94,633
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,140					1,140
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	1,523,550	1,546,054	1,825,389	1,759,935	1,800,230	8,455,158
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	98.87%
<b>16</b> Public support percentage from 2011 Schedule A, Part III, line 15	<b>16</b>	97.79%

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

<b>17</b> Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	1%
<b>18</b> Investment income percentage from 2011 Schedule A, Part III, line 17	<b>18</b>	2%

**19a 33 1/3% support tests—2012** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☒

**b 33 1/3% support tests—2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information. (See instructions)

Part III, Line 12 - Other Income Detail

Miscellaneous	\$	1,140
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

The ALS Association  
Florida Chapter, Inc.

Employer identification number

94-3124732

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

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

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

- a ☐ Public exhibition  
b ☐ Scholarly research  
c ☐ Preservation for future generations  
d ☐ Loan or exchange programs  
e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

- c Beginning balance  
d Additions during the year  
e Distributions during the year  
f Ending balance

	Amount
1c	
1d	
1e	
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 XIII

☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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 organization by

- (i) unrelated organizations  
(ii) related organizations

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000		225,000
b Buildings		478,270	80,810	397,460
c Leasehold improvements				
d Equipment		370,717	267,749	102,968
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) )				725,428

**Part VII Investments—Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Due to National ALS	51,662
(3) Deferred Rent	3,711
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	55,373

2 FIN 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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

1	Total revenue, gains, and other support per audited financial statements	1	1,839,157
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,839,157
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	-184,009
c	Add lines 4a and 4b	4c	-184,009
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12 )	5	1,655,148

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

1	Total expenses and losses per audited financial statements	1	2,055,867
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	2,055,867
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII )	4b	-184,009
c	Add lines 4a and 4b	4c	-184,009
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18 )	5	1,871,858

**Part XIII Supplemental Information**

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

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

Direct expenses on line 8b are included as expenses on	\$	0
audited financial statements	\$	-149,144
Rental expenses on line 6b are included as expenses on	\$	0
audited financial statements	\$	-34,865

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

Event expenses included in expenses on audited financial	\$	0
statements rather than reduction of income-see line 8b	\$	-149,144
Rental expenses included in expenses on audited financial	\$	0
statements rather than reduction of income-see line 6b	\$	-34,865

**Part XIII**    Supplemental Information (continued)

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**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

OMB No 1545-0047

**2012**

Open to Public  
Inspection

Name of the organization

The ALS Association  
Florida Chapter, Inc.

Employer identification number

94-3124732

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

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

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

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

☐ Yes ☐ No

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

	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
<b>Total</b>							

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

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Various Events</u>		<u>None</u>	(add col (a) through col (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	1,379,205			1,379,205
	2 Less Contributions	1,379,205			1,379,205
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	149,144			149,144
	10 Direct expense summary Add lines 4 through 9 in column (d)				149,144
	11 Net income summary Combine line 3, column (d), and line 10				-149,144

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	<input type="checkbox"/> Yes % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d)					
8 Net gaming income summary Combine line 1, column d, and line 7					

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

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

☐ Yes ☐ No

b If "No," explain

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

☐ Yes ☐ No

b If "Yes," explain

- 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
- 13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%
- 14

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

Name ▶

Address ▶

- 15a

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

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c

If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- ☐ Director/officer
- ☐ Employee
- ☐ Independent contractor

17 Mandatory distributions

- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

**Part IV Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I  
(Form 990)

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

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number

94-3124732

OMB No 1545-0047

2012

Open to Public  
Inspection

▶ Attach to Form 990.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section, if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990

DAA

Schedule I (Form 990) (2012)

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1	Medical Equipment		21,405			
2	Monetary Grants-Patients		57,478			
3						
4						
5						
6						
7						

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

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

**Noncash Contributions**

OMB No 1545-0047

**2012**

**Open To Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
**94-3124732**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	5,223	Published quotes
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	1	579	Provided by Lessor
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( Medical Equip. )	X	98	60,100	Secondary Markets
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

29

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

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

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

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

b If "Yes," describe in Part II

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

Yes No

30a		X
31		X
32a		X
33		

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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.

OMB No. 1545-0047

**2012**

Open to Public  
Inspection

The ALS Association  
Florida Chapter, Inc.

Employer identification number  
94-3124732

Form 990, Part III, Line 4a - First Accomplishment

intervention to patients in need. The Chapter provided 203 pieces of durable medical equipment and 47 assistive augmented communication devices; 4) surviving spouses social renewal programs; 5) ALS specialty home health coordination; 6) a kids care program, providing packets and resources for children with family members who are suffering from the disease; 7) monetary grants for respite, home and van modifications, transportation or other financial needs. The Chapter provided funding for 3,561 hours of respite care and granted additional monetary grants to 202 patients; and 8) family caregiver support services. Furthermore, the Chapter provided 20,860 patient interactions, 117 home visits, and 33 phone assessments to patients and families.

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

A draft copy of Form 990 is provided to the Operations Committee of the Board for review prior to filing the return.

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

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

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

An independent HR consultant performs a comparability study and makes a recommendation to the Board for the Executive Director's compensation

Name of the organization	The ALS Association	Employer identification number	94-3124732
--------------------------	---------------------	--------------------------------	------------

package; the Board of Directors hold a meeting to review the recommendation and approve the final compensation package.

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

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

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

Governing documents are available to the public upon request.

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

Direct expenses on line 8b are included as expenses on	\$	0
audited financial statements	\$	149,144
Rental expenses on line 6b are included as expenses on	\$	0
audited financial statements	\$	34,865
Event expenses included in expenses on audited financial	\$	0
statements rather than reduction of income-see line 8b	\$	-149,144
Rental expenses included in expenses on audited financial	\$	0
statements rather than reduction of income-see line 6b	\$	-34,865

Form **4562**Department of the Treasury  
Internal Revenue Service

(99)

**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No 1545-0172

**2012**Attachment  
Sequence No **179**

▶ See separate instructions.

▶ Attach to your tax return.

Name(s) shown on return

The ALS Association  
Florida Chapter, Inc.

Identifying number

94-3124732

Business or activity to which this form relates

Indirect Depreciation

**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount (see instructions)	1	500,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	82,859

**Part III MACRS Depreciation (Do not include listed property) (See instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,563
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts check here		

**Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See instructions)**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	84,422
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2012)

**Part V Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles)

<b>24a</b> Do you have evidence to support the business/investment use claimed?				<b>Yes</b>	<b>No</b>	<b>24b</b> If "Yes," is the evidence written?				<b>Yes</b>	<b>No</b>
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							<b>25</b>				
<b>26</b> Property used more than 50% in a qualified business use											
		%									
		%									
<b>27</b> Property used 50% or less in a qualified business use											
		%				S/L-					
		%				S/L-					
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>				
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1							<b>29</b>				

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)						
<b>31</b> Total commuting miles driven during the year						
<b>32</b> Total other personal (noncommuting) miles driven						
<b>33</b> Total miles driven during the year. Add lines 30 through 32						
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?						
<b>36</b> Is another vehicle available for personal use?						

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2012 tax year (see instructions)					
<b>43</b> Amortization of costs that began before your 2012 tax year				<b>43</b>	<b>64</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report				<b>44</b>	<b>64</b>

Year Ended: January 31, 2013

94-3124732

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

### **Straight-Line Depreciation Method Election**

Under IRC Section 168(b)(3)(D), the organization elects to use the straight-line method of depreciation, instead of the regular statutory method in computing the deduction for all property placed into service during the tax year ending January 31, 2013. The election, made in accordance with Code Sec. 168(b)(5), applies to all property placed in service during the tax year.

Year Ended: January 31, 2013

94-3124732

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

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

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

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
117	Dell Optiplex computer	4/13/10	1,146				1,146	5 MQ200DB	699	183
118	Dell T610 computer	7/20/10	3,545				3,545	5 MQ200DB	1,950	680
119	HP 500B MT and 19" TFT Display	11/08/10	2,723				2,723	5 MQ200DB	1,171	588
120	Cabinets	12/30/10	567				567	7 MQ200DB	176	112
			<u>7,981</u>				<u>7,981</u>		<u>3,996</u>	<u>1,563</u>
<b>Other Depreciation:</b>										
15	Presentation Projector	1/10/03	700				700	7 MO S/L	700	0
17	Gray Workstation - Patient Service	3/17/03	3,693				3,693	7 MO S/L	3,693	0
19	Equipment	7/30/03	636				636	7 MO S/L	636	0
21	Telephone System	2/27/03	4,703				4,703	7 MO S/L	4,703	0
28	Dell Dimoenson 3000 Comp-Patti	12/17/04	651				651	5 MO S/L	651	0
34	Ft Myers Office Furniture	11/12/05	864				864	7 MO S/L	772	92
35	Building	6/26/06	437,147				437,147	39 MO S/L	62,583	11,209
36	Land	6/26/05	225,000				225,000	0 -- Land	0	0
37	Equipment-Alarm EMG	5/24/06	412				412	7 MO S/L	333	59
38	Cable Wiring for Network/Innovative Netw	6/23/06	2,300				2,300	7 MO S/L	1,835	328
39	Equipment	7/10/06	1,063				1,063	7 MO S/L	848	152
40	Gray reception desk	7/10/06	932				932	7 MO S/L	744	133
41	Equipment	8/11/06	1,149				1,149	7 MO S/L	903	164
42	Telephone system equipment	6/12/06	14,390				14,390	7 MO S/L	11,649	2,056
43	Telephone system equipment	6/30/06	990				990	7 MO S/L	790	141
44	Telephone equipment	7/10/06	1,925				1,925	7 MO S/L	1,535	275
45	Network equip TOE switch from PCM	7/31/06	917				917	7 MO S/L	721	131
46	Furn Bush desk units (Robin & Nancy)	8/07/06	2,190				2,190	7 MO S/L	1,721	312
48	Laser printer & 3 Acer monitors	8/15/06	1,081				1,081	7 MO S/L	849	155
49	Acer computer, memory (Katie's)	8/15/06	796				796	7 MO S/L	626	114
50	3 computers (1 Tampa, 2 Palm Beach)	10/11/06	1,650				1,650	7 MO S/L	1,257	236
51	Lift Chair	2/13/06	1,475				1,475	7 MO S/L	1,264	211
52	Lift Chair	5/03/06	440				440	7 MO S/L	361	63
53	Lift Chair	5/16/06	4,952				4,952	7 MO S/L	4,009	707
54	Lift Chair	5/25/06	256				256	7 MO S/L	207	36
55	Lift Chair	10/16/06	1,925				1,925	7 MO S/L	1,444	275
56	Hydraulic Sara Lift	11/11/06	4,277				4,277	7 MO S/L	3,208	611
58	2 4-dwr lateral file cab, 6 mobile conf table	7/16/06	2,930				2,930	7 MO S/L	2,302	419
59	Blinds - ALS office	8/04/06	427				427	7 MO S/L	335	61
61	Chair	4/10/07	500				500	7 MO S/L	345	72
62	3 Acer computers (vol patient serv, Robin)	4/03/07	1,350				1,350	5 MO S/L	1,305	45
63	IT Eqp/Trufax	5/10/07	469				469	5 MO S/L	446	23
64	IT Eqp/Adtran NetVanta 3200 - Router	8/31/07	1,287				1,287	5 MO S/L	1,136	151
65	2 Office chairs/Palm Beach office	9/14/07	320				320	7 MO S/L	202	46
66	Canon Multifunction MF5770 laser printer/	8/15/07	256				256	5 MO S/L	230	26
67	HP Office Jet Pro L7780 color printer	9/12/07	520				520	5 MO S/L	459	61
68	Shore Gear 40/8	11/20/07	1,496				1,496	5 MO S/L	1,247	249
69	Upgrade to Enterprise Ed (Shore Gear?)	11/20/07	3,746				3,746	5 MO S/L	3,122	624
70	Adtran total Access 604 router	11/20/07	779				779	5 MO S/L	649	130
71	Blinds for tenant buildout	4/11/07	444				444	7 MO S/L	307	63
72	Buildout for tenant	4/30/07	39,500				39,500	39 MO S/L	4,811	1,013
73	Gray WS for Walk Coord -2 Desks, Return,	10/15/07	1,379				1,379	7 MO S/L	854	197
74	4 Hoyer Lifts	7/31/07	1,600				1,600	3 MO S/L	1,600	0
75	27 Power Wheelchairs	7/31/07	135,000				135,000	3 MO S/L	135,000	0
	Sold/Scrapped 1/31/13									
76	DME Equipment	4/17/07	420				420	7 MO S/L	285	60
78	ALS power w/chair repl	1/31/08	880				880	7 MO S/L	503	126
82	Door signage/logos-ALS & tenant	8/28/07	185				185	7 MO S/L	117	26
83	Acer monitor (Katie)	11/11/07	206				206	7 MO S/L	125	30
84	Compact refrig, over-counter microwave	7/10/06	268				268	7 MO S/L	213	39
85	Blackberry (Verizon)	7/10/06	285				285	7 MO S/L	227	41
86	Telephone equipment	10/11/06	536				536	7 MO S/L	409	76
87	ChatterVox Complete	2/29/08	257				257	7 MO S/L	144	36
88	6 Wheelchair Components	6/13/08	3,540				3,540	7 MO S/L	1,854	506
89	Invacare Reliant 450 Elec Hoyer Lift	9/26/08	1,800				1,800	7 MO S/L	857	257
90	2 MK 60 amp gel batteries	11/11/08	500				500	7 MO S/L	232	72
91	MK Batteries-(4)75 amp,(2) 55 amp, (2) 35	1/16/09	1,744				1,744	7 MO S/L	747	250
92	Dell 1110 Laser Printer	3/10/08	106				106	5 MO S/L	83	21
93	Linksys Wireless Access Point	3/04/08	170				170	5 MO S/L	133	34
94	Dell vostro 200	3/11/08	565				565	5 MO S/L	443	113
95	Dell Lat D630	4/22/08	1,794				1,794	5 MO S/L	1,345	359

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
96	Dell Lat D630	6/27/08	1,855				1,855	5 MO S/L	1,329	371
97	Dell Lat D630	9/22/08	1,817				1,817	5 MO S/L	1,211	364
98	Seagate 500GB Freeagent Dsk Top 3 5	10/09/08	423				423	5 MO S/L	282	85
99	Trailer	1/28/09	2,300				2,300	5 MO S/L	1,380	460
100	14 Manual Wheelchairs	7/01/08	2,800				2,800	3 MO S/L	2,800	0
101	7 Hospital Beds	7/01/08	4,200				4,200	3 MO S/L	4,200	0
102	9 Hoyer Lifts	7/01/08	3,600				3,600	3 MO S/L	3,600	0
103	13 Lift Chairs	7/01/08	2,600				2,600	3 MO S/L	2,600	0
104	8 Ramps	7/01/08	800				800	3 MO S/L	800	0
105	11 Power Wheelchairs	7/01/08	11,000				11,000	3 MO S/L	11,000	0
	Sold/Scrapped 1/31/13									
106	2 High-Back Chairs	3/04/08	100				100	7 MO S/L	56	14
109	Fujitsu ScanSnap 5510	3/10/09	460				460	5 MO S/L	269	92
110	39 Power Wheelchairs	7/01/09	39,000				39,000	3 MO S/L	33,583	5,417
111	15 Manual Wheelchairs	7/01/09	3,000				3,000	3 MO S/L	2,583	417
112	9 Hospital Beds	7/01/09	5,400				5,400	3 MO S/L	4,650	750
113	6 Hoyer Lifts	7/01/09	2,400				2,400	3 MO S/L	2,067	333
114	7 Lift Chairs	7/01/09	1,400				1,400	3 MO S/L	1,206	194
115	8 Ramps	7/01/09	800				800	3 MO S/L	689	111
116	31 Wheelchairs	7/01/09	31,000				31,000	3 MO S/L	26,694	4,306
121	35 Power Wheelchairs	8/01/10	35,000				35,000	3 MO S/L	17,500	11,667
122	14 Manual Wheelchairs	8/01/10	2,800				2,800	3 MO S/L	1,400	933
123	7 Hospital Beds	8/01/10	4,200				4,200	3 MO S/L	2,100	1,400
124	9 Hoyer Lifts	8/01/10	3,600				3,600	3 MO S/L	1,800	1,200
125	12 Lift Chairs	8/01/10	2,400				2,400	3 MO S/L	1,200	800
126	8 Ramps	8/01/10	800				800	3 MO S/L	400	267
127	2 Hospital Beds	8/01/11	1,200				1,200	3 MO S/L	200	400
128	8 Lift Chairs	8/01/11	1,600				1,600	3 MO S/L	267	533
129	12 Ramps	8/01/11	1,200				1,200	3 MO S/L	200	400
130	18 Manual Wheelchairs	8/01/11	3,600				3,600	3 MO S/L	600	1,200
131	46 Power Wheelchairs	8/01/11	46,000				46,000	3 MO S/L	7,667	15,333
132	11 Hoyer Lifts	8/01/11	4,400				4,400	3 MO S/L	733	1,467
133	Vostro 3500 Laptop	4/18/11	987				987	5 MO S/L	148	197
134	Software- Firewall	5/19/11	1,783				1,783	3 MOAmort	446	594
135	HP G6-1B60US Laptop	12/06/11	1,056				1,056	5 MO S/L	35	211
137	1 Vostro260 minitower, 1 Vostro1540 BTX	4/03/12	3,234				3,234	5 MO S/L	0	539
138	AugCom Storage Cabinet	4/25/12	941				941	7 MO S/L	0	101
139	Manual Wheelchair	7/01/08	200				200	3 MO S/L	200	0
	Sold/Scrapped 1/31/13									
140	1 Hospital Bed	7/01/08	600				600	3 MO S/L	600	0
	Sold/Scrapped 1/31/13									
141	4 Hospital Beds	8/01/12	2,400				2,400	3 MO S/L	0	400
142	10 Hoyer Lifts	8/01/12	4,000				4,000	3 MO S/L	0	667
144	20 Manual Wheelchairs	8/01/12	4,000				4,000	3 MO S/L	0	667
145	47 Power Wheelchairs	8/01/12	47,000				47,000	3 MO S/L	0	7,833
146	7 Ramps	8/01/12	700				700	3 MO S/L	0	117
147	10 Lift Chairs	8/01/12	2,000				2,000	3 MO S/L	0	333
Total Other Depreciation			1,212,429				1,212,429		406,604	82,859
Total ACRS and Other Depreciation			1,212,429				1,212,429		406,604	82,859
<b>Amortization:</b>										
33	Adobe Software	5/10/05	380				380	3 MOAmort	380	0
108	Loan Costs	7/02/09	1,082				1,082	17 MOAmort	164	64
			1,462				1,462		544	64
Grand Totals			1,221,872				1,221,872		411,144	84,486
Less: Dispositions and Transfers			146,800				146,800		146,800	0
Less: Start-up/Org Expense			0				0		0	0
Net Grand Totals			1,075,072				1,075,072		264,344	84,486

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Class Life ADS Property:</b>										
137	1 Vostro260 minitower, 1 Vostro1540 BTX	4/03/12	3,234				3,234	5 HY S/L	0	323
			<u>3,234</u>				<u>3,234</u>		<u>0</u>	<u>323</u>
<b>Prior MACRS:</b>										
87	ChatterVox Complete	2/29/08	257			X	129	7 HY 200DB	216	12
109	Fujitsu ScanSnap 5510	3/10/09	460				460	5 HY 200DB	325	54
117	Dell Optiplex computer	4/13/10	1,146				1,146	5 MQ200DB	699	179
118	Dell T610 computer	7/20/10	3,545			X	0	5 MQ150DB	3,545	0
119	HP 500B MT and 19" TFT Display	11/08/10	2,723				2,723	5 MQ150DB	888	551
120	Cabinets	12/30/10	567				567	7 MQ150DB	133	93
			<u>8,698</u>				<u>5,025</u>		<u>5,806</u>	<u>889</u>
<b>Other Depreciation:</b>										
15	Presentation Projector	1/10/03	700				700	7 MO S/L	700	0
17	Gray Workstation - Patient Service	3/17/03	3,693				3,693	7 MO S/L	3,693	0
19	Equipment	7/30/03	636				636	7 MO S/L	636	0
21	Telephone System	2/27/03	4,703				4,703	7 MO S/L	4,703	0
28	Dell Dimoension 3000 Comp-Patti	12/17/04	651				651	5 MO S/L	651	0
34	Ft Myers Office Furniture	11/12/05	864				864	7 MO S/L	772	92
35	Building	6/26/06	437,147				437,147	39 MO S/L	62,583	11,209
36	Land	6/26/05	225,000				225,000	0 -- Land	0	0
37	Equipment-Alarm EMG	5/24/06	412				412	7 MO S/L	333	59
38	Cable Wiring for Network/Innovative Netw	6/23/06	2,300				2,300	7 MO S/L	1,835	328
39	Equipment	7/10/06	1,063				1,063	7 MO S/L	848	152
40	Gray reception desk	7/10/06	932				932	7 MO S/L	744	133
41	Equipment	8/11/06	1,149				1,149	7 MO S/L	903	164
42	Telephone system equipment	6/12/06	14,390				14,390	7 MO S/L	11,649	2,056
43	Telephone system equipment	6/30/06	990				990	7 MO S/L	790	141
44	Telephone equipment	7/10/06	1,925				1,925	7 MO S/L	1,535	275
45	Network equip TOE switch from PCM	7/31/06	917				917	7 MO S/L	721	131
46	Furn Bush desk units (Robin & Nancy)	8/07/06	2,190				2,190	7 MO S/L	1,721	312
48	Laser printer & 3 Acer monitors	8/15/06	181				181	7 MO S/L	181	0
49	Acer computer, memory (Katie's)	8/15/06	796				796	7 MO S/L	626	114
50	3 computers (1 Tampa, 2 Palm Beach)	10/11/06	1,650				1,650	7 MO S/L	1,257	236
51	Lift Chair	2/13/06	1,475				1,475	7 MO S/L	1,264	211
52	Lift Chair	5/03/06	440				440	7 MO S/L	361	63
53	Lift Chair	5/16/06	4,952				4,952	7 MO S/L	4,009	707
54	Lift Chair	5/25/06	256				256	7 MO S/L	207	36
55	Lift Chair	10/16/06	1,925				1,925	7 MO S/L	1,444	275
56	Hydraulic Sara Lift	11/11/06	4,277				4,277	7 MO S/L	3,208	611
58	2 4-dwr lateral file cab, 6 mobile conf table	7/16/06	2,930				2,930	7 MO S/L	2,302	419
59	Blinds - ALS office	8/04/06	427				427	7 MO S/L	335	61
61	Chair	4/10/07	500				500	7 MO S/L	345	72
62	3 Acer computers (vol patient serv, Robin)	4/03/07	1,350				1,350	5 MO S/L	1,305	45
63	IT Eqp/Trufax	5/10/07	469				469	5 MO S/L	446	23
64	IT Eqp/Adtran NetVanta 3200 - Router	8/31/07	1,287				1,287	5 MO S/L	1,136	151
65	2 Office chairs/Palm Beach office	9/14/07	320				320	7 MO S/L	202	46
66	Canon Multifunction MF5770 laser printer/	8/15/07	256				256	5 MO S/L	230	26
67	HP Office Jet Pro L7780 color printer	9/12/07	520				520	5 MO S/L	459	61
68	Shore Gear 40/8	11/20/07	1,496				1,496	5 MO S/L	1,247	249
69	Upgrade to Enterprise Ed (Shore Gear?)	11/20/07	3,746				3,746	5 MO S/L	3,122	624
70	Adtran total Access 604 router	11/20/07	779				779	5 MO S/L	649	130
71	Blinds for tenant buildout	4/11/07	444				444	7 MO S/L	307	63
72	Buildout for tenant	4/30/07	39,500				39,500	39 MO S/L	4,811	1,013
73	Gray WS for Walk Coord -2 Desks, Return,	10/15/07	1,379				1,379	7 MO S/L	854	197
74	4 Hoyer Lifts	7/31/07	1,600				1,600	3 MO S/L	1,600	0
75	27 Power Wheelchairs	7/31/07	135,000				135,000	3 MO S/L	135,000	0
	Sold/Scrapped 1/31/13									
76	DME Equipment	4/17/07	420				420	7 MO S/L	285	60
78	ALS power w/chair repl	1/31/08	880				880	7 MO S/L	503	126
82	Door signage/logos-ALS & tenant	8/28/07	185				185	7 MO S/L	117	26
83	Acer monitor (Katie)	11/11/07	206				206	7 MO S/L	125	30
84	Compact refrig, over-counter microwave	7/10/06	268				268	7 MO S/L	213	39
85	Blackberry (Verizon)	7/10/06	285				285	7 MO S/L	227	41
86	Telephone equipment	10/11/06	536				536	7 MO S/L	409	76
88	6 Wheelchair Components	6/13/08	0				0	0 HY	0	0

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
89	Invacare Reliant 450 Elec Hoyer Lift	9/26/08	0				0	0	HY		0	0
90	2 MK 60 amp gel batteries	11/11/08	0				0	0	HY		0	0
91	MK Batteries-(4)75 amp,(2) 55 amp, (2) 35	1/16/09	0				0	0	HY		0	0
92	Dell 1110 Laser Printer	3/10/08	0				0	0	HY		0	0
93	Linksys Wireless Access Point	3/04/08	0				0	0	HY		0	0
94	Dell vostro 200	3/11/08	0				0	0	HY		0	0
95	Dell Lat D630	4/22/08	0				0	0	HY		0	0
96	Dell Lat D630	6/27/08	0				0	0	HY		0	0
97	Dell Lat D630	9/22/08	0				0	0	HY		0	0
98	Seagate 500GB Freeagent Dsk Top 3 5	10/09/08	0				0	0	HY		0	0
99	Trailer	1/28/09	0				0	0	HY		0	0
100	14 Manual Wheelchairs	7/01/08	0				0	0	HY		0	0
101	7 Hospital Beds	7/01/08	0				0	0	HY		0	0
102	9 Hoyer Lifts	7/01/08	0				0	0	HY		0	0
103	13 Lift Chairs	7/01/08	0				0	0	HY		0	0
104	8 Ramps	7/01/08	0				0	0	HY		0	0
105	11 Power Wheelchairs	7/01/08	0				0	0	HY		0	0
	Sold/Scrapped 1/31/13											
106	2 High-Back Chairs	3/04/08	0				0	0	HY		0	0
110	39 Power Wheelchairs	7/01/09	0				0	0	HY		0	0
111	15 Manual Wheelchairs	7/01/09	0				0	0	HY		0	0
112	9 Hospital Beds	7/01/09	0				0	0	HY		0	0
113	6 Hoyer Lifts	7/01/09	0				0	0	HY		0	0
114	7 Lift Chairs	7/01/09	0				0	0	HY		0	0
115	8 Ramps	7/01/09	0				0	0	HY		0	0
116	31 Wheelchairs	7/01/09	0				0	0	HY		0	0
121	35 Power Wheelchairs	8/01/10	0				0	0	HY		0	0
122	14 Manual Wheelchairs	8/01/10	0				0	0	HY		0	0
123	7 Hospital Beds	8/01/10	0				0	0	HY		0	0
124	9 Hoyer Lifts	8/01/10	0				0	0	HY		0	0
125	12 Lift Chairs	8/01/10	0				0	0	HY		0	0
126	8 Ramps	8/01/10	0				0	0	HY		0	0
127	2 Hospital Beds	8/01/11	0				0	0	HY		0	0
128	8 Lift Chairs	8/01/11	0				0	0	HY		0	0
129	12 Ramps	8/01/11	0				0	0	HY		0	0
130	18 Manual Wheelchairs	8/01/11	0				0	0	HY		0	0
131	46 Power Wheelchairs	8/01/11	0				0	0	HY		0	0
132	11 Hoyer Lifts	8/01/11	0				0	0	HY		0	0
133	Vostro 3500 Laptop	4/18/11	987				987	5	MO S/L		148	197
135	HP G6-1B60US Laptop	12/06/11	0				0	0	HY		0	0
138	AugCom Storage Cabinet	4/25/12	0				0	0	HY		0	0
139	Manual Wheelchair	7/01/08	0				0	0	HY		0	0
	Sold/Scrapped 1/31/13											
140	1 Hospital Bed	7/01/08	0				0	0	HY		0	0
	Sold/Scrapped 1/31/13											
141	4 Hospital Beds	8/01/12	0				0	0	HY		0	0
142	10 Hoyer Lifts	8/01/12	0				0	0	HY		0	0
144	20 Manual Wheelchairs	8/01/12	0				0	0	HY		0	0
145	47 Power Wheelchairs	8/01/12	0				0	0	HY		0	0
146	7 Ramps	8/01/12	0				0	0	HY		0	0
147	10 Lift Chairs	8/01/12	0				0	0	HY		0	0
<b>Total Other Depreciation</b>			<u>911,384</u>				<u>911,384</u>				<u>263,751</u>	<u>21,080</u>
<b>Total ACRS and Other Depreciation</b>			<u>911,384</u>				<u>911,384</u>				<u>263,751</u>	<u>21,080</u>
<b>Grand Totals</b>			923,316				919,643				269,557	22,292
<b>Less: Dispositions and Transfers</b>			<u>135,000</u>				<u>135,000</u>				<u>135,000</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>788,316</u>				<u>784,643</u>				<u>134,557</u>	<u>22,292</u>

Forms  
**990 / 990-PF**

**Mortgages and Other Notes Payable**

**2012**

For calendar year 2012, or tax year beginning 02/01/12, and ending 01/31/13

Name

The ALS Association  
Florida Chapter, Inc.

Employer Identification Number

94-3124732

Form 990, Part X, Line 23 - Additional Information

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

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1) 460,000	06/26/06	06/26/26	Monthly payments of 3,635	6.250
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	382,794	356,580
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Totals	382,794	356,580

## Federal Statements

## Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Consulting	\$ 7,613	\$ 6,091	\$ 761	\$ 761
Total	\$ 7,613	\$ 6,091	\$ 761	\$ 761

## Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Research	\$ 51,000	\$ 51,000		
Bank and Credit Card Char	23,029	18,423	2,303	2,303
Telephone	12,829	10,263	1,283	1,283
Supplies	11,963	9,571	1,196	1,196
Staff Development	8,519	6,815	852	852
Fund Development	7,969	1,594		6,375
Advocacy	4,801	4,801		
Equipment Rental	2,869	2,295	574	
Board Expenses	1,227		1,227	
Taxes, Licenses and Permi	891	891		
Miscellaneous	201	157	24	20
Total	\$ 125,298	\$ 105,810	\$ 7,459	\$ 12,029

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

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☒ **X**

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

Enter filer's identifying number, see instructions

### Type or print

File by the  
due date for  
filing your  
return. See  
instructions

Name of exempt organization or other filer, see instructions

Employer identification number (EIN) or

The ALS Association, Inc., Florida Chapter

94-3124732

Number, street, and room or suite no. If a P.O. box, see instructions

Social security number (SSN)

3242 Parkside Center Circle

City, town or post office, state, and ZIP code. For a foreign address, see instructions

Tampa, FL 33619

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . .

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720- (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Kimberly Hanna

Telephone No ► 813-637-9000

FAX No ► (813) 637-9010

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until December 15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for
- ☐ calendar year 20 \_\_\_\_ or
- ☒ tax year beginning February 1, 20 12, and ending January 31, 20 13

- 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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0.00
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$	
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.00

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

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

Form 8868 (Rev. 1-2013)

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	The ALS Association, Inc., Florida Chapter		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P.O. box, see instructions		94-3124732	
	3242 Parkside Center Circle		Social security number (SSN)	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	Tampa, FL 33619			

Enter the Return code for the return that this application is for (file a separate application for each return) . . . . . 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990	01
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of Kimberly Hanna  
Telephone No. 813-637-9000 FAX No. 813-637-9010
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)            If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- I request an additional 3-month extension of time until December 15, 20 13
- For calendar year           , or other tax year beginning February 1, 20 12, and ending January 31, 20 13
- If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension Additional time is needed to gather the necessary information to prepare a complete and accurate return.

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

**Signature and Verification must be completed for Part II only.**

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

Signature Robert M. Welden Title C.P.A. Date 9/13/13