

Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning <u>2/01</u> , 2008, and ending <u>1/31</u> , 2009									
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">C</td> <td> AMYOTROPHIC LATERAL SCLEROSIS ASSOC., TENNESSEE CHAPTER 522 EAST IRIS DRIVE NASHVILLE, TN 37204-0244 </td> </tr> <tr> <td>D</td> <td>Employer identification number <u>94-3124723</u></td> </tr> <tr> <td>E</td> <td>Telephone number <u>(615) 279-5551</u></td> </tr> <tr> <td>F</td> <td>Group Exemption Number <u> </u></td> </tr> </table>	C	AMYOTROPHIC LATERAL SCLEROSIS ASSOC., TENNESSEE CHAPTER 522 EAST IRIS DRIVE NASHVILLE, TN 37204-0244	D	Employer identification number <u>94-3124723</u>	E	Telephone number <u>(615) 279-5551</u>	F	Group Exemption Number <u> </u>
C	AMYOTROPHIC LATERAL SCLEROSIS ASSOC., TENNESSEE CHAPTER 522 EAST IRIS DRIVE NASHVILLE, TN 37204-0244								
D	Employer identification number <u>94-3124723</u>								
E	Telephone number <u>(615) 279-5551</u>								
F	Group Exemption Number <u> </u>								

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

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ▶

I Website: ▶ WWW.ALSTN.ORG

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — ☒ 501(c) (3) ▶ (insert no.) 4947(a)(1) or 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 451,722.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1	111,375.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	11,455.
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ <u> </u> of contributions reported on line 1)	6a	328,175.
b Less: direct expenses other than fundraising expenses	6b	50,578.	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	277,597.	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	717.	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	401,144.	
E X P E N S E S	10 Grants and similar amounts paid (attach schedule) <u>SEE STATEMENT 2</u>	10	57,162.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	188,382.
	13 Professional fees and other payments to independent contractors	13	45,567.
	14 Occupancy, rent, utilities, and maintenance	14	15,000.
	15 Printing, publications, postage, and shipping	15	5,917.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	184,891.
	17 Total expenses (add lines 10 through 16)	17	496,919.
A S S E T S	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-95,775.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	577,997.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	482,222.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	568,664.	419,066.
23 Land and buildings	23	
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	78,235.	76,989.
25 Total assets	646,899.	496,055.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	68,902.	13,833.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	577,997.	482,222.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008)

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

SEE STATEMENT 6

describe what was achieved in carrying out the organization's exempt purposes, in a clear and concise manner, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	RESPIRE CARE, EDUCATION, INFORMATION AND SUPPORT FOR CAREGIVERS AND FAMILY MEMBERS
----	--

FAMILY

(Grants \$

— — — — —

(Grants \$

— — — — —

(Grants \$

(Grants \$

517 PART IV

Part IV	List of Officers, Directors, Trustees, and Key Employees. (List each one even if not compensated. See the instrs.)
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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
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SEE STATEMENT 7

SEE STATEMENT 7		0.	0.
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[illegible]

Part V Other Information (Note the statement requirement in General Instruction V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity.		X
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved.	38b	N/A
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A
40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0.; section 4912 ▶ 0.; section 4955 ▶ 0.		
b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I.	40b	X
c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
d Enter amount of tax on line 40c reimbursed by the organization.		0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T.	40e	X
41 List the states with which a copy of this return is filed ▶ NONE		

42a The books are in care of ▶ MICHELLE SWEENEY Telephone no. ▶ (615) 279-5551
 Located at ▶ 522 EAST IRIS DRIVE NASHVILLE TN ZIP + 4 ▶ 37204-0244

	Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country: ... ▶	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country: ... ▶	42c	X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A

	Yes	No
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ.	45	X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

SEE STATEMENT 8

- 46 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. Yes No
- 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II. 46 47 48 49a 49b
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E. X
- 49a Did the organization make any transfers to an exempt non-charitable related organization? X
- b If 'Yes,' was the related organization(s) a section 527 organization? X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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: Cheri C. Sanders Date: 7-31-09

Type or print name and title: Cheri C. Sanders, Executive Director

Paid Preparer's Use Only Preparer's signature: Josh Hodges, CPA Date: 7-30-09 Check if self-employed: ☐ Preparer's Identifying Number (See instructions): P00546174

Firm's name (or yours if self-employed), address, and ZIP + 4: APH, CPAS, PLLC
3326 ASPEN GROVE DR STE 500
FRANKLIN, TN 37067-4836

EIN: 62-1384008
 Phone no.: 615-376-8800

May the IRS discuss this return with the preparer shown above? See instructions. X Yes No

BAA

Form 990-EZ (2008)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.)						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						
4 Total. Add lines 1-3.						
5 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).						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10.						
12 Gross receipts from related activities, etc. (see instructions).					12	

13 First five years. 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. ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	%
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	%

16a 33-1/3 support test – 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization. ☐

b 33-1/3 support test – 2007. 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 stop here. The organization qualifies as a publicly supported organization. ☐

17a 10%-facts-and-circumstances test – 2008. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

b 10%-facts-and-circumstances test – 2007. 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 stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ☐

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include "unusual grants.")	246,734.	79,632.	137,260.	162,325.	111,375.	737,326.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	210,966.	334,615.	346,104.	371,492.	328,175.	1,591,352.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1-5	457,700.	414,247.	483,364.	533,817.	439,550.	2,328,678.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						2,328,678.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	457,700.	414,247.	483,364.	533,817.	439,550.	2,328,678.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,733.	13,494.	18,022.	23,342.	11,455.	70,046.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	3,733.	13,494.	18,022.	23,342.	11,455.	70,046.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) SEE PART IV		4,451.	1,710.	1,804.	717.	8,682.
13 Total support. (Add lines 9, 10c, 11, and 12.)						2,407,406.
14 First five years. 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	96.7 %
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	100.0 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	2.9 %
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.0 %
19a 33-1/3 support tests - 2008. 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	▶	<input checked="" type="checkbox"/>
b 33-1/3 support tests - 2007. If the organization did not check a box on line 14 or 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	▶	<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	▶	<input type="checkbox"/>

Part IV

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

This image shows a full page of white paper designed for handwriting practice. It features 20 evenly spaced, horizontal dashed lines that run across the entire width of the page. There are no margins, text, or other markings present.

2008

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

AMYOTROPHIC LATERAL SCLEROSIS ASSOC.,
TENNESSEE CHAPTER

94-3124723

PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
OTHER REVENUE	717.	1,804.	1,710.	4,451.	
TOTAL	\$ 717.	\$ 1,804.	\$ 1,710.	\$ 4,451.	\$ 0.

Supplemental Information Regarding Fundraising or Gaming Activities

► Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

2008

Open to Public Inspection

Name of the organization AMYOTROPHIC LATERAL SCLEROSIS ASSOC.,
TENNESSEE CHAPTER

Employer identification number
94-3124723

Part I Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
--

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

- | | |
|--|--|
| <input type="checkbox"/> Mail solicitations | <input type="checkbox"/> Solicitation of non-government grants |
| <input type="checkbox"/> Email solicitations | <input type="checkbox"/> Solicitation of government grants |
| <input type="checkbox"/> Phone solicitations | <input type="checkbox"/> Special fundraising events |
| <input type="checkbox"/> In-person solicitations | |

- 2a Did the organization have 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. Form 990EZ filers are not required to complete this table.

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

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

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

		(a) Event #1 <u>WALK TO DEFEAT</u> (event type)	(b) Event #2 <u>GOLF TOURNAMEN</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col. (a) through col. (c))
REVENUE	1 Gross receipts	290,731.	35,917.		326,648.
	2 Less: Charitable contributions				
	3 Gross revenue (line 1 minus line 2)	290,731.	35,917.		326,648.
DIRECT EXPENSES	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Other direct expenses	31,371.	18,989.		50,360.
	8 Direct expense summary. Add lines 4- through 7 in column (d)				50,360.
	9 Net income summary. Combine lines 3 and 8 in column (d)				276,288.

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				
	2 Cash prizes				
DIRECT EXPENSES	3 Non-cash 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 lines 1 and 7 in column (d)				

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

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

b If 'No,' Explain: _____

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

b If 'Yes,' Explain: _____

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	YES	NO
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:

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

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

Name: ▶

Address: ▶

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

- 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:

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? 17a

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

2008

FEDERAL STATEMENTS

PAGE 1

AMYOTROPHIC LATERAL SCLEROSIS ASSOC.,
TENNESSEE CHAPTER

94-3124723

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISC. REVENUE		\$	717.
TOTAL		\$	<u>717.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAIDPAYMENTS TO AFFILIATES

NAME:	ALS NATIONAL CHAPTER	
ADDRESS:	27001 AGOURA ROAD SUITE 250	
	CALABASAS HILLS, CA 91301	
AMOUNT:		\$ 57,162.

STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

ADVERTISING AND PROMOTION	\$	106.
ADVOCACY DAY		1,910.
BANK AND CREDIT CARD CHARGES		3,274.
COMMUNICATION PROGRAM		14,100.
DEPRECIATION		923.
DIRECT MAILINGS		3,066.
DUES AND SUBSCRIPTIONS		1,410.
EDUCATION AND TRAINING		3,221.
EQUIPMENT LOAN PROGRAM		13,990.
EQUIPMENT RENTAL		2,614.
GIFTS		650.
HOLIDAY SUPPORT PROGRAM		199.
IN-KIND EXPENSES		26,727.
INSURANCE		8,102.
MISCELLANEOUS EVENT COSTS		487.
NEWSLETTER		4,923.
OFFICE EXPENSES		2,929.
PATIENT ASSISTANCE		921.
PAYROLL SERVICE		1,780.
PERMITS AND LICENSES		570.
REPAIRS AND MAINTENANCE		2,054.
RESEARCH		1,464.
RESPIRE CARE		60,355.
STRATEGIC PLANNING		38.
SYMPOSIUM		2,823.
TELEPHONE		9,470.
TRAVEL		10,832.
UTILITIES		2,122.
WEBSITE		3,831.
TOTAL	\$	<u>184,891.</u>

2008

FEDERAL STATEMENTS

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AMYOTROPHIC LATERAL SCLEROSIS ASSOC..
TENNESSEE CHAPTER

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STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS

	BEGINNING	ENDING
ACCOUNTS RECEIVABLE	\$ 0.	\$ 7,250.
INVENTORIES	69,485.	60,758.
MACHINERY AND EQUIPMENT	2,409.	1,485.
PREPAID EXPENSES AND DEFERRED CHARGES	6,341.	7,496.
TOTAL	\$ 78,235.	\$ 76,989.

STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES

	BEGINNING	ENDING
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 68,902.	\$ 13,833.
TOTAL	\$ 68,902.	\$ 13,833.

STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION'S MISSION IS TO RAISE MONEY TO ASSIST IN FINDING A CURE FOR ALS AND TO IMPROVE THE LIFESTYLE OF THOSE WHO HAVE ALS

STATEMENT 7
FORM 990-EZ, PART IV
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
HOWARD HAGAN 2509 BELLE BROOK DR. FRANKLIN, TN 37067	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
ALICE BALL BREUER 6 CHERUB COURT BRENTWOOD, TN 37027	BOARD MEMBER 2.00	0.	0.	0.
ROSANNE BUSHMAN 1116 FORESTPOINTE DR. HENDERSONVILLE, TN 37075	BOARD MEMBER 2.00	0.	0.	0.
BRYANT TIRRILL 4525 HARDING ROADM SUITE 300 NASHVILLE, TN 37205	BOARD MEMBER 2.00	0.	0.	0.

AMYOTROPHIC LATERAL SCLEROSIS ASSOC..
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STATEMENT 7 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
BEVERLY FEAGIN 8960 BAY COLONY DRIVE #1504 NAPLES, FL 34108	BOARD MEMBER 2.00	\$ 0.	\$ 0.	\$ 0.
JAY GROVES 1500 22ND AVE. SOUTH NASHVILLE, TN 37232-8285	BOARD MEMBER 2.00	0.	0.	0.
ROBERT HARRIS 511 UNION STREET, STE. 2100 NASHVILLE, TN 37219	BOARD MEMBER 2.00	0.	0.	0.
MICHAEL KAMINSKI 2307 VALLEY BROOK ROAD NASHVILLE, TN 37215	BOARD MEMBER 2.00	0.	0.	0.
LORI KIRKPATRICK 5100 POPLAR AVE, SUITE 1000 MEMPHIS, TN 38137	BOARD MEMBER 2.00	0.	0.	0.
DEBBIE MATHEWS 907 OVERTON LEA ROAD NASHVILLE, TN 37220	BOARD MEMBER 2.00	0.	0.	0.
ROLAND MYERS 1112 BEDFORDSHIRE COURT NASHVILLE, TN 37221	VICE PRESIDENT 2.00	0.	0.	0.
BRENDA HRIVNAK 2124 LAMONT STREET KINGSPORT, TN 37664	BOARD MEMBER 2.00	0.	0.	0.
BILL GRANA 1321 MURFREESBORO ROAD STE 200 NASHVILLE, TN 37217	BOARD MEMBER 1.00	0.	0.	0.
KEVIN SHARP 1720 WEST END AVE., STE. 300 NASHVILLE, TN 37203	PRESIDENT 2.00	0.	0.	0.
JAN SHIPP 1608 WOODMONT BLVD. NASHVILLE, TN 37215	PAST PRESIDENT 2.00	0.	0.	0.
BRENDA BUTKA 5188 OLD HICKORY BLVD NASHVILLE, TN 37219	BOARD MEMBER 2.00	0.	0.	0.

AMYOTROPHIC LATERAL SCLEROSIS ASSOC.,
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STATEMENT 7 (CONTINUED)

FORM 990-EZ, PART IV

LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
MARK WILLIAMS P.O. BOX 50494 NASHVILLE, TN 37205	TREASURER 1.00	\$ 0.	\$ 0.	\$ 0.
FLINT CROSS 4321 ESTES ROAD NASHVILLE, TN 37215	SECRETARY 2.00	0.	0.	0.
RHONDA LOWRY 4005 FRANKLIN PIKE NASHVILLE, TN 37201	BOARD MEMBER 2.00	0.	0.	0.
	TOTAL	\$ 0.	\$ 0.	\$ 0.

STATEMENT 8

FORM 990-EZ, PART VI

REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO