

**Short Form  
Return of Organization Exempt From Income Tax**

**2008**

Department of the Treasury  
Internal Revenue Service

**Under 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 org- anizations 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*

**Open to Public  
Inspection**

**A For the 2008 calendar year, or tax year beginning** 2/01 , **2008, and ending** 1/31 , **2009**

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Termination</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b></p> <p><b>ALS ASSOCIATION - ORANGE COUNTY CHAPTER</b> 1232 VILLAGE WAY A SANTA ANA, CA 92705</p>	<p><b>D</b> Employer identification number <b>33-0282720</b></p> <p><b>E</b> Telephone number <b>714 285-1088</b></p> <p><b>F</b> Group Exemption Number ▶ <b>4119</b></p>
---	--	--

• **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:** ▶ HTTP://WWW.ALSAOC.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 ▶ \$ **448,316.**

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

	<b>1</b> Contributions, gifts, grants, and similar amounts received		379,259.
	<b>2</b> Program service revenue including government fees and contracts		
	<b>3</b> Membership dues and assessments		1,335.
	<b>4</b> Investment income		10,864.
REVENUE	<b>5a</b> Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>b</b> Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch)	<b>5c</b>	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	<b>a</b> Gross revenue (not including reported on line 1)	<b>6a</b>	56,858.
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>6b</b>	56,858.
	<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	<b>6c</b>	
	<b>7a</b> Gross sales of inventory, less returns and allowances	<b>7a</b>	
	<b>b</b> Less: cost of goods sold	<b>7b</b>	
	<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	
	<b>8</b> Other revenue (describe ▶ )	<b>8</b>	
	<b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	<b>9</b>	391,458.
EXPENSES	<b>10</b> Grants and similar amounts paid (attach schedule)	<b>10</b>	66,575.
	<b>11</b> Benefits paid to or for members	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits	<b>12</b>	172,856.
	<b>13</b> Professional fees and other payments to independent contractors	<b>13</b>	9,998.
	<b>14</b> Occupancy, rent, utilities, and maintenance	<b>14</b>	45,318.
	<b>15</b> Printing, publications, postage, and shipping	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ <u>See Statement 2</u> )	<b>16</b>	233,728.
	<b>17 Total expenses</b> (add lines 10 through 16)	<b>17</b>	528,475.
	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	-137,017.
ASSETS	<b>19</b> 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)	<b>19</b>	373,784.
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>	-1,719.
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	235,048.

**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
<b>22</b> Cash, savings, and investments		412,855.	270,749.
<b>23</b> Land and buildings			
<b>24</b> Other assets (describe ▶ <u>See Statement 4</u> )		22,002.	29,344.
<b>25 Total assets</b>		434,857.	300,093.
<b>26 Total liabilities</b> (describe ▶ <u>See Statement 5</u> )		61,073.	65,045.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)		373,784.	235,048.

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

Form 990-EZ (2008)

SCANNED OCT 6 2009

20P

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions.)		<b>Expenses</b>	
What is the organization's primary exempt purpose? See Statement 6		(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	See Statement 7 ----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	184,509.
29	See Statement 8 ----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	125,270.
30	RESEARCH TO ALSA NATIONAL OFFICE ----- ----- ----- (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	2,615.
31	Other program services (attach schedule) See Statement 9 (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	56,345.
32	<b>Total program service expenses</b> (add lines 28a through 31a) <input type="checkbox"/>	32	368,739.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** (List each one even if not compensated See the instrs.)

(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
CATHERINE SPEAR 1232 VILLAGE WAY, SUITE A SANTA ANA, CA 92705	Executive Direc 40.00	79,200.	0.	0.
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				
-----				

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

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
<b>34</b>	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
<b>35</b>	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.		
<b>35a</b>	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>35b</b>	b If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N		X
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. <span style="float:right">▶ <b>37a</b> 0.</span>		
<b>37b</b>	b Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b>	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?		X
<b>38b</b>	b If 'Yes,' complete Schedule L, Part II and enter the total amount involved <span style="float:right">▶ <b>38b</b> N/A</span>		
<b>39</b>	501(c)(7) organizations Enter:		
<b>39a</b>	a Initiation fees and capital contributions included on line 9 <span style="float:right">▶ <b>39a</b> N/A</span>		
<b>39b</b>	b Gross receipts, included on line 9, for public use of club facilities. <span style="float:right">▶ <b>39b</b> N/A</span>		
<b>40a</b>	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>40b</b>	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		X
<b>40c</b>	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <span style="float:right">▶ 0.</span>		
<b>40d</b>	d Enter amount of tax on line 40c reimbursed by the organization <span style="float:right">▶ 0.</span>		
<b>40e</b>	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		X
<b>41</b>	List the states with which a copy of this return is filed ▶ CA		

**42a** The books are in care of ▶ SANDY WINBERRY Telephone no ▶ 1-714-285-1088  
 Located at ▶ 1232 VILLAGE WAY, SUITE A SANTA ANA CA ZIP + 4 ▶ 92705

		Yes	No
<b>42b</b>	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: _____		X
<b>42c</b>	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: _____		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.**

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

		Yes	No
<b>44</b>	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
<b>45</b>	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		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 10

- |   | Yes | No |
|---|-----|----|
| 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 |     | X  |
| 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II   |     | X  |
| 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  |
| 49b If 'Yes,' was the related organization(s) a section 527 organization?   |     |    |

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
JENNIFER RABALAIS 1232 VILLAGE WAY, SUITE A SANTA ANA, CA	PATIENT SVC DIR 40	75,883.	0.	0.
JENNIFER CLAXTON 1232 VILLAGE WAY, SUITE A SANTA ANA, CA	NURSE CASE MGR 40	59,538.	0.	0.
-----				
-----				
-----				
-----				
Total number of other employees paid over \$100,000	0			

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: *Paulette Doull* Date: 9/16/09  
 Type or print name and title: PAULETTE DOULL, Treasurer

Paid Preparer's Use Only

Preparer's signature: *Patrick S. Guzman* Date: 9-8-09  
 Check if self employed:   
 Preparer's Identifying Number (See instructions): N/A  
 Firm's name (or yours if self-employed), address, and ZIP + 4: Guzman & Gray, Certified Public Accountants  
 4510 E. Pacific Coast Highway, Suite 270  
 Long Beach, CA 90804  
 EIN: N/A  
 Phone no: (562) 498-0997

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

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

**Public Charity Status and Public Support**

OMB No 1545 0047

**2008**

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization <b>ALS ASSOCIATION - ORANGE COUNTY CHAPTER</b>	Employer identification number <b>33-0282720</b>
--	---

**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: (Please check only **one** organization.)

- 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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**. (Attach Schedule H.)
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**. (see instructions)
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
  - a  Type I
  - b  Type II
  - c  Type III – Functionally integrated
  - d  Type III – Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that 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?

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

**h** Provide the following information about the organizations the organization supports.

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

**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
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants').	567,306.	469,485.	444,429.	716,616.	380,594.	2,578,430.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
<b>3</b> 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						0.
<b>4 Total.</b> Add lines 1-3	567,306.	469,485.	444,429.	716,616.	380,594.	2,578,430.
<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)						0.
<b>6 Public support.</b> Subtract line 5 from line 4						2,578,430.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	567,306.	469,485.	444,429.	716,616.	380,594.	2,578,430.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,874.	10,327.	10,347.	7,894.	10,864.	49,306.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
<b>11 Total support.</b> Add lines 7 through 10						2,627,736.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	0.
<b>13 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>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	98.1 %
<b>15</b> Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	94.5 %
<b>16a 33-1/3 support test - 2008.</b> 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. ▶ <input checked="" type="checkbox"/>		
<b>b 33-1/3 support test - 2007.</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 stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2008.</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 stop here. 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 10%-facts-and-circumstances test - 2007.</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 stop here. 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 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received (Do not include 'unusual grants.')						
<b>2</b> 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						
<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 1-5						
<b>7a</b> Amounts included on lines 1, 2, 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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<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.)						
<b>13 Total support.</b> (add lns 9, 10c, 11, and 12 )						

**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

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

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

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

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%

**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

**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

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





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

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

OMB No 1545-0047

**2008**

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**Open to Public Inspection**

Name of the organization

**ALS ASSOCIATION - ORANGE COUNTY CHAPTER**

Employer identification number

**33-0282720**

**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			
<b>Total</b>						

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

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

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

REVENUE	(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events		
	WALK TO DEFEAT (event type)	GOLF 2008 (event type)	1 (total number)	(Add col. (a) through col. (c))		
1	Gross receipts	255,911.	78,076.	36,091.	370,078.	
2	Less: Charitable contributions	234,096.	52,947.	26,177.	313,220.	
3	Gross revenue (line 1 minus line 2)	21,815.	25,129.	9,914.	56,858.	
DIRECT EXPENSES	4	Cash prizes				
	5	Non-cash prizes				
	6	Rent/facility costs				
	7	Other direct expenses	21,815.	25,129.	9,914.	56,858.
	8	Direct expense summary. Add lines 4- through 7 in column (d)				56,858.
9	Net income summary. Combine lines 3 and 8 in column (d)					

**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.

REVENUE	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
	(Add col. (a) through col. (c))			
1	Gross revenue			
DIRECT EXPENSES	2	Cash prizes		
	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
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)			

	YES	NO
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 _____	9a	
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If 'Yes,' Explain _____	10a	
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

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

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

<b>13a</b>		%
<b>13b</b>		%

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

Name: ▶ \_\_\_\_\_  
 Address: ▶ \_\_\_\_\_

**15a** Does the organization have a 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?
- 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: ▶ \$ \_\_\_\_\_

**17a**

		YES	NO

## ALS ASSOCIATION - ORANGE COUNTY CHAPTER

33-0282720

**Statement 1**  
**Form 990-EZ, Part I, Line 10**  
**Grants and Similar Amounts Paid**

Payments to Affiliates

Name:	THE ALS ASSOCIATION		
Address:	27001 AGOURA ROAD, SUITE 150		
	CALABASAS HILLS, CA 91301		
Purpose of payment:	NATIONAL REVENUE SHARING		
Amount:		\$	63,960.
Name:	THE ALS ASSOCIATION		
Address:	27001 AGOURA ROAD, SUITE 150		
	CALABASAS HILLS, CA 91301		
Purpose of payment:	RESEARCH PROGRAM		
Amount:		\$	2,615.

**Statement 2**  
**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

ADVOCACY		\$	6,438.
CONSULTANTS			1,610.
CONVIO EXPENSE			4,000.
DIRECT PUBLIC OUTREACH			7,295.
Insurance			3,209.
OTHER EXPENSES			18,479.
OUTSIDE SERVICES			8,188.
PATIENT SERVICES			184,509.
Total	\$		<u>233,728.</u>

**Statement 3**  
**Form 990-EZ, Part I, Line 20**  
**Other Changes In Net Assets Or Fund Balances**

Net Unrealized Gains and Losses on Investments		\$	-1,719.
Total	\$		<u>-1,719.</u>

**Statement 4**  
**Form 990-EZ, Part II, Line 24**  
**Other Assets**

	Beginning	Ending
Accounts Receivable	\$ 0.	\$ 10,000.
Furniture and Fixtures	2,059.	1,377.
Machinery and Equipment	10,379.	7,832.
Prepaid Expenses and Deferred Charges	5,861.	10,135.
SECURITY DEPOSIT	3,703.	0.
Total	\$ <u>22,002.</u>	\$ <u>29,344.</u>

ALS ASSOCIATION - ORANGE COUNTY CHAPTER

33-0282720

**Statement 5**  
**Form 990-EZ, Part II, Line 26**  
**Total Liabilities**

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 3,554.	\$ 14,797.
DUE TO ALS ASSOCIATION NATIONAL OFFICE	57,519.	50,248.
<b>Total</b>	<u>\$ 61,073.</u>	<u>\$ 65,045.</u>

**Statement 6**  
**Form 990-EZ, Part III**  
**Organization's Primary Exempt Purpose**

THE ALS ASSOCIATION IS THE ONLY NATIONAL NON-PROFIT VOLUNTARY HEALTH ORGANIZATION DEDICATED SOLELY TO THE FIGHT AGAINST ALS, OR AMYOTROPHIC LATERAL SCLEROSIS (OFTEN CALLED LOU GEHRIG'S DISEASE). THE ASSOCIATION'S MISSION IS TO FIND A CURE FOR AND IMPROVE LIVING WITH ALS.

**Statement 7**  
**Form 990-EZ, Part III, Line 28**  
**Statement of Program Service Accomplishments**

THE ALS ASSOCIATION - ORANGE COUNTY CHAPTER PROVIDES PATIENTS AND THEIR FAMILIES WITH PATIENT SERVICE PROGRAMS INCLUDING TELEPHONE CONSULATION AND IN-HPOME VISITS BY PROFESSIONAL NURSE CONSULTANTS AND SPEECH THERAPISTS. THE ASSOCIATION ALSO PURCHASES AUGMENTIVE COMMUNICATION DEVICES FOR ALS PATIENTS AND PROVIDES SUCH DEVICES VIA A COMPUTER LOAN BANK. THE ASSOCIATION HAS HELPED OVER 100 ALS PATIENTS AND RELATIVES THROUGHOUT THE YEAR.

**Statement 8**  
**Form 990-EZ, Part III, Line 29**  
**Statement of Program Service Accomplishments**

THE ALS ASSOCIATION - ORANGE COUNTY CHAPTER SEEKS TO PROMOTE AWARENESS AND UNDERSTANDING OF ALS AND THE WORK OF THE ALS ASSOCIATION BY PROVIDING UP-TO-DATE INFORMATION AND EDUCATUION MATERIALS TO THE ALS COMMUNITY, ALS PATIENTS AND FAMILIES, CAREGIVERS, RESEARCHERS AND MEMBERS IN THE HEALTH CARE FIELDS.

**Statement 9**  
**Form 990-EZ, Part III, Line 31**  
**Statement of Program Service Accomplishments**

<u>Description</u>	<u>0.</u> <u>Grants</u>	<u>Program</u> <u>Service</u> <u>Expenses</u>
REVENUE SHARING TO ALSA NATIONAL OFFICE		56,345.
Includes Foreign Grants: No		
<b>Total</b>	<u>\$ 0.</u>	<u>\$ 56,345.</u>

**Statement 10**  
**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