

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2004

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

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

A For the 2004 calendar year, or tax year beginning 02-01, 2004, and ending 01-31, 2005

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

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

PO BOX 40244

Room/suite

City or town, state or country, and ZIP + 4

NASHVILLE, TN 37204-0244

D Employer identification number

94-3124723

E Telephone number

(615) 332-9898

F Accounting method:

☐ Cash ☒ Accrual☐ Other (specify) ▶

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

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No

I Group Exemption Number ▶

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

G Website: ▶ WWW.ALSA.ORG

J Organization type (check only one) ☒ 501(c) (03) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 461,433

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:					
a	Direct public support	1a	246,734		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 246,734 noncash \$)	1d	246,734		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	3,733		
5	Dividends and interest from securities	5			
6a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
b	Less: cost or other basis and sales expenses	8a		8b	
c	Gain or (loss) (attach schedule)	8c			
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a	210,966		
b	Less: direct expenses other than fundraising expenses	9b			
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	210,966		
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	461,433		
13	Program services (from line 44, column (B))	13	201,585		
14	Management and general (from line 44, column (C))	14	38,952		
15	Fundraising (from line 44, column (D))	15	70,671		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	311,208		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	150,225		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	230,734		
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, 19, and 20)	21	380,959		

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

Form 990 (2004)

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____)	22				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25	Compensation of officers, directors, etc.	25				
26	Other salaries and wages	26				
27	Pension plan contributions	27				
28	Other employee benefits	28				
29	Payroll taxes	29				
30	Professional fundraising fees	30				
31	Accounting fees	31				
32	Legal fees	32				
33	Supplies	33				
34	Telephone	34				
35	Postage and shipping	35				
36	Occupancy	36				
37	Equipment rental and maintenance	37				
38	Printing and publications	38				
39	Travel	39				
40	Conferences, conventions, and meetings	40				
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42				
43	Other expenses not covered above (itemize): a SEE STMT	43a	311,208	201,585	38,952	70,671
b		43b				
c		43c				
d		43d				
e		43e				
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	311,208	201,585	38,952	70,671

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)What is the organization's primary exempt purpose? **SEE STMT 01**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a	NEWSLETTER TO EDUCATE PUBLIC AWARENESS				
	(Grants and allocations \$ _____)				4,691
b	GRANTS TO INDIVIDUALS WITH AMYOTROPHIC LATERAL SCLEROSIS.				
	(Grants and allocations \$ _____)				35,288
c	RESPIRE CARE, EDUCATION, INFORMATION AND SUPPORT FOR CAREGIVERS AND FAMILY MEMBERS				
	(Grants and allocations \$ _____)				161,606
d					
	(Grants and allocations \$ _____)				
e	Other program services (attach schedule) (Grants and allocations \$ _____)				
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)				201,585

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	213,477	45	380,232
46	Savings and temporary cash investments		46	
47 a	Accounts receivable			
b	Less: allowance for doubtful accounts	20,316	47c	
48 a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
49	Grants receivable		49	
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51 a	Other notes and loans receivable (attach schedule)			
b	Less: allowance for doubtful accounts		51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges		53	3,435
54	Investments - securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55 a	Investments - land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
56	Investments - other (attach schedule)		56	
57 a	Land, buildings, and equipment: basis	2,329		
b	Less: accumulated depreciation (attach schedule)	287	57c	2,042
58	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	233,953	59	385,709 ✓
60	Accounts payable and accrued expenses	3,219	60	4,750
61	Grants payable		61	
62	Deferred revenue		62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64 a	Tax-exempt bond liabilities (attach schedule)		64a	
b	Mortgages and other notes payable (attach schedule)		64b	
65	Other liabilities (describe)		65	
66	Total liabilities (add lines 60 through 65)	3,219	66	4,750
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	230,734	67	380,959
68	Temporarily restricted		68	
69	Permanently restricted		69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
70	Capital stock, trust principal, or current funds		70	
71	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds		72	
73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	230,734	73	380,959 ✓
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	233,953	74	385,709 ✓

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	462,758
b	Amounts included on line a but not on line 12, Form 990:		
	(1) Net unrealized gains on investments . . . \$		
	(2) Donated services and use of facilities . . . \$		1,325
	(3) Recoveries of prior year grants . . . \$		
	(4) Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) . . . ▶	b	1,325
c	Line a minus line b ▶	c	461,433
d	Amounts included on line 12, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify):		
	_____ \$		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	461,433

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	312,533
b	Amounts included on line a but not on line 17, Form 990:		
	(1) Donated services and use of facilities . . . \$		1,325
	(2) Prior year adjustments reported on line 20, Form 990 \$		
	(3) Losses reported on line 20, Form 990 . . . \$		
	(4) Other (specify):		
	_____ \$		
	Add amounts on lines (1) through (4) . . . ▶	b	1,325
c	Line a minus line b ▶	c	311,208
d	Amounts included on line 17, Form 990 but not on line a:		
	(1) Investment expenses not included on line 6b, Form 990 \$		
	(2) Other (specify):		
	_____ \$		
	Add amounts on lines (1) and (2) . . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	311,208

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of the instructions.)

(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 & deferred compensation	(E) Expense account and other allowances
See attached statement				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ▶ ☐ Yes ☒ No
If "Yes," attach schedule - see page 28 of the instructions.

Yes	No
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EEA

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies . . .					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	3,733	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property . .					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					210,966
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				3,733	210,966
105 Total (add line 104, columns (B), (D), and (E))					214,699

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
101	THE WALK FUNDRAISER GENERATED SPECIAL REVENUE FOR THE YEAR TO ASSIST VICTIMS OF ALS WITH MEDICAL NEEDS, RESEARCH FOR A CURE, EDUCATION AND AWARENESS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
NONE	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	Signature of officer <i>Bryant Trivitt</i>		Date 6-15-05	
Paid Preparer's Use Only	Type or print name and title <i>Bryant Trivitt - Preparer</i>			
	Preparer's signature <i>W. Z. Patterson</i>	Date 06-14-2005	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. W)
	Firm's name (or yours if self-employed) Akersloot, Patterson & Assoc.	EIN 62-1384008	Phone no.	
	750 Old Hickory Blvd #100 Brentwood TN 37027		615-376-8800	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

Supplementary Information – (See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

Employer identification number

94-3124723

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		

Part III Statements About Activities (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶\$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ☐ 50B
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the Support Schedule in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the Support Schedule in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) . . . ▶	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	124,876	1,440			126,316
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	112,601	103,582			216,183
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	237,477	105,022			342,499
24 Line 23 minus line 17	124,876	1,440			126,316
25 Enter 1% of line 23	2,375	1,050			
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 2,526
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts . . ▶					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c 126,316
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d
e Public support (line 26c minus line 26d total) ▶					26e 126,316
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 100.00%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2003) _____ (2002) _____ (2001) _____ (2000) _____ c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c
d Add: Line 27a total and line 27b total ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Name as shown on Return

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

94-3124723

FUNCTIONAL EXPENSES- PROGRAM SERVICES

DESCRIPTION	AMOUNT
EDUCATION AND TRAINING.....	425
INTERNET.....	591
SOCIALS/ PARTY.....	879
MISCELLANEOUS EXPENSE.....	320
PROFESSIONAL FEES.....	2,750
RESPIRE CARE.....	12,068
REVENUE SHARING.....	85,539
SYMPOSIUM.....	578
BOARD APPRECIATION.....	72
DATABASE.....	1,560
GRANTS TO PATIENTS.....	35,288
INSURANCE.....	1,463
NEWSLETTER.....	3,837
OFFICE SUPPLIES.....	2,153
PAYROLL AND PAYROLL TAXES.....	42,018
OTHER PROGRAM EXPENSES.....	1,090
PAYROLL SERVICE.....	463
POSTAGE AND DELIVERY.....	1,396
PRINTING AND REPRODUCTION.....	854
RENT.....	2,656
TELEPHONE.....	2,512
TRAVEL.....	2,750
UTILITIES.....	314
MEALS.....	9
TOTAL:	201,585

Name as shown on Return

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

Employer identification number

94-3124723

FUNCTIONAL EXPENSES- MGT & GENERAL

DESCRIPTION	AMOUNT
ADVERTISING.....	54
BANK SERVICE CHARGES.....	235
BOARD APPRECIATION.....	440
DEPRECIATION.....	267
EDUCATION AND TRAINING.....	354
INSURANCE.....	600
INTERNET.....	217
MISCELLANEOUS.....	20
NEWSLETTER.....	451
OFFICE SUPPLIES.....	1,311
PAYROLL AND PAYROLL TAXES.....	18,633
PAYROLL SERVICE.....	301
PERMITS AND LICENSES.....	290
POSTAGE AND DELIVERY.....	308
PRINTING AND REPRODUCTION.....	131
PROFESSIONAL FEES.....	3,742
RENT.....	1,310
REVENUE SHARING.....	6,414
TELEPHONE.....	2,239
TRAVEL.....	1,404
UTILITIES.....	231
TOTAL:	38,952

Name as shown on Return

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

Employer identification number

94-3124723

FUNCTIONAL EXPENSES- FUNDRAISING

DESCRIPTION	AMOUNT
ADVERTISING.....	55
DATABASE.....	1,055
EDUCATION AND TRAINING.....	563
INSURANCE.....	568
INTERNET.....	256
SOCIAL/PARTY.....	7,134
MEALS.....	59
MISCELLANEOUS.....	297
NEWSLETTER.....	799
OFFICE SUPPLIES.....	812
OTHER PROGRAM EXPENSES.....	350
PAYROLL AND PAYROLL TAXES.....	18,640
PAYROLL SERVICE.....	230
POSTAGE AND DELIVERY.....	195
PRINTING AND REPRODUCTION.....	163
PROFESSIONAL FEES.....	3,250
RENT.....	1,275
REVENUE SHARING.....	20,938
TELEPHONE.....	131
TRAVEL.....	1,231
UTILITIES.....	155
WALK.....	12,515
TOTAL:	70,671

Name as shown on Return

Employer identification number

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

94-3124723

ORG. PRIMARY PURPOSE

DESCRIPTION

AMOUNT

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.....

TOTAL:

Form 990 - Part V

List of Officers, Directors, Trustees, and Key Employees

Name(s) shown on return		Identifying Number		
AMYOTROPHIC LATERAL SCLEROSIS ASSOC		94-3124723		
(A) Name and address	Title and Average Hrs	(C) Compensation	(D) Contrib.	(E) Expense
ROSANNE BUSHMAN	BOARD MEMBER			
1116 FORESTPOINTE DRIVE, HENDE	2	0	0	0
HOWARD HAGAN	VICE PRESIDEN			
1548 LOST HOLLOW DR, BRENT, TN	2	0	0	0
BEVERLY FEAGIN	TREASURER			
1154 TRAVELERS RIDGE, NASH, TN	2	0	0	0
BLAKE FULTON	BOARD MEMBER			
2025 WOODMONT, NASHVILLE, TN.	2	0	0	0
JAY GROVES	BOARD MEMBER			
1500 22ND S., NASHVILLE, TN.	2	0	0	0
RICHARD PEUGEOT	BOARD MEMBER			
5121 ANNESWAY DR, NASH, TN	2	0	0	0
ROBERT L. HARRIS	SECRETARY			
511 UNION ST., NASHVILLE, TN.	2	0	0	0
WENDY RAY	BOARD MEMBER			
1507 TIMBERWOOD DR, COLUMBIA, TN	2	0	0	0
JAN SHIPP	BOARD MEMBER			
2404 OAKLAND AVE. NASH, TN	2	0	0	0
DR. MICHAEL KAMINSKI	BOARD MEMBER			
2307 VALLEY BROOK, NASH., TN.	2	0	0	0
DEBBIE MATHEWS	PAST PRESIDEN			
907 OVERTON LEA, NASH., TN.	2	0	0	0
DEWAYNE STANDIFER	BOARD MEMBER			
PO BOX 23616, NASH, TN	2	0	0	0
DONNA L. NAVE, M.ED.	BOARD MEMBER			
PO BOX 380, NASHVILLE, TN.	2	0	0	0
PAULA J. REESE	BOARD MEMBER			
518 STACY SQ., NASHVILLE, TN.	2	0	0	0
BRYANT TIRRILL	PRESIDENT			
4525 HARDING ROAD, STE 300 NAS	2	0	0	0
BETH WEST	EXEC. DIR.			
608 ROCHELLE, NASHVILLE, TN.	40	52,667	0	0

Name(s) shown on return

AMYOTROPHIC LATERAL SCLEROSIS ASSOC

Identifying Number

94-3124723

LINE 3A

THE ORGANIZATION REQUIRES AN APPLICATION STATING
SPECIFIC NEEDS OF CLIENTS AND A REPORT FROM A
NEROLOGIST IN ORDER TO QUALIFY FOR GRANT PAYMENTS.

Depreciation and Amortization

(Including Information on Listed Property)

2004

Attachment
Sequence No. 67Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return
ALS ASSN, CENTRAL TN CHAPTERBusiness or activity to which this form relates
Form 990Identifying number
94-3124723**Part I Election To Expense Certain Tangible Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See page 2 of the instructions for a higher limit for certain businesses	1	102000.00
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	0.00
3	Threshold cost of section 179 property before reduction in limitation	3	410000.00
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.00
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see page 3 of the instructions	5	102000.00

(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6	0.00	0.00	
7	0.00	0.00	
7	0.00	0.00	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0.00
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	0.00
10	Carryover of disallowed deduction from line 13 of your 2003 Form 4562	10	0.00
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	102000.00
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	0.00
13	Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12	13	0.00

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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions)	14	0.00
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	0.00
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	266.70

Part III MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2004	17	0.00
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B—Assets Placed in Service During 2004 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		0.00	3.0 yrs	HY	200DB	0.00
b 5-year property		0.00	5.0 yrs	HY	200DB	0.00
c 7-year property		0.00	7.0 yrs	HY	200DB	0.00
d 10-year property		0.00	10.0 yrs	HY	200DB	0.00
e 15-year property		0.00	15.0 yrs	HY	150DB	0.00
f 20-year property		0.00	20.0 yrs	HY	150DB	0.00
g 25-year property		0.00	25 yrs	HY	S/L	0.00
h Residential rental property		0.00	27.5 yrs	MM	S/L	0.00
i Nonresidential real property		0.00	27.5 yrs	MM	S/L	0.00
		0.00	39 yrs	MM	S/L	0.00
		0.00		MM	S/L	0.00

Section C—Assets Placed in service During 2004 Tax Year Using the Alternative Depreciation System

20a Class life		0.00			S/L	0.00
b 12-year		0.00	12.0 yrs		S/L	0.00
c 40-year		0.00	40.0 yrs	MM	S/L	0.00

Part IV Summary (see page 8 of the instructions)

21	Listed property. Enter amount from line 28	21	0.00
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 instr.	22	266.70
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	0.00

Application for Extension of Time to File an
Exempt Organization ReturnDepartment of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions.	AMYOTROPHIC LATERAL SCLEROSIS ASSOC	94-3124723
	Number, street, and room or suite no. If a P.O. box, see instructions.	
	PO BOX 40244	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	NASHVILLE, TN 37204-0244	

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

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

- The books are in the care of ▶ BETH WEST

Telephone No. ▶ 615-279-6551

FAX No. ▶ 615-332-9898

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 09-15, 2005, 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 02-01, 2004, and ending 01-31, 2005.

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

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

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

For Paperwork Reduction Act Notice, see instruction

Form 8868 (Rev. 12-2004)