

FORM 990 ATTACHED

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545 0047

2005

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 2005, and ending

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. ALS Therapy Development Foundation, Inc. 215 First Street Cambridge, MA 02142. D Employer Identification Number 04-3462719. E Telephone number 617-441-7200. 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. H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No.

G Web site: N/A

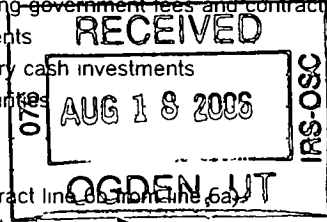
J Organization type (check only one) [X] 501(c) 3 (insert no) 4947(a)(1) or 527

K 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 chooses to file a return, be sure to file a complete return. Some states require a complete return. I Group Exemption Number. M Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 4,355,844.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and 3 columns. Row 1: Contributions, gifts, grants, and similar amounts received. 1a: 1,505,371. 1b: 59,871. 1c: Total (add lines 1a through 1c) (cash \$1,468,369. noncash \$96,873.). 1d: 1,565,242. Row 2: Program service revenue including government fees and contracts (from Part VII, line 93). Row 3: Membership dues and assessments. Row 4: Interest on savings and temporary cash investments. Row 5: Dividends and interest from securities. Row 6: Gross rents (6a), Less rental expenses (6b), Net rental income or (loss) (6c). Row 7: Other investment income (describe See Statement 1) 2,798. Row 8: Gross amount from sales of assets other than inventory (8a), Less cost or other basis and sales expenses (8b), Gain or (loss) (attach schedule Statement 2) (8c), Net gain or (loss) (combine line 8c, columns (A) and (B)) (8d) 1,573. Row 9: Special events and activities (attach schedule). If any amount is from gaming, check here. 9a: 2,730,802. 9b: 790,932. 9c: 1,939,870. Row 10: Gross sales of inventory, less returns and allowances (10a), Less cost of goods sold (10b), Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a) (10c). Row 11: Other revenue (from Part VII, line 103). Row 12: Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11) 3,509,483. Row 13: Program services (from line 44, column (B)). Row 14: Management and general (from line 44, column (C)). Row 15: Fundraising (from line 44, column (D)). Row 16: Payments to affiliates (attach schedule). Row 17: Total expenses (add lines 16 and 44, column (A)) 3,735,019. Row 18: Excess or (deficit) for the year (subtract line 17 from line 12) -225,536. Row 19: Net assets or fund balances at beginning of year (from line 73, column (A)) 694,012. Row 20: Other changes in net assets or fund balances (attach explanation). Row 21: Net assets or fund balances at end of year (combine lines 18, 19, and 20) 468,476.



SCANNED SEP 13 2006

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

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 (att sch) See Stmt 4 (cash \$ 275,000. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	275,000.	275,000.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	115,000.	94,668.	2,921.	17,411.
26	Other salaries and wages	961,525.	791,532.	24,422.	145,571.
27	Pension plan contributions				
28	Other employee benefits	103,420.	81,198.	2,897.	19,325.
29	Payroll taxes	119,823.	95,700.	3,600.	20,523.
30	Professional fundraising fees				
31	Accounting fees	20,968.		20,968.	
32	Legal fees	14,901.	14,901.		
33	Supplies	43,926.	30,428.	7,378.	6,120.
34	Telephone	20,986.	17,629.	1,068.	2,289.
35	Postage and shipping	36,501.	27,656.	2,456.	6,389.
36	Occupancy	306,824.	291,408.	3,706.	11,710.
37	Equipment rental and maintenance	9,830.	6,926.	1,787.	1,117.
38	Printing and publications				
39	Travel	138,485.	57,860.	16,497.	64,128.
40	Conferences, conventions, and meetings	33,691.	31,418.	641.	1,632.
41	Interest	7,343.	7,343.		
42	Depreciation, depletion, etc (attach schedule)	54,574.	44,812.	1,439.	8,323.
43	Other expenses not covered above (itemize)				
a	See Statement 5	1,472,222.	1,271,220.	131,421.	69,581.
b	-----				
c	-----				
d	-----				
e	-----				
f	-----				
g	-----				
44	Total functional expenses Add lines 22 through 43 (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	3,735,019.	3,139,699.	221,201.	374,119.

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

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.

What is the organization's primary exempt purpose? ▶ <u>See Statement 6</u> 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) organizations and 4947(a)(1) trusts, but optional for others)
a <u>See Statement 7</u> ----- ----- ----- ----- ----- (Grants and allocations \$ 275,000.) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	3,139,699.
b ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
c ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
d ----- ----- ----- ----- ----- (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
e Other program services (Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	3,139,699.

BAA

Part IV Balance Sheets (See 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
ASSETS	45 Cash — non-interest-bearing	806,467.	45	306,931.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable		47a	
	b Less. allowance for doubtful accounts		47b	47c
	48a Pledges receivable	485,000.	48a	
	b Less allowance for doubtful accounts		48b	48c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)		51a	
	b Less allowance for doubtful accounts		51b	51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	14,708.	53	31,102.
	54 Investments — securities (attach schedule) See St 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	59,503.	54	3,244.
	55a Investments — land, buildings, & equipment basis		55a	
b Less. accumulated depreciation (attach schedule)		55b	55c	
56 Investments — other (attach schedule)		56		
57a Land, buildings, and equipment. basis	567,787.	57a		
b Less accumulated depreciation (attach schedule) Statement 9	243,754.	57b	57c	
58 Other assets (describe ▶ See Statement 10)	90,943.	58	324,033.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,042,570.	59	238,947.	
LIABILITIES	60 Accounts payable and accrued expenses	253,387.	60	539,398.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule) See Statement 11		64b	236,964.
	65 Other liabilities (describe ▶ See Statement 12)	95,171.	65	144,419.
66 Total liabilities. Add lines 60 through 65	348,558.	66	920,781.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	694,012.	67	468,476.
	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)	694,012.	73	468,476.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,042,570.	74	1,389,257.	

BAA

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

a Total revenue, gains, and other support per audited financial statements		a 3,509,483.
b Amounts included on line a but not on Part I, line 12.		
1 Net unrealized gains on investments	b1	
2 Donated services and use of facilities	b2	
3 Recoveries of prior year grants	b3	
4 Other (specify) _____	b4	
Add lines b1 through b4		b
c Subtract line b from line a		c 3,509,483.
d Amounts included on Part I, line 12, but not on line a :		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify) _____	d2	
Add lines d1 and d2		d
e Total revenue (Part I, line 12). Add lines c and d		e 3,509,483.

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

a Total expenses and losses per audited financial statements		a 3,735,019.
b Amounts included on line a but not on Part I, line 17.		
1 Donated services and use of facilities	b1	
2 Prior year adjustments reported on Part I, line 20	b2	
3 Losses reported on Part I, line 20	b3	
4 Other (specify) _____	b4	
Add lines b1 through b4		b
c Subtract line b from line a		c 3,735,019.
d Amounts included on Part I, line 17, but not on line a :		
1 Investment expenses not included on Part I, line 6b	d1	
2 Other (specify) _____	d2	
Add lines d1 and d2		d
e Total expenses (Part I, line 17). Add lines c and d		e 3,735,019.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See 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 and deferred compensation plans	(E) Expense account and other allowances
See Statement 13		115,000.	11,623.	0.

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85c	Dues, assessments, and similar amounts from members		N/A
85d	Section 162(e) lobbying and political expenditures		N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86a	501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on line 12		N/A
86b	Gross receipts, included on line 12, for public use of club facilities		N/A
87a	501(c)(12) organizations. Enter. a Gross income from members or shareholders		N/A
87b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX		X
89a	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.		
89b	501(c)(3) and 501(c)(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,' attach a statement explaining each transaction		X
89c	Enter. Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
89d	Enter. Amount of tax on line 89c, above, reimbursed by the organization ▶ 0.		
90a	List the states with which a copy of this return is filed ▶ <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		0
91a	The books are in care of ▶ <u>Insource Services, Inc.</u> Telephone number ▶ <u>(781) 235-1490</u> Located at ▶ <u>148 Linden Street, Wellesley MA</u> ZIP + 4 ▶ <u>02482</u>		
91b	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
See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Statements			
91c	At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ▶ _____		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92	N/A	<input type="checkbox"/> N/A

Part VII Analysis of Income-Producing Activities (See 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 & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
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 pers prop					
99 Other investment income			3	2,798.	
100 Gain or (loss) from sales of assets other than inventory					1,573.
101 Net income or (loss) from special events					1,939,870.
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))				2,798.	1,941,443.
105 Total (add line 104, columns (B), (D), and (E))					1,944,241.

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 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)
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
N/A	%			
	%			
	%			
	%			

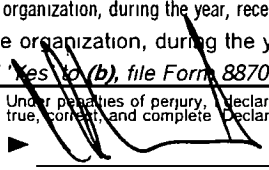
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions)

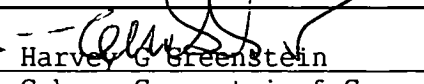
a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

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)

Under penalties of perjury, I declare that I have examined this return, including attachments, and all information furnished hereon, and I believe that the return and all information furnished hereon are true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which he or she has any knowledge.

Please Sign Here
 Signature of officer: 
 JAMES HEYWOOD, President & CEO
 Type or print name and title

Paid Preparer's Use Only
 Preparer's signature: 
 Harvey G Greenstein
 Firm's name (or yours if self employed), address, and ZIP + 4:
 Cohen, Greenstein & Company
 1212 Boylston Street Suite
 Chestnut Hill, MA 02467-210

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

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

Supplementary Information — (See separate instructions.)

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

OMB No 1545 0047

2005

Name of the organization

ALS Therapy Development Foundation, Inc.

Employer identification number

04-3462719

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See 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 and deferred compensation	(e) Expense account and other allowances
See Statement 14		343,932.	24,308.	0.
Total number of other employees paid over \$50,000 ▶		0		

Part II A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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
See Statement 15		688,919.
Total number of others receiving over \$50,000 for professional services ▶		0

Part II B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None		
Total number of other contractors receiving over \$50,000 for other services ▶		0

Part III Statements About Activities (See instructions)

	Yes	No
<p>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 ▶ \$ <u>18,875.</u></p> <p>(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>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.</p>	X	
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p> <p>b Lending of money or other extension of credit?</p> <p>c Furnishing of goods, services, or facilities?</p> <p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p> <p>e Transfer of any part of its income or assets?</p>		
<p>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)</p>		X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>		X
<p>c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?</p>		X
<p>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?</p>		X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>		X

Part IV Reason for Non-Private Foundation Status (See 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 ▶ _____
- 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(v) (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). Check the box that describes the type of supporting organization ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations (See 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	1,819,177.	2,724,705.	2,900,961.	3,943,096.	11,387,939.
16 Membership fees received					0.
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					0.
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	2,320.	7,571.	19,616.	12,545.	42,052.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	1,821,497.	2,732,276.	2,920,577.	3,955,641.	11,429,991.
24 Line 23 minus line 17	1,821,497.	2,732,276.	2,920,577.	3,955,641.	11,429,991.
25 Enter 1% of line 23	18,215.	27,323.	29,206.	39,556.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 228,600.
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 2001 through 2004 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 11,429,991.
d Add Amounts from column (e) for lines	18 42,052.	19	20	21	26d 42,052.
e Public support (line 26c minus line 26d total)					26e 11,387,939.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 99.63 %
27 Organizations described on line 12: N/A					
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.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
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 11b, 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.	(2004) _____	(2003) _____	(2002) _____	(2001) _____	
c Add Amounts from column (e) for lines.	15 _____	16 _____	17 _____	20 _____	21 _____
d Add. Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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					

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

		N/A	
		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following.		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement) ----- ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	18,875.
38 Total lobbying expenditures (add lines 36 and 37)	38 0.	18,875.
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40 0.	18,875.
41 Lobbying nontaxable amount Enter the amount from the following table --		
If the amount on line 40 is --		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is --		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42 0.	944.
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43 0.	0.
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44 0.	15,100.

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	3,775.	1,500.			5,275.
46 Lobbying ceiling amount (150% of line 45(e))					7,913.
47 Total lobbying expenditures	18,875.	7,500.			26,375.
48 Grassroots non-taxable amount	944.	375.			1,319.
49 Grassroots ceiling amount (150% of line 48(e))					1,979.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h.)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

SCHEDULE B PARTS I, II AND III NOT OPENED TO PUBLIC INSPECTION

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 1
Form 990, Part I, Line 7
Other Investment Income

Dividend Income	\$	2,278.
Interest Income		520.
Total	\$	<u>2,798.</u>

Statement 2
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price:	57,002.
Cost or Other Basis:	55,429.

Total Gain (Loss) Publicly Traded Securities \$ 1,573.

Total Net Gain (Loss) From Noninventory Sales \$ 1,573.

Statement 3
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contri- butions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
SPECIAL EVENTS	2,730,802.	0.	2,730,802.	790,932.	1,939,870.
Total	<u>\$ 2,730,802.</u>	<u>\$ 0.</u>	<u>\$ 2,730,802.</u>	<u>\$ 790,932.</u>	<u>\$ 1,939,870.</u>

Statement 4
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity:	NEUROLOGY RESEARCH	
Donee's Name:	UNIVERSITY OF CALIFORNIA - SF	
Relationship of Donee:	NONE	
Amount Given:		\$ 50,000.

Class of Activity:	RESEARCH	
Donee's Name:	MGH ALS RESEARCH	
Relationship of Donee:	NONE	
Amount Given:		10,000.

Class of Activity:	RESEARCH	
Donee's Name:	UNIVERSITY OF PITTSBURGH	
Relationship of Donee:	NONE	
Amount Given:		10,000.

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 4 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity:	RESEARCH	
Donee's Name:	ALSGEN	
Relationship of Donee:	INVESTEES	
Amount Given:		\$ 170,000.

Class of Activity:	RESEARCH	
Donee's Name:	MAYO FOUNDATION	
Relationship of Donee:	NONE	
Amount Given:		35,000.

Total Grants and Allocations \$ 275,000.

Statement 5
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
Bank Fees	9,894.		9,640.	254.
Communications	27,127.	7,535.	19,592.	
Computer Expenses	19,153.	5,232.	13,309.	612.
Facility Maintenance	70,957.	64,287.	909.	5,761.
Insurance	4,851.	3,599.	602.	650.
Internet	4,742.	3,258.	727.	757.
Licenses & Permits	5,365.	2,813.	2,492.	60.
Membership Dues	3,184.	2,784.	325.	75.
Miscellaneous Expenses	7,863.	742.	5,227.	1,894.
Office Expense	8,708.	4,337.	3,660.	711.
Outside Labor	745,286.	622,288.	69,534.	53,464.
Printing & Design	79,278.	74,621.	4,485.	172.
Recruiting	40,967.	40,867.	100.	
Research and Development	414,838.	414,838.		
Staff Development & Training	1,920.	1,504.	68.	348.
Utilities	18,152.	14,697.	455.	3,000.
Web Hosting Fee	9,937.	7,818.	296.	1,823.
Total	<u>\$ 1,472,222.</u>	<u>\$ 1,271,220.</u>	<u>\$ 131,421.</u>	<u>\$ 69,581.</u>

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

ALS TDF is an independent non-profit biotechnology research center which is among the world's leading translational research programs in ALS, screening drugs in a mouse model of the disease. Our mission is to identify viable targets for therapy development and expeditiously manage the creation of those treatments that will arrest the suffering of today's ALS patients.

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 7
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
2005 marked the completed testing of the vast majority of currently proposed ALS therapies, testing nearly 19,000 mice, more than all other ALS labs combined. We expanded our research staff and created a number of new research cores (gene expression, mass spectrometry, histology and microscopy.) We are building a discovery research program that aims to understand ALS at the gene expression and protein levels. The purpose of this research is to find biological markers for diagnosing the disease and tracking its progression and to validate new biological targets for drug intervention. This work is essential to diagnosing patients before they exhibit symptoms of ALS, and to finding treatments that arrest the progression of the disease.	275,000.	3,139,699.
Includes Foreign Grants: No		
	<u>\$ 275,000.</u>	<u>\$ 3,139,699.</u>

Statement 8
Form 990, Part IV, Line 54
Investments - Securities

Corporate Stocks	Valuation Method	Amount
CORPORATE STOCK	Market Value	\$ 3,244.
	Total	\$ 3,244.
Total Investments - Securities		<u>\$ 3,244.</u>

Statement 9
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 5,443.	\$ 5,045.	\$ 398.
Machinery and Equipment	542,343.	218,708.	323,635.
Improvements	11,389.	11,389.	0.
Miscellaneous	8,612.	8,612.	0.
Total	<u>\$ 567,787.</u>	<u>\$ 243,754.</u>	<u>\$ 324,033.</u>

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 10
Form 990, Part IV, Line 58
Other Assets

Investment in Alsgen	\$ 114,677.
Net Intangible Assets	97,410.
Security Deposit	26,860.
Total	\$ 238,947.

Statement 11
Form 990, Part IV, Line 64b
Mortgages and Other Notes Payable

Other Notes Payable

Lender's Name:	THERMO ELECTRON CORPORATION	
Date of Note:	12/15/2005	
Maturity Date:	2/15/2009	
Interest Rate:	9.63%	
Security Provided:	EQUIPMENT	
Original Amount:	157,500.	
Balance Due:		\$ 153,709.

Lender's Name:	DE LAGE LANDEN FINL SERV INC	
Date of Note:	2/25/2005	
Maturity Date:	1/25/2009	
Interest Rate:	7.74%	
Security Provided:	EQUIPMENT	
Original Amount:	105,078.	
Balance Due:		\$ 83,255.

Total \$ 236,964.

Statement 12
Form 990, Part IV, Line 65
Other Liabilities

ACCRUED PAYROLL & BENEFITS	\$ 133,030.
ACCRUED PAYROLL TAXES	11,389.
Total	\$ 144,419.

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 13
Form 990, Part V-A
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
James Heywood 215 First Street Cambridge, MA 02142	President & CEO 0	\$ 115,000.	\$ 11,623.	\$ 0.
Dennis Ausiello, M.D. 55 Fruit Street Boston, MA 02114	Director 0	0.	0.	0.
George M Hughes 39 Commonwealth Avenue Chestnut Hill, MA 02467	Clerk 0	0.	0.	0.
Jennifer Huntington 20 Berkshire Road Newtonville, MA 02460	Director 0	0.	0.	0.
John Heywood Room 3-340, MIT / 77 Mass Ave Cambridge, MA 02139	Director 0	0.	0.	0.
Dr. David Searls 1244 Turnbury Lane North Wales, PA 19454	Director 0	0.	0.	0.
Steve Fowler 4420 Morella Avenue Studio City, CA 91607	Director 0	0.	0.	0.
Keith Melanson 34 Page Farm Road Sherborn, MA 01770	Treasurer 0	0.	0.	0.
Spiros Jamas, Sc.D. 67 Mt. Vernon Street-Unit One Boston, MA 02108	Director 0	0.	0.	0.
Amy Whipple 8646 Wilshire Court Sterling Heights, MI 48314	0	0.	0.	0.
	Total	<u>\$ 115,000.</u>	<u>\$ 11,623.</u>	<u>\$ 0.</u>

ALS Therapy Development Foundation, Inc.

04-3462719

Statement 14
Schedule A, Part I
Compensation of Five Highest Paid Employees

<u>Name and Address</u>	<u>Title & Average Hours Worked</u>	<u>Compen- sation</u>	<u>Contributio EBP & DC</u>	<u>Expense Account</u>
Gerard DeZutter 64 Bennet Street Hudson, MA 01749	Dir, Gene Expr 0	67,019.	2,463.	0.
Lou Kobbs 320 Sherrybrook Dr Myrtle Beach, SC	SE Region Dir 0	70,000.	414.	0.
Gwendolyn Wong 6 Cedarwood Terr Lexington, MA	Dir of Pharmaco 0	80,842.	5,577.	0.
Bridgette LaMarche 120 Langdon Avenue Watertown, MA 02472	Dir of Communic 0	62,000.	4,921.	0.
Anya Goodridge 26 Arbor Street, Wenham Wenham, MA 01984	Assoc Dir Devel 0	64,071.	10,933.	0.
		Total \$ <u>343,932.</u>	\$ <u>24,308.</u>	\$ <u>0.</u>

Statement 15
Schedule A, Part II-A
Compensation of Five Highest Paid Professional Service Contractors

<u>Name and Address</u>	<u>Type of Service</u>	<u>Compensation</u>
Insource Services, Inc. 148 Linden Street Wellesley, MA 02482	Bkkgp/Techn/HR/Oprtn	222,253.
Mirage 1301 Post St, #101 San Francisco, CA 94109	R&D & Clinic Consult	216,000.
Capitol Partners, Inc 601 Pennsylvania Ave, Washington, DC 20014	Lobbyist & consultant	152,016.
Elaine Alexander 4945 Canterbury Drive San Diego, CA 92116	R & D Consulting	53,000.
GCMP, Inc. 14 Dunlin Square Greensboro, NC 27455 Greensboro, NC 27455	RN/Patient Services	45,650.
		Total \$ <u>688,919.</u>

Application for Extension of Time to File an Exempt Organization Return

Department 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
- 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 File by the due date for filing your return. See instructions	Name of Exempt Organization ALS Therapy Development Foundation, Inc.	Employer identification number 04-3462719
	Number, street, and room or suite number If a P O box, see instructions 215 First Street	
	City, town or post office For a foreign address, see instructions Cambridge, MA 02142	state ZIP code

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 (section 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 ▶ Insource Services, Inc.

Telephone No ▶ (781) 235-1490 FAX No ▶ (781) 235-1936

- 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-months for a **Form 990-T corporation**) extension of time until 8/15, 20 06, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ calendar year 20 05 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

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 \$ _____ 0.

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 \$ _____ 0.

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 \$ _____ 0.

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

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