

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

2006Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

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

Open to Public
Inspection**A** For the 2006 calendar year, or tax year beginning

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
Instruc-
tions.**C** Name of organization**ALS THERAPY DEVELOPMENT FOUNDATION,
INC.**

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

215 FIRST STREET

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

CAMBRIDGE, MA 02142• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts
must attach a completed Schedule A (Form 990 or 990-EZ).**D** Employer identification number**04-3462719****E** Telephone number**617-441-7222****F** Accounting method: ☐ Cash ☒ Accrual
☐ Other (specify) ▶**G** Website: **WWW.ALS.NET****J** Organization type (check only one) ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 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.**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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ Yes ☐ No
(If "No," attach a list.)**H(d)** Is this a separate return filed by an or-
ganization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach
Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶**6,229,338.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds	1a				
	b	Direct public support (not included on line 1a)	1b	2,296,808.			
	c	Indirect public support (not included on line 1a)	1c				
	d	Government contributions (grants) (not included on line 1a)	1d	2,020,070.			
	e	Total (add lines 1a through 1d) (cash \$ 4,310,843. noncash \$ 6,035.)	1e		4,316,878.		
	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		4,533.		
	5	Dividends and interest from securities	5				
Revenue	6 a	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				
	8 a	Gross amount from sales of assets other than inventory	(A) Securities	8a	(B) Other		
	b	Less: cost or other basis and sales expenses	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 \$ 1,056,159. of contributions reported on line 1b)	9a	1,901,209.			
b	Less: direct expenses other than fundraising expenses	9b	1,121,793.				
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	SEE STATEMENT 1	779,416.			
Revenue	10 a	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		6,718.		
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		5,107,545.		
	Expenses	13	Program services (from line 44, column (B))	13		4,248,788.	
		14	Management and general (from line 44, column (C))	14		332,008.	
		15	Fundraising (from line 44, column (D))	15		417,281.	
		16	Payments to affiliates (attach schedule)	16			
		17	Total expenses. Add lines 16 and 44, column (A)	17		4,998,077.	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		109,468.		
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		468,476.		
	20	Other changes in net assets or fund balances (attach explanation)	20	SEE STATEMENT 2	-18,739.		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		559,205.		

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INC.**

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**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
22a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22a				
22b Other grants and allocations (attach schedule) (cash \$ <u>46,000</u> . noncash \$ <u>0</u> . If this amount includes foreign grants, check here <input type="checkbox"/> 22b	<u>46,000.</u>	<u>46,000.</u>	STATEMENT 5	
23 Specific assistance to individuals (attach schedule) 23				
24 Benefits paid to or for members (attach schedule) 24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 4 25a	<u>163,259.</u>	<u>114,281.</u>	<u>16,326.</u>	<u>32,652.</u>
b Compensation of former officers, directors, key employees, etc. listed in Part V-B 25b	<u>0.</u>	<u>0.</u>	<u>0.</u>	<u>0.</u>
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 25c				
26 Salaries and wages of employees not included on lines 25a, b, and c 26	<u>1,729,945.</u>	<u>1,540,061.</u>	<u>12,441.</u>	<u>177,443.</u>
27 Pension plan contributions not included on lines 25a, b, and c 27	<u>21,375.</u>	<u>18,525.</u>	<u>380.</u>	<u>2,470.</u>
28 Employee benefits not included on lines 25a - 27 28	<u>156,126.</u>	<u>137,742.</u>	<u>1,574.</u>	<u>16,810.</u>
29 Payroll taxes 29	<u>182,178.</u>	<u>157,733.</u>	<u>4,324.</u>	<u>20,121.</u>
30 Professional fundraising fees 30				
31 Accounting fees 31	<u>25,038.</u>		<u>25,038.</u>	
32 Legal fees 32	<u>5,188.</u>		<u>5,188.</u>	
33 Supplies 33	<u>64,277.</u>	<u>28,313.</u>	<u>33,952.</u>	<u>2,012.</u>
34 Telephone 34	<u>30,756.</u>	<u>24,080.</u>	<u>1,556.</u>	<u>5,120.</u>
35 Postage and shipping 35	<u>38,103.</u>	<u>25,004.</u>	<u>10,796.</u>	<u>2,303.</u>
36 Occupancy 36				
37 Equipment rental and maintenance 37	<u>34,680.</u>	<u>24,595.</u>	<u>8,906.</u>	<u>1,179.</u>
38 Printing and publications 38	<u>118,893.</u>	<u>118,222.</u>	<u>625.</u>	<u>46.</u>
39 Travel 39	<u>141,985.</u>	<u>90,261.</u>	<u>24,858.</u>	<u>26,866.</u>
40 Conferences, conventions, and meetings 40	<u>47,376.</u>	<u>37,912.</u>	<u>9,297.</u>	<u>167.</u>
41 Interest 41	<u>26,699.</u>	<u>24,524.</u>	<u>2,175.</u>	
42 Depreciation, depletion, etc. (attach schedule) 42	<u>124,014.</u>	<u>92,704.</u>	<u>5,640.</u>	<u>25,670.</u>
43 Other expenses not covered above (itemize):				
a 43a				
b 43b				
c 43c				
d 43d				
e 43e				
f 43f				
g SEE STATEMENT 3 43g	<u>2,042,185.</u>	<u>1,768,831.</u>	<u>168,932.</u>	<u>104,422.</u>
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15) 44	<u>4,998,077.</u>	<u>4,248,788.</u>	<u>332,008.</u>	<u>417,281.</u>

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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? ► **SEE STATEMENT 7**

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 **SEE STATEMENT 6**

(Grants and allocations \$ **46,000.**) If this amount includes foreign grants, check here ► ☐

4,248,788.

b

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f **Total of Program Service Expenses** (should equal line 44, column (B), Program services) ► **4,248,788.**

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Part IV Balance Sheets (See 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
Assets	45 Cash - non-interest-bearing	306,931.	45	870,466.
	46 Savings and temporary cash investments		46	76,027.
	47 a Accounts receivable 47a 240,070.			
	b Less: allowance for doubtful accounts 47b	485,000.	47c	240,070.
	48 a Pledges receivable 48a 44,521.			
	b Less: allowance for doubtful accounts 48b		48c	44,521.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	3,648.
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	31,102.	53	33,711.
	54 a Investments - publicly-traded securities STMT 11 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	3,244.	54a	21,441.
	b Investments - other securities STMT 10 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV	114,677.	54b	114,677.
55 a Investments - land, buildings, and equipment: basis 55a				
b Less: accumulated depreciation 55b		55c		
56 Investments - other	0.	56	0.	
57 a Land, buildings, and equipment: basis 57a 891,891.				
b Less: accumulated depreciation STMT 8 57b 358,620.	324,033.	57c	533,271.	
58 Other assets, including program-related investments (describe ► SEE STATEMENT 9)	124,270.	58	142,294.	
59 Total assets (must equal line 74). Add lines 45 through 58	1,389,257.	59	2,080,126.	
Liabilities	60 Accounts payable and accrued expenses	683,817.	60	623,602.
	61 Grants payable		61	
	62 Deferred revenue		62	484,500.
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► CAPITAL LEASE OBLIGATION)	236,964.	65	412,819.
66 Total liabilities. Add lines 60 through 65	920,781.	66	1,520,921.	
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	468,476.	67	559,205.
	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 and column (B) must equal line 21)	468,476.	73	559,205.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,389,257.	74	2,080,126.

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Part VI Other Information (continued)

		Yes	No
82 a	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?	82a	X
b	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.)	82b	74,090.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	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.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	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?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	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	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	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	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? N/A	89g	
90 a	List the states with which a copy of this return is filed MA		
b	Number of employees employed in the pay period that includes March 12, 2006	90b	32
91 a	The books are in care of INSOURCE SERVICES, INC. Telephone no. 781-235-1490 Located at 148 LINDEN STREET, WELLESLEY, MA ZIP + 4 02487		
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 N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X

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Part VI Other Information (continued)

- c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No
If "Yes," enter the name of the foreign country N/A

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

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) Exclu- sion 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			14	4,533.	
96 Dividends and 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 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					779,416.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a OTHER INCOME					6,718.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,533.	786,134.
105 Total (add line 104, columns (B), (D), and (E))					790,667.

Note: Line 105 plus line 1e, 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).

SEE STATEMENT 14

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).

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Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a
controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
-----	----

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
-----	----

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.

Please
Sign
Here

Signature of officer *Maureen A. Lister*

Date *10-24-2007*

MAUREEN LISTER, CHIEF FINANCIAL OFFICER
Type or print name and title

Paid
Preparer's
Use Only

Preparer's
signature
Firm's name (or
yours if
self-employed),
address, and
ZIP + 4

David J. Kellner, C.P.A.

Date
10/23/07

Check if
self-
employed ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

ALEXANDER, ARONSON, FINNING & CO., P.C.
21 EAST MAIN STREET
WESTBORO, MA 01581

EIN **04-2571780**

Phone no. **508-366-9100**

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

2006

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 page 2 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
JOHN LINCECUM 215 FIRST STREET, CAMBRIDGE, MA 02142	ASSOCIATE DIRECTOR 40.00	135,000.	12,947.	
MONICA WANG-HOMA 215 FIRST STREET, CAMBRIDGE, MA 02142	SCIENTIST 40.00	105,000.	13,543.	
BASHAR AL-NAKHALA 215 FIRST STREET, CAMBRIDGE, MA 0214	DIR. RESEARCH INFO 40.00	100,000.	12,591.	
JOHN MCCARTY 215 FIRST STREET, CAMBRIDGE, MA 02142	PRINCIPAL SCIENTIST 40.00	100,000.	14,468.	
NELS MAHLE 215 FIRST STREET, CAMBRIDGE, MA 0214	DIR. ANALYTICAL CHEM 40.00	95,000.	11,535.	
Total number of other employees paid over \$50,000	12			

Part II-A 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
MIRAGE SCIENTIFIC 1301 POST STREET, SUITE 101, SAN FRANCISCO, CA 94	RESEARCH AND DEVELOPMENT CONSU	288,000.
INSOURCE SERVICES, INC. P.O. BOX 427, NEWTON UPPER FALLS, MA 02464	BOOKKEEPING, FINANCE, HR, AND	247,885.
CAPITOL PARTNERS, INC. 1101 17TH STREET NW, SUITE 202, WASHINGTON DC, MD	LEGISLATIVE SUPPORT	151,978.
GULF COAST MEDICAL PERSONNEL, INC 14 DUNLIN SQUARE, GREENSBORO, NC 27455	PATIENT SERVICES	54,325.
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 page 2 of the 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 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 ▶ \$ _____ \$ <u>42,000.</u> (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)? SEE PART V-A, FORM 990	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966?	4b	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)I certify that 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)(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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total ▶					

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**ALS THERAPY DEVELOPMENT FOUNDATION,
INC.**

Schedule A (Form 990 or 990-EZ) 2006

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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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,565,242.	1,819,177.	2,724,705.	2,900,961.	9,010,085.
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					
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	2,798.	2,320.	7,571.	19,616.	32,305.
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	1,568,040.	1,821,497.	2,732,276.	2,920,577.	9,042,390.
24 Line 23 minus line 17	1,568,040.	1,821,497.	2,732,276.	2,920,577.	9,042,390.
25 Enter 1% of line 23	15,680.	18,215.	27,323.	29,206.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 180,848.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 3,069,204.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 9,042,390.
d Add: Amounts from column (e) for lines: 18 <u>32,305.</u> 19 <u> </u> 22 <u> </u> 26b <u>3,069,204.</u>					26d 3,101,509.
e Public support (line 26c minus line 26d total)					26e 5,940,881.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 65.7003%
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: N/A (2005) <u> </u> (2004) <u> </u> (2003) <u> </u> (2002) <u> </u>					
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: N/A (2005) <u> </u> (2004) <u> </u> (2003) <u> </u> (2002) <u> </u>					
c Add: Amounts from column (e) for lines: 15 <u> </u> 16 <u> </u> 17 <u> </u> 20 <u> </u> 21 <u> </u>					27c N/A
d Add: Line 27a total <u> </u> and line 27b total <u> </u>					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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.					NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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?	29	
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?	30	
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?	31	
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
<hr/>			
<hr/>			
<hr/>			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<hr/>			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<hr/>			
<hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
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	35	

ALS THERAPY DEVELOPMENT FOUNDATION,

Schedule A (Form 990 or 990-EZ) 2006 **INC.**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the 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																		
		N/A																			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	0.																		
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	42,000.																		
38	Total lobbying expenditures (add lines 36 and 37)	38	42,000.																		
39	Other exempt purpose expenditures	39	4,956,077.																		
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,998,077.																		
41	Lobbying nontaxable amount. Enter the amount from the following table -																				
	<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> <td></td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> <td></td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> <td></td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> <td></td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> <td></td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> <td></td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -		Not over \$500,000	20% of the amount on line 40		Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		Over \$17,000,000	\$1,000,000		41	399,904.
If the amount on line 40 is -	The lobbying nontaxable amount is -																				
Not over \$500,000	20% of the amount on line 40																				
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000																				
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000																				
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000																				
Over \$17,000,000	\$1,000,000																				
42	Grassroots nontaxable amount (enter 25% of line 41)	42	99,976.																		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	0.																		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	0.																		

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 on page 13 of the instructions.)

* There were no lobbying expenses in 2003.

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount	399,904.	3,775.	1,500.	0.	405,179.
46 Lobbying ceiling amount (150% of line 45(e))					607,769.
47 Total lobbying expenditures	42,000.	18,875.	7,500.	0.	68,375.
48 Grassroots nontaxable amount	99,976.	944.	375.	0.	101,295.
49 Grassroots ceiling amount (150% of line 48(e))					151,943.
50 Grassroots lobbying expenditures		0.	0.	0.	0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the 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
		0.

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

Exempt Organizations (See page 13 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

N/A

[illegible]

... ☐ Yes ☒ No

b If "Yes," complete the following schedule:

N/A

[illegible]

FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL EVENTS	2957368.	1056159.	1901209.	1,121,793.	779,416.
TO FM 990, PART I, LINE 9	2957368.	1056159.	1901209.	1,121,793.	779,416.

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
PRIOR PERIOD ADJUSTMENT	-18,739.
TOTAL TO FORM 990, PART I, LINE 20	-18,739.

FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
CONSULTANTS	757,466.	630,824.	87,866.	38,776.
RECRUITING	19,180.	1,197.	17,983.	
MISCELLANEOUS	31,106.	2,394.	16,414.	12,298.
FACILITY	440,142.	402,675.	2,635.	34,832.
FACILITY MAINTENANCE	64,424.	56,073.	587.	7,764.
DUES AND SUBSCRIPTIONS	7,838.	5,153.	2,615.	70.
TESTING AND LAB EXPENSE	615,468.	615,468.		
COMMUNICATIONS	54,869.	14,046.	40,151.	672.
UTILITIES	41,330.	32,264.	681.	8,385.
INSURANCE	10,362.	8,737.		1,625.
TOTAL TO FM 990, LN 43	2,042,185.	1,768,831.	168,932.	104,422.

FORM 990

OFFICER COMPENSATION ALLOCATION
PART II, LINE 25A

STATEMENT 4

NAME OF OFFICER, ETC.	COMPENSATION	EMPLOYEE BEN. PLANS	EXPENSE ACCOUNTS	TOTALS
JAMES HEYWOOD	148,654.	14,605.		163,259.
A. PROGRAM SERVICES	104,058.	10,224.		114,282.
B. MANAGEMENT AND GENERAL	14,865.	1,461.		16,326.
C. FUNDRAISING	29,731.	2,920.		32,651.
TOTAL PROGRAM SERVICES				114,282.
TOTAL MANAGEMENT AND GENERAL				16,326.
TOTAL FUNDRAISING				32,651.
TOTAL OFFICER, ETC., COMPENSATION INCLUDED ON PART II, LINE 25A				163,259.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 5

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
SCIENTIFIC GRANTS ALS CENTER AT UCSF 350 PARNASSUS AVE, SUITE 500 SAN FRANCISCO, CA, 94117	20,000.
SCIENTIFIC GRANTS ALSGEN INC. 1301 POST STREET, SUITE 101 SAN FRANCISCO, CA, 94109	20,000.
SCIENTIFIC GRANTS BRUCE EDWARDS ALS FOUNDATION 4900 WETHEREDSVILLE, BUILDING 1B, 2ND FLOOR BALTIMORE, MD, 21207	5,000.
SCIENTIFIC GRANTS ROBERT BOWSER, UPMC 200 LOTHROP STREET, RM. S420, S-BST PITTSBURGH, PA, 15261	1,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	46,000.

FORM 990	STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS	STATEMENT	6
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DESCRIPTION OF PROGRAM SERVICE ONE

IN 2006 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.

	GRANTS	EXPENSES
TO FORM 990, PART III, LINE A	46,000.	4,248,788.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

ALS THERAPY DEVELOPMENT FOUNDATION 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 TRAGETS FOR THERAPY DEVELOPMENT AND EXPENDITIOUSLY MANAGE THE CREATION OF THOSE TREATMENTS THAT WILL ARREST THE SUFFERING OF TODAY'S ALS PATIENTS.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	8
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
CAPITAL EQUIPMENT	875,059.	341,788.	533,271.
LEASEHOLD IMPROVEMENTS	11,389.	11,389.	0.
FURNITURE AND FIXTURES	5,443.	5,443.	0.
TOTAL TO FORM 990, PART IV, LN 57	891,891.	358,620.	533,271.

FORM 990	OTHER ASSETS	STATEMENT	9
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DESCRIPTION	AMOUNT
SECURITY DEPOSITS	26,860.
PATENTS, NET	115,434.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	142,294.

FORM 990	OTHER SECURITIES	STATEMENT	10
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
INVESTMENT IN CORPORATION	COST	114,677.
TO FORM 990, LINE 54B, COL B		114,677.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	11
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
INVESTMENTS	FMV			21,441.	21,441.
TO FORM 990, LINE 54A, COL B				21,441.	21,441.

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 12
TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES HEYWOOD 215 FIRST STREET CAMBRIDGE, MA 02142	CHIEF EXECUTIVE OFFICER 40.00	148,654.	14,605.	0.
SPIROS JAMAS 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
JOHN HEYWOOD 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
GEORGE HUGHES 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
JOHN SUTHERLAND 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
JENNIFER HUNTINGTON 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
AMY WHIPPLE 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
KEITH MELANSON 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.
STEVE FOLWER 215 FIRST STREET CAMBRIDGE, MA 02142	MEMBER OF THE BOARD OF DIRECTORS 2.50	0.	0.	0.

ALS THERAPY DEVELOPMENT FOUNDATION, INC.

04-3462719

DENNIS AUSIELLO	MEMBER OF THE BOARD OF			
	DIRECTORS			
215 FIRST STREET	2.50	0.	0.	0.
CAMBRIDGE, MA 02142				
DAVID SEARLS	MEMBER OF THE BOARD OF			
	DIRECTORS			
215 FIRST STREET	2.50	0.	0.	0.
CAMBRIDGE, MA 02142				
TOTALS INCLUDED ON FORM 990, PART V-A		148,654.	14,605.	0.

FORM 990

EXPLANATION OF RELATIONSHIP
PART V-A, LINE 75B

STATEMENT 13

INDIVIDUAL'S NAME

TITLE OR ROLE

JAMES HEYWOOD

CHIEF EXECUTIVE OFFICER

INDIVIDUAL'S NAME

TITLE OR ROLE

JOHN HEYWOOD

MEMBER OF THE BOARD OF DIRECTORS

EXPLANATION OF RELATIONSHIP

JOHN HEYWOOD IS THE FATHER OF JAMES HEYWOOD

INDIVIDUAL'S NAME

TITLE OR ROLE

JAMES HEYWOOD

CHIEF EXECUTIVE OFFICER

INDIVIDUAL'S NAME

TITLE OR ROLE

DAVID SEARLS

MEMBER OF THE BOARD OF DIRECTORS

EXPLANATION OF RELATIONSHIP

DAVID SEARLS IS A COUSIN OF JAMES HEYWOOD

INDIVIDUAL'S NAMETITLE OR ROLE

JAMES HEYWOOD

CHIEF EXECUTIVE OFFICER

INDIVIDUAL'S NAMETITLE OR ROLE

BENJAMIN HEYWOOD

PRESIDENT OF PATIENTS LIKE ME

EXPLANATION OF RELATIONSHIP

THE CHIEF EXECUTIVE OFFICER OF ALS THERAPY DEVELOPMENT INSTITUTE, INC. IS ON THE BOARD OF DIRECTORS OF A CORPORATION, PATIENTS LIKE ME, WHERE HIS BROTHER, BENJAMIN HEYWOOD, IS THE PRESIDENT. PATIENTS LIKE ME PURCHASED BUSINESS FURNITURE FROM ALS THERAPY DEVELOPMENT INSTITUTE, INC. TOTALING LESS THAN \$1,000, AT FAIR MARKET VALUE. THIS COMPANY ALSO SPONSORED EVENTS HELD BY ALS THERAPY DEVELOPMENT INSTITUTE, INC. DURING THE YEAR.

INDIVIDUAL'S NAMETITLE OR ROLE

JAMES HEYWOOD

CHIEF EXECUTIVE OFFICER

INDIVIDUAL'S NAMETITLE OR ROLE

SEAN SCOTT

CONSULTANT OF ALS THERAPY DEVELOPMENT INSTITUTE, INC.

EXPLANATION OF RELATIONSHIP

SEAN SCOTT IS THE PRESIDENT OF ALSGEN INC., A RELATED ENTITY, AND A CONSULTANT OF ALS THERAPY DEVELOPMENT INSTITUTE, INC. JAMES HEYWOOD ALSO HOLDS A SEAT ON ALSGEN, INC.'S BOARD OF DIRECTORS.

FORM 990

PART VIII - RELATIONSHIP OF ACTIVITIES TO
ACCOMPLISHMENT OF EXEMPT PURPOSES

STATEMENT 14

LINE EXPLANATION OF RELATIONSHIP OF ACTIVITIES

103A REVENUE WHICH SUPPLEMENTS ALS THERAPY DEVELOPMENT INSTITUTE, INC.'S
PROGRAM INCOME TO ASSIST IN FULFILLING THEIR EXEPT PURPOSE
.01 NET INCOME FROM SPECIAL EVENTS WHICH IS USED BY THE INSTITUTE TO
FURTHER ITS MISSION AND PERFORM SERVICES IN ACCORDANCE WITH
ITS EXEMPT PURPOSE

SCHEDULE A

EXPLANATION OF TRANSACTIONS
PART III, LINE 2C

STATEMENT 15

A MEMBER OF THE BOARD OF DIRECTORS, JOHN SUTHERLAND, IS THE CEO OF AN ORGANIZATION THAT DONATED APPROXIMATELY \$29,000 OF PRINTING SERVICES TO ALS THERAPY DEVELOPMENT INSTITUTE, INC.