

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under 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.

OMB No. 1545-0047

2005Open to Public
Inspection

A For the 2005 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 Instructions.

C Name of organization
Congenital Adrenal Hyperplasia Research Education and Support Foun

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2414 Morris Avenue 110

City or town, state or country, and ZIP + 4
Union NJ 07083

D Employer identification no.
22-3755684

E Telephone number
973-912-3895

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).

G Website: ▶ **caresfoundation.org**

J Organization type
 (check only one) ▶ ☒ 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.

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 ▶ ☐ Yes ☐ No
H(c) Are all affiliates included? ☐ Yes ☐ No
 (If "No," attach a list. See instr.)
H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No
I Group Exemption Number ▶

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **346,464****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support	1a	345,325	
	b	Indirect public support	1b		
	c	Government contributions (grants)	1c		
	d	Total (add lines 1a through 1c) (cash \$ 343,224 noncash \$ 2,101)	1d	345,325	
	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	1,139	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
	8d				
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
	a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
	10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b			
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	346,464		
Expenses	13	Program services (from line 44, column (B))	13	274,741	
	14	Management and general (from line 44, column (C))	14	18,350	
	15	Fundraising (from line 44, column (D))	15	35,681	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses (add lines 16 and 44, column (A))	17	328,772	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	17,692	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	63,044	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	80,736	

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

Form **990** (2005)

Part II **Statement of**
Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ non-cash \$) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25			
26	Other salaries and wages	26	102,612	86,835	6,776
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	10,678	9,148	582
30	Professional fundraising fees	30			
31	Accounting fees	31	2,680	2,466	107
32	Legal fees	32			
33	Supplies	33	2,415	2,139	276
34	Telephone	34	4,748	4,606	126
35	Postage and shipping	35	12,851	9,322	55
36	Occupancy	36	8,400	7,728	336
37	Equipment rental and maintenance	37			
38	Printing and publications	38	21,801	13,926	750
39	Travel	39	9,160	7,989	280
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	2,879	2,879	
43	Other expenses not covered above (itemize):				
a	See Statement 1	43a	150,548	130,582	6,459
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	328,772	274,741	18,350
					35,681

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

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

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

Part III Statement of Program Service Accomplishments (See 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 2**

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) & (4) orgs., & 4947(a)(1) trusts; but optional for others.)

- a Family Support and Education provides a network to lend guidance to those families affected by Congenital Adrenal Hyperplasia**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

120,458

- b Research provides funding and support to the scientific community to research CAH and look for ways to treat the condition and ultimately find a cure.**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

83,815

- c Awareness provides information to specific ethnic populations that are most highly affected by Congenital Adrenal Hyperplasia and provides information to help spot symptoms.**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

44,245

- d Warmline Support - Provides individuals and parents of children with CAH with a one-on-one source of information and support via phone and email.**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

26,223

- 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)

274,741

Form **990** (2005)

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
		59,490	45	84,612
45	Cash-non-interest-bearing		46	
46	Savings and temporary cash investments			
47a	Accounts receivable	47a		
b	Less: allowance for doubtful accounts	47b	47c	
48a	Pledges receivable	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 and loans receivable (attach schedule)	51a		
b	Less: allowance for doubtful accounts	51b	51c	
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	1,050	53	1,748
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
55a	Investments-land, buildings, and equipment: basis	55a		
b	Less: accumulated depreciation (attach schedule)	55b	55c	
56	Investments-other (attach schedule)		56	
57a	Land, buildings, and equipment: basis	57a		
b	Less: accumulated depreciation (attach schedule) See Statement 3	57b		
58	Other assets (describe <input type="checkbox"/>)		58	
59	Total assets (must equal line 74). Add lines 45 through 58.	66,359	59	95,665
60	Accounts payable and accrued expenses	524	60	14,824
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)		64b	
65	Other liabilities (describe <input type="checkbox"/> See Statement 4)	2,791	65	105
66	Total liabilities. Add lines 60 through 65.	3,315	66	14,929
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	42,544	67	70,736
68	Temporarily restricted	20,500	68	10,000
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)	63,044	73	80,736
74	Total liabilities and net assets/fund balances. Add lines 66 and 73.	66,359	74	95,665

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

Instructions.)			346,464	
a	Total revenue, gains, and other support per audited financial statements		a	
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	346,464
	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	346,464

Part IV-B

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part IV-B				Reconciliation of Expenses per Audited Financial Statements with Expenses per Tax Return		Total	
a	Total expenses and losses per audited financial statements				a		328,772
b	Amounts included on line a but not 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		328,772
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		328,772

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.)

[illegible]

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?	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	
83a	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	
84a	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	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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.	85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
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	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
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	88	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		
b	501(c)(3) and 501(c)(4) orgs. 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 sections 4912, 4955, and 4958		0
d	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 None		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	4
91a	The books are in care of Taxpayer		
	Located at , .		
	ZIP + 4 ▶		
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 ▶	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c	X
c	If "Yes," enter the name of the foreign country ▶		
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	

Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

93 Program service revenue:		Business code	Amount	Business code	Income
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	1,139
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				
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))		0		1,139
105	Total (add line 104, columns (B), (D), and (E))				1,139

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).
1	To educate the public and physicians about all forms of Congenital Adrenal Hyperplasia, its symptoms, diagnostic protocols, treatment, genetic frequency, the necessity for early intervention and benefits of newborn screening.

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

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

**Please
Sign
Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

Type or print name and title.

**Paid
Preparer's
Use Only**

Preparer's
signature

8/07/06

Check if
self-
employed

Preparer's SSN or PTIN
(See Gen. Instr. W)
P00555272

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

Hacker, Kroll & Company, P.A.
216 Finderne Ave
Bridgewater, NJ 08807-3046

EIN ► 36-4546597

Phone
no. ► 908-685-0099

DAA

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

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **▶** \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

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?
b Lending of money or other extension of credit?
c Furnishing of goods, services, or facilities?
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

- e** Transfer of any part of its income or assets?

- 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.)

- b** Do you have a section 403(b) annuity plan for your employees?

- c** During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?

- 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?

- b** Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

1		X
2a		X
2b		X
2c		X
2d		X
2e		X
3a		X
3b		X
3c		X
4a		X
4b		X

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

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

- 5** ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,

and state **▶**

- 10** ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)

- 11a** ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 11b** ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)

- 12** ☐ An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)

- 13** ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). 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 page 6 of the instructions.)

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

- 14** ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	185,830	78,211	52,451	10,925	327,417
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					0
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	185,830	78,211	52,451	10,925	327,417
24 Line 23 minus line 17	185,830	78,211	52,451	10,925	327,417
25 Enter 1% of line 23	1,858	782	525	109	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 6,548
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 27,498
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 327,417
d Add: Amounts from column (e) for lines: 18 19 22 26b					26d 27,498
e Public support (line 26c minus line 26d total)					26e 299,919
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 91.6015%
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
(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:					N/A
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 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 page 7 of the 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?	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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32b		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32c		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32d		
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:	33a		
a	Students' rights or privileges?	33b		
b	Admissions policies?	33c		
c	Employment of faculty or administrative staff?	33d		
d	Scholarships or other financial assistance?	33e		
e	Educational policies?	33f		
f	Use of facilities?	33g		
g	Athletic programs?	33h		
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?	34a		
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.	34b		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**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		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following 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	41	
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		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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 11 of the instructions.)

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					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities(For reporting only by organizations that did not complete Part VI-A) (See page 11 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:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines through c 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 through c h .)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

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

(i) Cash

(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:

	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

[illegible]

2a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule:

[illegible]

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
Expenses				
Audio Visual	7,186	7,064		122
Bank Fees	10		10	
Bracelets	4,475	4,475		
Computer Expenses	1,526	886	640	
Computer Expense	136	136		
Consulting	13,622	10,525	39	3,058
Copyrights	120	120		
Credit Card Fees	3,000		3,000	
Dues & Subscriptions	719	300	250	169
Event Flowers, Food & Caterin	14,932	8,098		6,834
Family Financial Assistance	3,695	3,695		
Insurance	1,296	1,192	52	52
Job Postings	100		100	
Katrina Aid Grant	2,000	2,000		
License & Permits	680		680	
Mailing Prep	5,873	3,483		2,390
Miscellaneous	4,591	3,655	455	481
Office Expenses	3,195	2,685	109	401
Payroll Processing Fee	659		659	
Prof Training & Education	1,584	1,119	465	
Research Grants	78,500	78,500		
Small Office Electronics	900	900		
Speaker's Gifts	1,206	1,206		
Website Managment	543	543		
Total	\$ 150,548	\$ 130,582	\$ 6,459	\$ 13,507

Federal Statements

Statement 2 - Form 990, Part III - Organization's Primary Exempt Purpose

To educate the public and physicians about all forms of Congenital Adrenal Hyperplasia, its symptoms, diagnostic protocols, treatment, genetic frequency, the necessity for early intervention and benefits of newborn screening.

Federal Statements**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 7,232	\$ 1,413	\$ 13,597	\$ 4,292
Total	\$ 7,232	\$ 1,413	\$ 13,597	\$ 4,292

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Payroll Taxes	\$ 2,791	\$ 105
Total	\$ 2,791	\$ 105

Federal Statements

8/7/2006 11:44 AM

Statement 5 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Kelly Leight	Short Hills NJ 07078	11 Hardwell Road	President	10	0	0	0
Adam Leight	Short Hills NJ 07078	11 Hardwell Road	Vice Preside	10	0	0	0
Stephanie Fracassa	New York NY 10024	225 West 83rd St-Apt 6	Secretary	10	0	0	0
Vivian Altman	Summit NJ 07901	95 Prospect Hill Ave	Treasurer	10	0	0	0
Jami Abell-Patterson	Encino CA 91436	3627 Cananea Drive	Trustee	5	0	0	0
Sandra Billings	Houston TX 77095	17410 Cosscove Ct.	Trustee	5	0	0	0
Michelle Cascarelli	Metuchen NJ 08840	342 Central Ave	Trustee	5	0	0	0
Laurie Ember	Sherman Oaks CA 91423	13046 Addison St.	Trustee	5	0	0	0
Mark Engman	Washington DC 20002	119 9th St. N.E.	Trustee	5	0	0	0
Janet Green	Lebanon NJ 08833	16 Ridge Road	Trustee	5	0	0	0
Tonya Judson	Birmingham AL 35242	2158 Brook Highland Ridge	Trustee	5	0	0	0
Nancy Kislin Flaum	Short Hills NJ 07078	6 Chaucer Road	Trustee	5	0	0	0
Gregory Kraff	New York NY 10022	3 East 54th St	Trustee	5	0	0	0
Jayne Mackta	Bradley Beach NJ 07720	212 Brinley Ave	Trustee	5	0	0	0
Alan Macy	Santa Barbara CA 93109	1423 Kenwood Road	Trustee	5	0	0	0
Sarah Macyshyn	South Orange NJ 07079	16 Walnut Ct	Trustee	5	0	0	0
Michelle May	Phoenix AZ 85048	2145 E. Sapium Way	Trustee	5	0	0	0

Federal Statements

8/7/2006 11:44 AM

Statement 5 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name	City, State, Zip	Address	Title	Average Hours	Compensation	Benefits	Expenses
Hope Raphaelian	Short Hills NJ 07078	59 Fairfield Drive	Trustee	5	0	0	0
Diane Snyder	Rockville MD 20852	11425 Luxmanor Road	Trustee	5	0	0	0
Bonnie Stevens	Pittsfield MA 01201	203 Bartlett Ave	Trustee	5	0	0	0

Form **4562**
(Rev. January 2006)
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2005Attachment
Sequence No. **67**

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

Name(s) shown on return

Congenital Adrenal Hyperplasia
Research Education and Support Foun

Identifying number
22-3755684

Business or activity to which this form relates

Indirect Depreciation**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	420,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr.	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29.	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2004 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14	Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2005	17	1,663
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2005 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		5,366	5.0	HY	200DB	1,073
c 7-year property		1,000	7.0	HY	200DB	143
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	2,879
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2005) (Rev. 1-2006)

Federal Asset Report**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
4	Computer Equipment	6/01/05	5,366			5,366	5 HY 200DB	0	1,073
			<u>5,366</u>			<u>5,366</u>		<u>0</u>	<u>1,073</u>
7-year GDS Property:									
5	Other Equipment	6/01/05	1,000			1,000	7 HY 200DB	0	143
			<u>1,000</u>			<u>1,000</u>		<u>0</u>	<u>143</u>
Prior MACRS:									
1	Furniture	6/06/04	2,581		X	2,065	7 HY 200DB	516	590
2	Other Equipment	6/01/04	790		X	632	7 HY 200DB	158	181
3	Telephone System	6/01/04	3,860		X	3,121	7 HY 200DB	739	892
			<u>7,231</u>			<u>5,818</u>		<u>1,413</u>	<u>1,663</u>
Grand Totals			13,597			12,184		1,413	2,879
Less: Dispositions			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
Net Grand Totals			<u>13,597</u>			<u>12,184</u>		<u>1,413</u>	<u>2,879</u>

22-3755684

AMT Asset Report

FYE: 12/31/2005.

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
4	Computer Equipment	6/01/05	5,366			5,366	5 HY 150DB	0	805
			5,366			5,366		0	805
7-year GDS Property:									
5	Other Equipment	6/01/05	1,000			1,000	7 HY 150DB	0	107
			1,000			1,000		0	107
Prior MACRS:									
1	Furniture	6/06/04	2,581		X	2,065	7 HY 200DB	516	590
2	Other Equipment	6/01/04	790		X	632	7 HY 200DB	158	181
3	Telephone System	6/01/04	3,860		X	3,121	7 HY 200DB	739	892
			7,231			5,818		1,413	1,663
Grand Totals			13,597			12,184		1,413	2,575
Less: Dispositions			0			0		0	0
Net Grand Totals			13,597			12,184		1,413	2,575

223755684 Congenital Adrenal Hyperplasia

08/07/2006 11:44 AM

22-3755684

Depreciation Adjustment Report

FYE: 12/31/2005

All Business Activities

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	Furniture	590	590	0
Page 1	1	2	Other Equipment	181	181	0
Page 1	1	3	Telephone System	892	892	0
Page 1	1	4	Computer Equipment	1,073	805	268
Page 1	1	5	Other Equipment	143	107	36
				<u>2,879</u>	<u>2,575</u>	<u>304</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
1	Furniture	6/06/04	2,581		0	0	516	2,065
2	Other Equipment	6/01/04	790		0	0	158	632
3	Telephone System	6/01/04	3,860		0	0	739	3,121
Form 990, Page 1			<u>7,231</u>		<u>0</u>	<u>0</u>	<u>1,413</u>	<u>5,818</u>
Grand Total			<u>7,231</u>		<u>0</u>	<u>0</u>	<u>1,413</u>	<u>5,818</u>

223755684 Congenital Adrenal Hyperplasia

08/07/2006 11:44 AM

22-3755684

Future Depreciation Report**FYE: 12/31/06**

FYE: 12/31/2005

Form 990, Page 1

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
Prior MACRS:					
1	Furniture	6/06/04	2,581	421	421
2	Other Equipment	6/01/04	790	129	129
3	Telephone System	6/01/04	3,860	637	637
4	Computer Equipment	6/01/05	5,366	1,717	1,368
5	Other Equipment	6/01/05	1,000	245	191
			<u>13,597</u>	<u>3,149</u>	<u>2,746</u>
Grand Totals			<u>13,597</u>	<u>3,149</u>	<u>2,746</u>

223755684 Congenital Adrenal Hyperplasia

8/7/2006 11:44 AM

22-3755684

Federal Statements

FYE: 12/31/2005

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
	\$ <u>343,224</u>	\$ <u>2,101</u>	\$ <u>345,325</u>
Total	\$ <u>343,224</u>	\$ <u>2,101</u>	\$ <u>345,325</u>