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 Open to Public Inspection

Α_	For the	e 2005 calendar year, or tax year beginning , and ending			· ·
В	Check if	applicable: Please C Name of organization		D En	nployer identification no.
X	Address	change use IRS Congenital Adrenal Hyperplasia	. [2	2-3755684
٦	Name c	Research Education and Support Foun		E Te	lephone number
Ⅎ		type. Number and street (or P.O. box if mail is not delivered to street address) Room	m/suite	9	73-912-3895
ᆜ	Initial re	um See 2414 Morris Avenue 11	.o		counting method: Cash
	Final ret	urn Specific Specific Specific Sity or town, state or country, and ZIP + 4		7-1	crual Other (specify)
	Amende	TT-3-			
Ī	Applicat	ion pending Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable H and I are not applic	able to section	n 527 d	
	4	trusts must attach a completed Schedule A (Form 990 or 990-EZ). H(a) Is this a group	return for aff	iliates?	Yes X No
3	Websi		number of af	iliates	
J	Organi	zation type H(c) Are all affiliates	s included?		Yes No
	(check	only one) ▶ 🗓 501(c) (3) ≼ (insert no.) 4947(a)(1) or 527 (if "No," attach	a list. See ir	str.)	
<	Check h		ate return file	d by an	<u> </u>
		tion need not file a return with the IRS; but if the organization chooses to file a return, be	overed by a g	roup ru	ling? Yes No
	-	le a complete return. Some states require a complete return.			
		M Check ▶	X if the o	rganiza	ation is not required
		receipts: Add lines 6b, 8b, 9b, and 10b to line 12 346,464 to attach Sch	n. B (Form	990, 99	90-EZ, or 990-PF).
F	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the	instructi	ons.)	
	1	Contributions, gifts, grants, and similar amounts received:			
	a	Direct public support 1a 34	5,325		
	b	Indirect public support 1b			
	C	Government contributions (grants)			
	d	Total (add lines 1a through 1c) (cash \$ 343,224 noncash \$ 2,1	<u>01</u>)	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	<u>.</u>	5	
	6a	Gross rents 6a	,		
	b	Less: rental expenses 6b			
	С	Net rental income or (loss) (subtract line 6b from line 6a)		6c	
ø	7	Other investment income (describe)		7	
Revenue	8a	Gross amount from sales of assets other (A) Securities (B) Other	r	17.7%	
}eĶ		than inventory 8a		建湖	
ш,	b	Less: cost or other basis and sales expenses 8b		(1888); (1888);	
	С	Gain or (loss) (attach schedule)			
	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			
	a	Gross revenue (not including \$ of			
		contributions reported on line 1a) 9a			•
	b	Less: direct expenses other than fundraising expenses 9b		Populari Menada	
	С	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		200	
	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
(r	13	Program services (from line 44, column (B))		13	274,741
Expenses	14	Management and general (from line 44, column (C))	<u>L</u>	14	18,350
per	15	Fundraising (from line 44, column (D))		15	35,681
Щ	16	Payments to affiliates (attach schedule)	, L	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
4ss	19	Net assets or fund balances at beginning of year (from line 73, column (A))		19	63,044
ē	20	Other changes in net assets or fund balances (attach explanation)		20	<u> </u>
Z	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)		21	80,736

F	A STATE OF THE STA	must c	omplete column (A). Co	olumns (B), (C), and (D) are required for section potional for others. (See	the instructions)
<u> </u>	1 Unotional Expenses	id sectio	n 4947(a)(1) nonexemp	or chamable trusts but t		the mendenens,
	Do not include amounts reported on line		(A) Total	(B) Program	(C) Management and general	(D) Fundraising
	6b, 8b, 9b, 10b, or 16 of Part I.	1000	(A) 10141	services	and general	
22	Grants and allocations (attach schedule)					er en e
	(cash \$)	22			10 A	
	If this amount includes foreign grants, check here	<u> </u>				
23	Specific assistance to individuals (attach	1				
	schedule)	23				
24	Benefits paid to or for members (attach		*			
	schedule)	24		·		
25	Compensation of officers, directors, etc.	25			6 576	0.001
26	Other salaries and wages	26	102,612	86,835	6,776	9,001
27	Pension plan contributions	27				
	Other employee benefits	28				0.40
29	Payroll taxes	29	10,678	9,148	582	948
ាំ៦	the state of the s	30				105
	Accounting fees	31	2,680	2,466	107	107
	Legal fees	32				07.5
	Supplies	33	2,415	2,139		276
	Telephone	34	4,748	4,606	126	16
	Postage and shipping	35	12,851	9,322	55	3,474
	Occupancy	36	8,400	7,728	336	336
	Equipment rental and maintenance	37				
	Printing and publications	38	21,801	13,926	750	7,125
	Travel	39	9,160	7,989	280	891
40	Conferences, conventions, and meetings	40				
	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	2,879		2,879	
	Other expenses not covered above (itemize):					
	See Statement 1	43a	150,548	130,582	6,459	13,507
; k		43b		<u> </u>		
c	•	43c				·
∵:c	1	43d				
· · · · ·	9	43e				
f		43f				
	3	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
Jo	int Costs. Check ▶ if you are following SOP 98-2.					
	e any joint costs from a combined educational campaign and f	undraisi	ng solicitation reported	in (B) Program service	s?	Yes X No
	Yes," enter (i) the aggregate amount of these joint costs \$		(ii) the amou	int allocated to Program se	rvices \$	<u> </u>
) the amount allocated to Management and general \$			unt allocated to Fundraising		
Ш.	The amount anotated to management and general \$			· · · · · · · · · · · · · · · · · · ·		Form 990 (2005)

Manatem otticinent of Frogram of House the State of the S	
Form 990 is available for public inspection and, for some people, serves as the primary or sole source of inform	ation about a
particular organization. How the public perceives an organization in such cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the cases may be determined by the information of the case of the	nation presente
on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the	e organization's
www.a.a.a.d.a.a.a.mpliahmanta	•

ograms and accomplishments.	
hat is the organization's primary exempt purpose?	Program Service
See Statement 2	Expenses (Required for 501(c)(3) &
Il organizations must describe their exempt purpose achievements in a clear and concise manner. State the number	(4) orgs., & 4947(a)(1)
clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4)	trusts; but optional for
ganizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	others.)
Family Support and Education provides a network to lend guidance to those families affected by Congenital Adrenal Hyperplasia	
	120,458
(Grants and allocations \$) If this amount includes foreign grants, check here	120,430
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.	
	02 015
(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.	
	1 44 245
(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.	
	1 26 222
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [26,223
e Other program services (attach schedule)	, l
(Grants and allocations \$) If this amount includes foreign grants, check here ▶ [074 741
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	274,741 Form 990 (2005)
	Form 330 (2005)

	755684 (n 990 (2	08/07/2006 11:45 AM 2005) Congenital Adrenal Hype	ero1	asia 22-3	3755684		Page 4
	art IV						
-11	Note:		the de	scription	(A) Beginning of year		(B) End of year
	45	Cash-non-interest-bearing			59,490	45	84,612
	46	Savings and temporary cash investments				46	
	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 er	nploye	es			
		(attach schedule)				50	
	51a	Other notes and loans receivable (attach		,			
	•	schedule)	51a				
ets.	b	Less: allowance for doubtful accounts	51b			51c	·
Assets	52	Inventories for sale or use				52	
₹.	53	Prepaid expenses and deferred charges			1,050	53	1,748
, , , , , , , , , , , , , , , , , , , ,	54	Investments-securities		► Cost 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	4,292	5,819	57c	9,305
	58	Other assets (describe)		58	
	59	Total assets (must equal line 74). Add lines 45 through	58		66,359		95,665
	60	Accounts payable and accrued expenses			524	60	14,824
	61	Grants payable				61	
	62	Deferred revenue			· · · · · · · · · · · · · · · · · · ·	62	
(n	62	Loans from officers, directors, trustees, and key employe	ees (at	ach			
ij.		schedule)				63	
: Sillities	64a					64a	
- j	b	Mortgages and other notes payable (attach schedule)				64b	
	65	Mortgages and other notes payable (attach schedule) Other liabilities (describe See Statemer.	t 4)	2,791	65	105
					'		
	66	Total liabilities. Add lines 60 through 65		<u></u>	3,315	66	14,929
	Org	anizations that follow SFAS 117, check here 🕨 🗓 a	nd cor	nplete lines			
		67 through 69 and lines 73 and 74.					
S	67	Unrestricted			42,544	67	70,736
nge	68	Temporarily restricted			20,500	68	10,000
ala	69	Permanently restricted				69	
<u>Б</u>	Org	anizations that do not follow SFAS 117, check here	▶ □	and	·		
돌		complete lines 70 through 74.	•				
, <u>p</u>	70	Capital stock, trust principal, or current funds				70	
ets	71	Paid-in or capital surplus, or land, building, and equipme	ent fun	1		71	
Net Assets or Fund Balances	72	Retained earnings, endowment, accumulated income, o				72	*
et 🌶	73	Total net assets or fund balances (add lines 67 throu					
ž		70 through 72;					
		column (A) must equal line 19; column (B) must equal	line 21),.,	63,044		
4	74	Total liabilities and net assets/fund balances. Add li			66,359	74	95,665

orm 990 (2005)	Congenital Adre	<u>ena1</u>	Hyperpla:	sia		755684		/ 0 = =	Page 5
Part IV-A	Reconciliation of Reve	enue p	er Audited Fin	ancial Stater	nents W	ith Revenue pe	r Keturn	(See	ıne
	instructions.)					<u> </u>	a		346,464
	le, gains, and other support per a cluded on line a but not on Part I,		nanciai statements _,			,,.,,,.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	ed gains on investments				b1				
	vices and use of facilities				b2				
	of prior year grants				b3				
	ify):								
4 Othor (open					b4				
Add lines b	I through b4						b		
	e b from line a						С		346,464
	cluded on Part I, line 12, but not c								
1 Investment	expenses not included on Part I, I	line 6b			d1				
2 Other (spec	ify):								
					d2				
	1 and d2						d e		346,464
e Total rever	nue (Part I, line 12). Add lines c a	and d		ial State	monto	With Evnences		ırn	320/202
Part IV-B	Reconciliation of Expe	enses	per Audited Fi	nanciai State	ments	Willi Expenses	a	4111	328,772
	ses and losses per audited financ		ements						
	cluded on line a but not Part I, line				b1				
	rvices and use of facilities djustments reported on Part I, line								
•	orted on Part I, line 20				1.0				•
	sify):				1 1				
4 Other (spec	·····								
Add lines b	1 through b4						b		
	e b from line a						C		328,772
	cluded on Part I, line 17, but not c				1 1				
	expenses not included on Part I,				d1	<u> </u>	_		
2 Other (spec	oify):								
Add lines d							e d	· ; ·	328,772
	nses (Part I, line 17). Add lines c Current Officers, Dire	and d		Vay Employ		each parson who wa		director	
Part V-A	or key employee at any time d	ctors, Jurina the	rustees, and e vear even if thev w	ere not compens	ated.) (Se	each person who was the instructions.)	an omoor	, anooto	,
	of key employee at any time a	- Carriery Land		(B)		(C) Compensation	(D) Con	rib. to	(E) Expense
	(A) Name and address			Title and average week devoted to	hours per position	(If not paid, enter	(D) Con employee plans & d compensat	eferred ion plans	account and other allowances
									,
See Sta	tement 5								
								.,-	
			, , , , , , , , , , , , , , , , , , , ,						
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	990 (2005) Congenital Adrenal Hyperpl		-3755684		Page 6
75a b	Enter the total number of officers, directors, and trustees permitted to weetings Are any officers, directors, trustees, or key employees listed in Form 98 employees listed in Schedule A, Part I, or highest compensated profess contractors listed in Schedule A, Part II-A or II-B, related to each other relationships? If "Yes," attach a statement that identifies the individuals	vote on organization busing. 90, Part V-A, or highest of sesional and other independent through family or busines	ess at board ompensated dent		75b X
С	Do any officers, directors, trustees, or key employees listed in Form 99 employees listed in Schedule A, Part I, or highest compensated profes contractors listed in Schedule A, Part II-A or II-B, receive compensatio tax exempt or taxable, that are related to this organization through com Note. Related organizations include section 509(a)(3) supporting organizations.	esional and other independ on from any other organiza amon supervision or comm anizations.	dent itions, whether		75c X
d	If "Yes," attach a statement that identifies the individuals, explains the organization and the other organization(s), and describes the compens including amounts paid to each individual by each related organization. Does the organization have a written conflict of interest policy?	sation arrangements,			75d X
Pa	Former Officers, Directors, Trustees, and (If any former officer, director, trustee, or key employee re the year, list that person below and enter the amount of co instructions.)	eceived compensation or c	other benefits (describ	bed below) during	ther Benefits
¥-	(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contrib. to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/	A		·		
		,			
ERL					
П	art VI Other Information (See the instructions.)		<u> </u>	<u> </u>	Yes No
76 77	Did the organization engage in any activity not previously reported to the description of each activity Were any changes made in the organizing or governing documents by the second of the changes.		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		76 X
78a b	Did the organization have unrelated business gross income of \$1,000			?	78a X 78b
79	a statement				79 X
80a b	common membership, governing bodies, trustees, officers, etc., to an If "Yes," enter the name of the organization	ny other exempt or nonexe	mpt organization?	nonexempt	80a X
_∩1a ` : t	The state of the s	ns.)	81a		81b X
				,	Form 990 (2005)

orm	990 (2005) Congenital Adrenal Hyperplasia 22-3755684		P	age 7
	rt.VI Other Information (continued)		Yes	No
ла. 2a	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	25479 28 66	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.		A ST	
	(See instructions in Part III.)			
3a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
_	Did the organization comply with the public inspectation equitation and the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b		
b	Did the organization contributions or gifts that were not tax deductible?	84a		X
4a h	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b		84b		
	gifts were not tax deductible? 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a		
35	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
b	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization	8		
*				
:	received a waiver for proxy tax owed for the prior year.		i i	
, C	Dues, assessments, and similar amounts from members			
d	Section 162(e) lobbying and political expericultures	i e		1.7
е	Aggregate nondeductible amount of section 6055(e)(1)(A) dues notices			100
f	axable amount of lobbying and political expenditures (line ood less coo)	85g	ARTON OF	14427569-19070
g	Does the organization elect to pay the section 6035(e) tax on the amount on the corr	oog		\vdash
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 N/A	85h		
	following tax year?	8311	70 %	477
36	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on			
,	line 12			200
b	Gross receipts, included on line 12, for public use of club facilities			
37	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.)			
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		100	
	and 301.7701-3? If "Yes," complete Part IX	88	Same Mark	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			
h	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
D	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
	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year			
. с				
	sections 4912, 4955, and 4958 Enter: Amount of tax on line 89c, above, reimbursed by the organization			0
d	List the states with which a copy of this return is filed None			
90a				
b	Number of employees employed in the pay period that includes March 12, 2005 (See			4
	instructions.) The books are in care of ▶ Taxpayer Telephone no. ▶			
91a	The books are in care of Taxpayer			
	ZIP + 4 ▶			
	OCATED AT			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	016	+	X
	account)?	91b	1 No.	1
	If " Ves " enter the name of the foreign country	44		
y.	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
•	and Financial Accounts.	Sec.		7.7
	At any time during the calendar year, did the organization maintain an office outside of the United States?	91c		<u> </u>
C	to me and the state of the foundation management .			
92	Section 4947(a)(1) popeyempt charitable trusts filing Form 990 in lieu of Form 1041- Check here			► L
J_	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			
	and onto the unburn of the companies of the control			0 (200

Part VII	Analysis of Income-Prod	lucing Activities (S	See the	nstructions.)			
	ss amounts unless otherwise		Unrelated	l business income	Excluded	by sec. 512, 513, or 514	(E) Related or
ndicated.			(A) iness code	(B) Amount	(C) Exclusion	(D) Amount	exempt function
	service revenue:	Busi	iness code	Amount	code	Amount	income
U .							
b							
· 							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
e							
	/Medicaid payments						
# Food and	contracts from government agencie						
_	ship dues and assessments					•	
	on savings and temporary cash inves				14	1,139	
	s and interest from securities						·
	I income or (loss) from real estate:			ii.			
	nced property	THE COLUMN					
	financed property						
	Il income or (loss) from personal pro						
	restment income						
	loss) from sales of assets other than		-				
,	me or (loss) from special events	1					
	ofit or (loss) from sales of inventory	1					
	/enue: a	· · · · · · · · · · · · · · · · · · ·					
h		·					
c							
d							
							
104 Subtotal	(add columns (B), (D), and (E)))	1,139	0
105 Total (ad	dd line 104, columns (B), (D), and (E	E))				-	1,139
	aluating 1d Part Lehould equal the	amount on line 12 Part	1.	100			
Part VIII	Relationship of Activitie	es to the Accompli	shment	of Exempt Purpo	oses (S	ee the instruction	าร.)
Part VIII Line No.	Explain how each activity for which	es to the Accomplis	shment olumn (E) o	of Part VII contributed i	oses (S importantl	ee the instruction y to the accomplishmen	nt
	Explain how each activity for which of the organization's exempt purpo	es to the Accomplist in income is reported in co poses (other than by provid	shment olumn (E) o ling funds	of Part VII contributed i for such purposes).	importantl	y to the accomplishme	ns.)
Line No.	Explain how each activity for which of the organization's exempt purpo	es to the Accomplish income is reported in cooses (other than by providuablic and ph	shment olumn (E) o ling funds ovsici	of Part VII contributed in for such purposes). ans about	importantl a11 f	y to the accomplishment	ns.)
Line No.	Explain how each activity for which of the organization's exempt purport of the organization of the part of the pa	es to the Accomplism income is reported in cooses (other than by providuablic and phase at the p	shment blumn (E) o ling funds nysici	of Part VII contributed in for such purposes). ans about ts symptom	all f	y to the accomplishment forms of gnostic	ns.)
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Line No.	Explain how each activity for which of the organization's exempt purportion of the organization's exempt purportion of the protection of the congenital address and the protection of the congenital address are at the congenital address and the congenital address are at the congenitation of the congenita	es to the Accomplism income is reported in consess (other than by providual Land phase). The consess of the Accomplism income is reported in consess of the Accomplism income in the Accomplism i	shment blumn (E) c ling funds aysici sia, i c fre	of Part VII contributed in such purposes). ans about ts symptom equency, the of newborn Disregarded Ent	all f s, di e nec	corms of gnostic essity for ening.	ns.)
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Part IX Name, add partner N/A Part X (a) Did th (b) Did th Note: If " Please Sign Here	Explain how each activity for which of the organization's exempt purportion of the organization's exempt purportion. To educate the process and early intervention of the comparison of the comp	income is reported in cooses (other than by provide the lice and phases (other lice) and benefit on and benefit (and benefit (b) Percentage of ownership interest (b) % Transfers Associative any funds, directly or indicated any funds, directly or indicated (see instructions). at I have examined this return lete. Declaration of preparer (other lice) and the lice and t	shment blumn (E) of ling funds nysici sia, i c free ies and hited with indirectly, on a n, including (other than of	of Part VII contributed if for such purposes). ans about ts symptom equency, th of newborn Disregarded Ent (C) Nature of activities a personal Benefit cont accompanying schedules afficer) is based on all informate Date 8/	all f s, di e nec scree ities (S	cessity for ening. ee the instruction (D) Total income racts (See the income) rents, and to the best of movinich preparer has any known benefit contract? Check if self-employed Check if self-employed	Structions.) Yes X No Yes X No No No No Yes X No N
Part IX Name, add partner N/A Part X (a) Did th (b) Did th Note: If "\ Please Sign Here Paid Preparer's	Explain how each activity for which of the organization's exempt purportion of the organization's exempt purportion. To educate the process and a comparison of the composition of the c	income is reported in cooses (other than by provide the lice and phases (other lice) and benefit on and benefit (and benefit (b) Percentage of ownership interest Percentage of ownership interest % % % Transfers Associative any funds, directly or indicated and the second of preparer (other lice) % At 1 have examined this return lete. Declaration of preparer (other lice) % Charles (oth	shment blumn (E) of ling funds nysici sia, i c free ies and hted with indirectly, on a control of the control o	of Part VII contributed if for such purposes). ans about ts symptom equency, th of newborn Disregarded Ent (C) Nature of activities a personal Benefit cont accompanying schedules officer) is based on all infor	all f s, di e nec scree ities (S	y to the accomplishment of the accomplishmen	Structions.) Yes X No Yes X No N
Part IX Name, add partner N/A Part X (a) Did th (b) Did th Note: If " Please Sign Here	Explain how each activity for which of the organization's exempt purportion of the organization's exempt purportion. To educate the protocols, treat protocols, treat early intervential information Regarding (A)	es to the Accomplish income is reported in couses (other than by provide sublic and phases (other than benefits). Taxable Subsidiaria (B) Percentage of ownership interest % % Transfers Associative any funds, directly or premiums, directly or indicated and the provided at t	shment clumn (E) of ling funds	of Part VII contributed if for such purposes). ans about ts symptom equency, th of newborn Disregarded Ent (C) Nature of activities a personal Benefit cont accompanying schedules afficer) is based on all informate Date 8/	all f s, di e nec scree ities (S	racts (See the incentific contract? Check if self-employed Phone	Structions.) Yes X No Yes X No No No No Yes X No N

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

Organization Exempt Under Section 501(c)(3)

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

OMB No. 1545-0047

2005

Department of the Treasury Internal Revenue Service

Supplementary Information-(See separate instructions.) ▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

Employer identification number Name of the organization 22-3755684 Research Education and Support Foun Congenital Adrenal Hyperplasia Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (e) Expense (d) Contrib. to (b) Title and average hours (a) Name and address of each employee paid more account & other (c) Comp. empl. ben. plans per week devoted to position allowances than \$50,000 & deferred comp Total number of other employees paid over \$50,000 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.") (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of others receiving over \$50,000 for professional services 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.) (c) Compensation (b) Type of service (a) Name and address of each independent contractor paid more than \$50,000 NONE Total number of other contractors receiving over \$50,000 for other services For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

DAA

TOURID	A (Form 990 or 990-EZ) 2005 Congenital Adrenal Hyperplasia 22-3755684		F	agę I
Part II			Yes	No
Dur	ing the year, has the organization attempted to influence national, state, or local legislation, including any			
atte	mpt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid			
or i	nocurred in connection with the lobbying activities > \$ (Must equal amounts on line 38,	•		٠,
Par	t VI-A, or line i of Part VI-B.)	1	*	X
Orc	anizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other			
org	anizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of			
the	lobbying activities.	į,		
Dui	ing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any		1,000	
sub	stantial 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		100	
· owi	ner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the			
trar	sactions.)			
		2a	MAKSA MASA	X
	e, exchange, or leasing of property?	2b		2
	ding of money or other extension of credit?	2c		X
Fui	nishing of goods, services, or facilities?	2d		X
l Pay	ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?			
		2e	l _	X
e Ira	nsfer of any part of its income or assets? you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how			
a Do	you make grants for scholarships, reliewiships, student localis, etc.; (ii 1965, datash an arpairant and a specific scholarships, reliewiships, student localis, etc.; (ii 1965, datash an arpairant and arpairant and area specific scholarships, reliewiships, student localis, etc.; (ii 1965, datash an arpairant and arpairant and area specific scholarships, reliewiships, student localis, etc.; (ii 1965, datash an arpairant and area specific scholarships).	3a		<u> </u>
	you have a section 403(b) annuity plan for your employees?	3b		X
b Do	ring the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	Зс		X
Du Dic	l you maintain any separate account for participating donors where donors have the right to provide advice on			
a Dic	use or distribution of funds?	4a	<u> </u>	<u> 2</u>
h Do	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	<u> </u>	7
Part l	O Il words C of the instructions			
fer stoors representation				
	nization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
· H	A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
<u>.</u> H	A school. Section 170(b)(1)(A)(ii). (Also complete 1 at 0.7) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
H	A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
H	A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city,			
	A medical research organization operated in seriffication			
	and state			
, \Box	An organization operated for the benefit of a college or university owned or operated by a governmental unit, Section 170(b)(1)(A)(iv).			
' Ш	(Also complete the Support Schedule in Part IV-A.)			
a X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section			
Ш	170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
ıb 🗌	A community trust, Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts	3		
	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.)			
3	An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations	*.		
- ا	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			
- ا	the box that describes the type of supporting organization: ► Type 1 Type 2 Type 3			
' L_	the box that december the type of suppressions \			
* L	Provide the following information about the supported organizations. (See page 6 of the instructions.)	h) Line	numh	er
· L.	Provide the following information about the supported organizations. (See page 6 of the instructions.)	(b) Line		
	Provide the following information about the supported organizations. (See page 6 of the instructions.)			
	Provide the following information about the supported organizations. (See page 6 of the instructions.)			
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	Provide the following information about the supported organizations. (See page 6 of the instructions.)			

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raue	J

5	dar year (or fiscal year beginning in) 🕨 📗	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	Gifts, grants, and contributions received. (Do				4.0.00	207 417
	not include unusual grants. See line 28.)	185,830	78,211	52,451	10,925	327,417
ò	Membership fees received					<u> </u>
7	Gross receipts from admissions, merchandise				·	
	sold or services performed, or furnishing of		,			
	facilities in any activity that is related to the		,			0
	organization's charitable, etc., purpose					
 3	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					0
	by the organization after June 30, 1975					
•	Net income from unrelated business					0
	activities not included in line 18					
0	Tax revenues levied for the organization's					
	benefit and either paid to it or expended on					0
	its behalf					
1	The value of services or facilities furnished to					. *
	the organization by a governmental unit without charge. Do not include the value of					
į	services or facilities generally furnished to the		•	1		l o
"	public without charge					
2	Other income. Attach a schedule. Do not include gain or (loss) from					0
	sale of capital assets	105 020	78,211	52,451	10,925	327,417
3	Total of lines 15 through 22	185,830	78,211	52,451	10,925	
4	Line 23 minus line 17	185,830 1,858	78,211	525	109	The second secon
5_	Enter 1% of line 23				▶ 26a	6,548
26	Organizations described on lines 10 or	r 11: a Enter 2% of 8	amount in column (e), iii	10 44		
			antributed by each perer	on (other than a		
b	Prepare a list for your records to show the	name of and amount co	ontributed by each perso	on (other than a		
b	Prepare a list for your records to show the	name of and amount co	ontributed by each perso gifts for 2001 through 2	on (other than a 004 exceeded the	▶ 26b	27,498
b	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this	name of and amount co ganization) whose total g s list with your return.	ontributed by each perso gifts for 2001 through 2 Enter the total of all the	on (other than a 004 exceeded the use excess amounts		27,498 327,417
C	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test. Example 1.	name of and amount or ganization) whose total s list with your return. nter line 24, column (e)	ontributed by each person gifts for 2001 through 2 Enter the total of all the	on (other than a 004 exceeded the use excess amounts		
C	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this	name of and amount or ganization) whose total of s list with your return. nter line 24, column (e)	ontributed by each person gifts for 2001 through 2 Enter the total of all the	on (other than a 004 exceeded the use excess amounts	▶ 26c	
c d	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test: E. Add: Amounts from column (e) for lines:	name of and amount or ganization) whose total g s list with your return. nter line 24, column (e) 18	ontributed by each person gifts for 2001 through 2 Enter the total of all the 19 26b	on (other than a condition of the condit	≥ 26c 26d	
c d	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test: E Add: Amounts from column (e) for lines:	name of and amount or ganization) whose total g s list with your return. nter line 24, column (e) 18 22	ontributed by each person gifts for 2001 through 2 Enter the total of all the 19 26b	on (other than a condition of the condit	26c 26d 26e	27,498 299,919
c d	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test. E. Add: Amounts from column (e) for lines: Public support (line 26c minus line 26d to Public support percentage (line 26c (n))	name of and amount or ganization) whose total g s list with your return. nter line 24, column (e) 18 22 tal)	ontributed by each person gifts for 2001 through 2 Enter the total of all the 19 26b	on (other than a condition of the condit	26c 26d 26e 26e 26f	27,498 299,919
c d	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test: E. Add: Amounts from column (e) for lines: Public support (line 26c minus line 26d to Public support percentage (line 26e (n	name of and amount or ganization) whose total g s list with your return. nter line 24, column (e) 18 22 tal) umerator) divided by	ontributed by each person gifts for 2001 through 2001. Enter the total of all the second seco	on (other than a condition of the see excess amounts 27,498)))	26c 26d 26e 26e 26f om a "disqualified	27,498 299,919 91.60159
c d d e f f 27	Prepare a list for your records to show the governmental unit or publicly supported or amount shown in line 26a. Do not file this Total support for section 509(a)(1) test: E. Add: Amounts from column (e) for lines: Public support (line 26c minus line 26d to Public support percentage (line 26e (n Organizations described on line 12: person." prepare a list for your records to	name of and amount or ganization) whose total of s list with your return. Inter line 24, column (e) 18 22 Ital) umerator) divided by land of the for amounts included show the name of, and the show the name of the show the name of, and the show the name of, and the show the name of, and the show the sh	ontributed by each person gifts for 2001 through 2 Enter the total of all the 19 26b Line 26c (denominator ded in lines 15, 16, and total amounts received in the 19 10 10 10 10 10 10 10 10 10 10 10 10 10	on (other than a condition of the see excess amounts 27,498)))	26c 26d 26e 26e 26f om a "disqualified	27,498 299,919 91.6015
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•	55684 08/07/2006 11:45 AM 22-375	E601		D	lago 4
	dule A (Form 990 or 990-EZ) 2005 Congenital Adrenal Hyperplasia 22-375! Int.V Private School Questionnaire (See page 7 of the instructions.)	2004		<u> </u>	age 4
THE STATE	(To be completed ONLY by schools that checked the box on line 6 in Part IV)		 -		
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	N/A	-+	Yes	No
	other governing instrument, or in a resolution of its governing body?		29		G V
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,		30		
	programs, and scholarships?			41	
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?	. 192	31	Seconstanno	Willemerico
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			10.0	
	If yes, please describe, if two, please explain, (if you need there option, administration of the please explain).				1.00
%2	Does the organization maintain the following:				
а	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		32b		
	basis?		3ZD		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing		32c		
	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.)				113
	If you answered tho to any of the above, please explain. (If you need more opened, attach a coparate				
•					
33	Does the organization discriminate by race in any way with respect to:				
55	Dood the digatilization alcoholisticate by the same year.				
а	Students' rights or privileges?		33a		
		,			
b	Admissions policies?	· · · · · · · · · · · · · · · · · · ·	33b		+
			33c		
C.	Employment of faculty or administrative staff?		000		†
į.	O. L. L. L. W. H. and Communical and Internacy of the Communical Annual Communication of the		33d	٠.	
a	Scholarships or other financial assistance?				
	Educational policies?		33e		
е	Ludostional policies:				
f	Use of facilities?		33f		
g	Athletic programs?		33g		+
			226		
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.)		i de la composición dela composición de la composición dela composición de la compos		
					1.
34a	Does the organization receive any financial aid or assistance from a governmental agency?		34a		
0-10	2000 4.0 0.00	,			
ૈ b	Has the organization's right to such aid ever been revoked or suspended?		34b		1 0008
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		NY.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05		35		
	of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	<u> </u>	ათ	<u> </u>	

Publications, or published or broadcast statements

Direct contact with legislators, their staffs, government officials, or a legislative body Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means

Grants to other organizations for lobbying purposes

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

Total lobbying expenditures (Add lines through c h.)

Schedule A (Form 990 or 990-EZ) 2005

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223755684 Congenital Adrenal Hyperplasia
Federal Statements

22-3755684

FYE: 12/31/2005

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

Description		Total xpenses		Program Service	·	Mg Gen		Fund- Raising
	\$		\$		\$			\$,
Expenses				m 0.64				122
Audio Visual	*	7,186		7,064			10	144
Bank Fees		10					TO	
Bracelets		4,475		4,475			C10	
Computer Expenses		1,526		886			640	
Computer Expense		136		136			2.0	3,058
Consulting		13,622		10,525			39	3,059
Copyrights	•	120		120			2 000	
Credit Card Fees		3,000		2.00			3,000	169
Dues & Subscriptions		719		300			250	6,834
Event Flowers, Food & Caterin		14,932		8,098				0,004
Family Financial Assistance		3,695		3,695			E 2	52
Insurance		1,296		1,192			52	54
Job Postings		100					100	
Katrina Aid Grant		2,000		2,000			600	
License & Permits		680					680	2 200
Mailing Prep		5,873		3,483			455	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				4.4
Website Managment		543		543				
Total	\$	150,548	; - \$	130,582	\$		6,459	\$ 13,507
TOCAL	·—		=					

223755684 Congenital Adrenal Hyperplasia **Federal Statements**

22-3755684

FYE: 12/31/2005

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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.

223755684 Congenital Adrenal Hyperplasia

22-3755684 Federal Statements

22-3755684

FYE: 12/31/2005

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

De	scription						
-		E	Beginning of Year	Accum Deprec	End of Year	_	Accum Deprec
		 \$	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

Description	Beginning of Year	End of Year
Payroll Taxes	\$ 2,791	\$ 105
Total	\$ 2,791	\$ 105

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223755684 Congenital Adrenal Hyberplasia 22-3755684 FYE: 12/31/2005

Federal Statements

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

Hours Compensation	10 Hours 10 10 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Title Hours sident 10 bt 6 tretary 10 ve asurer 10 tstee 5	Title Hours ad President 10 ad Vice Preside 10 St-Apt 6 Secretary 10 11 Ave Treasurer 10 rive 5 Ct. 5	Road Road Road Vice Preside 10 rd St-Apt 6 Secretary 10 Hill Ave Treasurer 10 a Drive Trustee 5 ove Ct.	Road Road Vice President rd St-Apt 6 Secretary Hill Ave Treasurer	Hardwell Road Hardwell Road Fresident Vice Preside 10 Wice Preside 10 Wice Preside 10 Secretary Prospect Hill Ave Treasurer Treasurer Treasurer Treasurer Treasurer Treasurer	Zip Title Average 11 Hardwell Road 10 11 Hardwell Road Vice Preside 10 225 West 83rd St-Apt 6 Secretary 95 Prospect Hill Ave 10	Zip Title Hours 11 Hardwell Road 11 Hardwell Road Vice Preside 10	City, State, Zip Title Hours 11 Hardwell Road President 10 NJ 07078 Vice Preside 10 225 West 83rd St-Apt 6
	о О	sident e Preside pt 6 tretary ve easurer	ad President ad Vice Preside St-Apt 6 Secretary 11 Ave Treasurer rive Trustee Ct.	Road President Road Vice Preside rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	Road President Road Vice Preside rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	lardwell Road President lardwell Road Vice Preside West 83rd St-Apt 6 Secretary Prospect Hill Ave Treasurer Treasurer Trustee	11 Hardwell Road President 11 Hardwell Road Vice Preside 225 West 83rd St-Apt 6 Secretary 95 Prospect Hill Ave	11 Hardwell Road President 11 Hardwell Road Vice Preside	11 Hardwell Road NJ 07078 11 Hardwell Road NJ 07078 225 West 83rd St-Apt 6
	1 de	te Preside pt 6 iretary ve sasurer istee	ad Vice Preside St-Apt 6 Secretary 11 Ave Treasurer rive Trustee Ct.	Road Vice Preside rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	Road Vice Preside rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	Hardwell Road Vice Preside West 83rd St-Apt 6 Secretary Prospect Hill Ave Treasurer 7 Cananea Drive	11 Hardwell Road Vice Preside 225 West 83rd St-Apt 6 Secretary 95 Prospect Hill Ave	11 Hardwell Road Vice Preside 1	11 Hardwell Road NJ 07078 Vice Preside 225 West 83rd St-Apt 6
		pt 6 retary ve asurer stee	St-Apt 6 Secretary 11 Ave Treasurer rive Trustee Ct.	rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	rd St-Apt 6 Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	West 83rd St-Apt 6 Secretary Prospect Hill Ave Treasurer Cananea Drive	225 West 83rd St-Apt 6 Secretary 95 Prospect Hill Ave		225 West 83rd St-Apt 6
		retary ve easurer stee	Secretary 11 Ave Treasurer rive Trustee Ct.	Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	Secretary Hill Ave Treasurer a Drive Trustee ove Ct.	Secretary Hill Ave Treasurer a Drive	Secretary Hill Ave	West 83rd St-Apt 6	70007
		ve asurer istee	II Ave Treasurer rive Trustee Ct.	HIII AVE Treasurer a Drive Trustee ove Ct.	HIII AVE Treasurer a Drive Trustee ove Ct.	hiii Ave Treasurer a Drive Trustee	HIII AVE	Secretary	עיייין אביייין ארטער אייייין איי
		18. 18. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	rive Trustee Ct. Trustee	Drive Trustee ve Ct. Trustee	Cananea Drive Trustee Cosscove Ct.	Cananea Drive Trustee	Treasurer	Hill Ave Treasurer	Hill Ave Treasurer
		rustee	Trustee Ct. Trustee	Trustee Ct. Trustee	Trustee Cosscove Ct.		Drive	Cananea Drive	3627 Cananea Drive
	ď	· (Ct. Trustee	Ct. Trijstee	Cosscove ct.))) ! !	Trustee	Trustee	Trustee
		1)		1	Cosscove Ct.	Cosscove Ct.	17410 Cosscove Ct.	17410 Cosscove Ct.
)	V))))) (+++++++++++++++++++++++++++					
	0 0		Trustee	Ave Trustee	riai Ave Trustee	riai Ave Trustee	riai Ave Trustee	342 Central Ave Trustee	342 Central Ave Trustee
			St.	St.	Addison St.	Addison St.	13046 Addison St.	13046 Addison St.	13046 Addison St.
	ر. د	ر. د	Trustee 5	Trustee 5	Trustee 5	Trustee 5	Trustee 5	91423 Trustee 5	91423 Trustee 5
			.Е. П77134 В В	N.E. Triistee	St. N.E. Tristee	Yth St. N.E. Triistee	IIY YEN SE. N.E. Tristee	IIY YEN SE. N.E. Tristee	IIY YEN SE. N.E. Tristee
				Road	B Road	Ridge Road	16 Ridge Road	16 Ridge Road	16 Ridge Road
	ee 5	tee	Trustee	Trustee	Trustee	Trustee	Trustee	Trustee	
C			land	Highland	Brook Highland Ridge	しゃっした ロームかっかい		1 1 1	
C	tidge			1		BLOOK ELGIILAIIG	ook Highland	2158 Brook Highland Ridge	irustee 2158 Brook Highland Ridge
	dge	Klage tee	Trustee	Trustee		Biook Alginama klage Trustee	2158 Brook Highland Ridge Trustee	2158 Brook Highland Ridge Trustee	Trustee 2158 Brook Highland Ridge Trustee
	lidge ee 5	Klage tee	Trustee	Trustee load	Trustee er Road	BIOOK HIGHIAMU KIUGE Trustee Ucer Road	2158 Brook Highland Ridge Trustee 6 Chaucer Road	2158 Brook Highland Ridge Trustee 6 Chaucer Road	irustee 2158 Brook Highland Ridge 242 Trustee 6 Chaucer Road
	ige	klage tee	Trustee	_ Trustee _ load	Trustee er Road	BIOOK AIGHIANA KIUGE Trustee Ucer Road	2158 Brook Highland Ridge Trustee 6 Chaucer Road	2158 Brook Highland Ridge Trustee 6 Chaucer Road	irustee 2158 Brook Highland Ridge Trustee 6 Chaucer Road
	ige 1	Klage tee	Trustee	Trustee	Trustee	Brook migniana kiuge Trustee	2158 Brook Highland Ridge Trustee	2158 Brook Highland Ridge Trustee	Trustee 2158 Brook Highland Ridge Trustee
	tidge					DIOOK ETGITTOIL	Brook Highland	2158 Brook Highland Ridge	irustee 2158 Brook Highland Ridge
		t t t e e e	.E. Trustee Trustee chland Ridge	N.E. Trustee ad Trustee Highland Ridge	th St. N.E. Trustee dge Road Trustee Brook Highland Ridge	9th St. N.E. Trustee Road Trustee	119 9th St. N.E. Trustee 16 Ridge Road Trustee	119 9th St. N.E. Trustee 16 Ridge Road Trustee	119 9th St. N.E. 1002 Trustee 16 Ridge Road
		ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר	ve Trustee St. Trustee Trustee dhland Ridge	Ave Trustee on St. Trustee N.E. Trustee ad Trustee Highland Ridge	Trustee tral Ave Trustee ddison St. Trustee St. N.E. Trustee e Road Trustee ook Highland Ridge	Trustee Central Ave Trustee 16 Addison St. Trustee 9th St. N.E. Trustee Road Trustee	1/410 Cosscove CL. Trustee 342 Central Ave Trustee 13046 Addison St. Trustee 119 9th St. N.E. Trustee 16 Ridge Road Trustee	1/410 Cosscove Ct. Trustee 342 Central Ave 13046 Addison St. 91423 Trustee 119 9th St. N.E. Trustee 16 Ridge Road Trustee	1/410 Cosscove CL. 342 Central Ave Trustee 13046 Addison St. Trustee 119 9th St. N.E. Trustee 16 Ridge Road
		ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר ר	ve Trustee St. Trustee Trustee dhland Ridge	Ave Trustee on St. Trustee N.E. Trustee ad Trustee Highland Ridge	Trustee tral Ave Trustee ddison St. Trustee St. N.E. Trustee e Road Trustee ook Highland Ridge	Central Ave Trustee Central Ave Trustee 16 Addison St. Trustee 9th St. N.E. Trustee Idge Road Trustee	17410 Cosscove Ct. Trustee 342 Central Ave Trustee 13046 Addison St. Trustee 119 9th St. N.E. Trustee 16 Ridge Road Trustee	17410 Cosscove Ct. Trustee 342 Central Ave Trustee 13046 Addison St. Trustee 119 9th St. N.E. Trustee 16 Ridge Road Trustee	17410 Cosscove Ct. Trustee 342 Central Ave 0 13046 Addison St. Trustee 119 9th St. N.E. Trustee 16 Ridge Road
		rus rus rus	n y E	Ave on St N.E Nad	ddison St St. N.E e Road	Lendison Steph St. N.E. Sidge Road	13046 Addison St 23 119 9th St. N.E 16 Ridge Road	13046 Addison St 1423 119 9th St. N.E 02 16 Ridge Road	1423 119 9th St. N.E 02 16 Ridge Road

223755684 Congenital Adrenal Hyperplasia 22-3755684

Federal Statements

FYE: 12/31/2005

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

	Expenses	0	0.	0 .	
	Benefits	0	. 0	1 O	
	Compensation Benefits Expenses			0	
	Average Hours	ហ	Ŋ	Ŋ	
Name	City, State, Zip Title	59 Fairfield Drive Short Hills NJ 07078	11425 Luxmanor Road Rockville MD 20852 Trustee	203 Bartlett Ave Pittsfield MA 01201	
		Hope Raphalian S	Diane Snyder R	Bonnie Stevens F	

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

2005

Attachment
Sequence No. 67

Internal Revenue Service Name(s) shown on return Description See separate instructions. ► Attach to your tax return.

Congenital Adrenal Hyperplasia

Research Education and Support Foun

Identifying number 22-3755684

Business or activity to which this form relates Indirect Depreciation Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I. 105,000 Maximum amount. See the instructions for a higher limit for certain businesses Total cost of section 179 property placed in service (see instructions) 2 420,000 3 Threshold cost of section 179 property before reduction in limitation 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instr. (b) Cost (business use only) (a) Description of property 6 Listed property. Enter the amount from line 29. 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 10 Carryover of disallowed deduction from line 13 of your 2004 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2006. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Part II Special allowance for certain aircraft, certain property with a long production period, and qualified NYL 14 or GO Zone property (other than listed property) placed in service during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 1,663 MACRS deductions for assets placed in service in tax years beginning before 2005 17 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 (c) Basis for depreciation (b) Month and (d) Recovery (f) Method (g) Depreciation deduction (e) Convention year placed in /business/investment use (a) Classification of property period only-see instructions) 3-year property 19a 1,073 5,366 5.0 HY 200DB 5-year property 1,000 200DB 7.0 ΗY 7-year property 10-year property 15-year property 20-year property S/I 25 yrs. 25-year property S/I 27.5 yrs. MM Residential rental S/L property 27.5 yrs. MM MM S/L 39 yrs. Nonresidential real MM property Section C-Assets Placed in Service During 2005 Tax Year Using the Alternative Depreciation System Class life 20a 12 yrs. b 12-year MM 40-year С Summary (see instructions) Part IV 21 Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 22 2,879 Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr. For assets shown above and placed in service during the current year, 23 23 enter the portion of the basis attributable to section 263A costs

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

223755684 Congenital Adrenal Hyperplasia
22-3755684 Federal Asset Report
Form 990, Page 1

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

223755684 Congenital Adrenal Hyperplasia
AMT Asset Report

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Form 990, Page 1

FYE: 12/31/2005

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

22-3755684

223755684 Congenital Adrenal Hyperplasia
22-3755684 **Depreciation Adjustment Report**

All Business Activities

FYE: 12/31/2005

Form	Unit	Asset	Description	Tax	AMT		AMT Adjustments/ Preferences
MACI	 ≀S Adj	ustments:					
Page 1 Page 1 Page 1 Page 1 Page 1	1 1 1 1 1	1 2 3 4 5	Furniture Other Equipment Telephone System Computer Equipment Other Equipment	590 181 892 1,073 143	590 181 892 805 107		0 0 0 268 36
				2.879	2,575		304

2,879

2,575

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223755684 Congenital Adrenal Hyperplasia
22-3755684 Bonus Depreciation Report

08/07/2006 11:44 AM

FYE: 12/31/2005

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

223755684 Congenital Adrenal Hyperplasia
22-3755684 Future Depreciation Report

08/07/2006 11:44 AM **FYE: 12/31/06**

FYE: 12/31/2005

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior M	IACRS:	6/06/04	2,581	421	421
1 2 3 4 5	Furniture Other Equipment Telephone System Computer Equipment Other Equipment	6/01/04 6/01/04 6/01/05 6/01/05	7,361 7,90 3,860 5,366 1,000 13,597	129 637 1,717 245. 3,149	129 637 1,368 191 2,746
	Grand Totals		13,597	3,149	2,746

223755684 Congenital Adrenal Hyperplasia
22-3755684 Federal Statements

22-3755684 FYE: 12/31/2005

8/7/2006 11:44 AM

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

	Description		Cash	 Noncash	 Total
		\$	343,224	\$ 2,101	\$ 345,325
Total		 \$	343,224	\$ 2,101	\$ 345,325