**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.

**B** Check if applicable:
- Address change
- Name change
- Initial return
- Final return
- Amended return

**C** Name of organization

**D** Employer identification number

**E** Telephone number

**F** Accounting method: [ ] Cash [ ] Accrual [ ] Other (specify)

**G** Website: [carefoundation.org](http://carefoundation.org)

**J** Organization type (check only one)
- [X] 501(c) (3)
- [ ] 501(c) (4)
- [ ] 501(c) (15)
- [ ] 501(c) (19)
- [ ] 501(c) (1001)
- [ ] 4947(a)(1)
- [ ] 4947(a)(11)
- [ ] 4947(a)(8)
- [ ] 4947(a)(9)

**K** Check here [ ] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than $25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

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

<table>
<thead>
<tr>
<th>Part 1: Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>e</td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td>6a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td>8a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>d</td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td>a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>10a</td>
</tr>
<tr>
<td>b</td>
</tr>
<tr>
<td>c</td>
</tr>
<tr>
<td>11</td>
</tr>
<tr>
<td>12</td>
</tr>
<tr>
<td>13</td>
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<tr>
<td>14</td>
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<tr>
<td>15</td>
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<tr>
<td>16</td>
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<tr>
<td>17</td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td>19</td>
</tr>
<tr>
<td>20</td>
</tr>
<tr>
<td>21</td>
</tr>
</tbody>
</table>

H and are not applicable to section 527 organizations. I

H(a) Is this a group return for affiliates? [ ] Yes [ ] No

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

H(c) Are all affiliates included? [ ] Yes [ ] No

H(d) Is this a separate return filled by an organization covered by a group ruling? [ ] Yes [ ] No

**M** Check [ ] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).
### Form 990 (2005) Statement of Functional Expenses

**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.)

<table>
<thead>
<tr>
<th>(A) Total</th>
<th>(B) Program Services</th>
<th>(C) Management and General</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a Grants paid from donor advised funds (attach schedule) (cash $) (non-cash $)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b Other grants and allocations (attach schedule) Stmt 1 (cash $) (non-cash $)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23 Specific assistance to individuals (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24 Benefits paid to or for members (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3) (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26 Salaries and wages of employees not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Pension plan contributions not included on lines 25a, b, and c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Employee benefits not included on lines 25a, 25b, and 25c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>29 Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30 Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31 Accounting fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32 Legal fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>33 Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34 Telephone</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>35 Postage and shipping</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>36 Occupancy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>37 Equipment rental and maintenance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>38 Printing and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39 Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>40 Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41 Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>42 Depreciation, depletion, etc. (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43 Other expenses not covered above (itemize):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a See Statement 2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)  

| 376,987 | 305,220 | 49,128 | 22,639 |

**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 $ ; and (iv) the amount allocated to Fundraising $.
Form 990 (2006)  Congenital Adrenal Hyperplasia  22-3755684

Part III 4 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 3

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 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

<table>
<thead>
<tr>
<th>Program Service Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)</td>
</tr>
</tbody>
</table>

| 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 ➤ □ |
| 114,850 |

| b 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 ➤ □ |
| 86,574 |

| c 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 $73,750) |
| If this amount includes foreign grants, check here ➤ □ |
| 76,389 |

| 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 ➤ □ |
| 27,407 |

| e Other program services (attach schedule) See Stmt 4 |
| (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) |
| ➤ $305,220 |

Form 990 (2006)
### Part IV: Balance Sheet (See the instructions.)

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

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Cash-non-interest-bearing</td>
<td>84,612</td>
<td>260,297</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>45</td>
<td>46</td>
</tr>
<tr>
<td>47a Accounts receivable</td>
<td>47a</td>
<td>47b</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>47a</td>
<td>47c</td>
</tr>
<tr>
<td>48a Pledges receivable</td>
<td>48a</td>
<td>48c</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>48b</td>
<td>49</td>
</tr>
<tr>
<td>49 Grants receivable</td>
<td>50a</td>
<td>50b</td>
</tr>
<tr>
<td>50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)</td>
<td>50a</td>
<td>50b</td>
</tr>
<tr>
<td>b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (alt. schedule)</td>
<td>50a</td>
<td>50b</td>
</tr>
<tr>
<td>51a Other notes and loans receivable (attach schedule)</td>
<td>51a</td>
<td>51b</td>
</tr>
<tr>
<td>b Less: allowance for doubtful accounts</td>
<td>51a</td>
<td>51c</td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td>52</td>
<td></td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td>53</td>
<td>54a</td>
</tr>
<tr>
<td>54a Investments—publicly traded securities</td>
<td>54a</td>
<td>54b</td>
</tr>
<tr>
<td>b Investments—other securities (attach schedule)</td>
<td>54a</td>
<td>54b</td>
</tr>
<tr>
<td>55a Investments—land, buildings, and equipment: basic</td>
<td>55a</td>
<td>55b</td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td>55a</td>
<td>55c</td>
</tr>
<tr>
<td>56 Investments—other (attach schedule)</td>
<td>56</td>
<td>57</td>
</tr>
<tr>
<td>57a Land, buildings, and equipment: basic</td>
<td>57a</td>
<td>57b</td>
</tr>
<tr>
<td>b Less: accumulated depreciation (attach schedule)</td>
<td>57a</td>
<td>57b</td>
</tr>
<tr>
<td>58 Other assets, including program-related investments (describe ▶)</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>59 Total assets (must equal line 74). Add lines 45 through 58</td>
<td>95,665</td>
<td>287,943</td>
</tr>
<tr>
<td>60 Accounts payable and accrued expenses</td>
<td>60</td>
<td>61</td>
</tr>
<tr>
<td>61 Grants payable</td>
<td>61</td>
<td>62</td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
<td>63</td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>63</td>
<td></td>
</tr>
<tr>
<td>64a Tax-exempt bond liabilities (attach schedule)</td>
<td>64a</td>
<td>64b</td>
</tr>
<tr>
<td>b Mortgages and other notes payable (attach schedule)</td>
<td>64b</td>
<td>65</td>
</tr>
<tr>
<td>65 Other liabilities (describe ▶ See Statement 6)</td>
<td>65</td>
<td>66</td>
</tr>
<tr>
<td>66 Total liabilities. Add lines 60 through 65</td>
<td>14,929</td>
<td>841</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ▶ X and complete lines**

- 67 Unrestricted
- 68 Temporarily restricted
- 69 Permanently restricted

**Organizations that do not follow SFAS 117, check here ▶ □ and complete lines**

- 70 Capital stock, trust principal, or current funds
- 71 Paid-in or capital surplus, or land, building, and equipment fund
- 72 Retained earnings, endowment, accumulated income, or other funds

**Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column A must equal line 19 and column B must equal line 21).**

<table>
<thead>
<tr>
<th>Description</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>73 Total net assets or fund balances</td>
<td>80,736</td>
<td>287,102</td>
</tr>
</tbody>
</table>

**Total liabilities and net assets/fund balances. Add lines 66 and 73**

- 74 | 95,665 | 287,943

---

*Form 990 (2008)*
### Part IV-A

#### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
</tr>
<tr>
<td>b</td>
<td>Amounts Included on line a but not on Part I, line 12:</td>
</tr>
<tr>
<td></td>
<td>1 Net unrealized gains on investments</td>
</tr>
<tr>
<td></td>
<td>2 Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>3 Recoveries of prior year grants</td>
</tr>
<tr>
<td></td>
<td>4 Other (specify):</td>
</tr>
<tr>
<td></td>
<td>b1</td>
</tr>
<tr>
<td></td>
<td>b2</td>
</tr>
<tr>
<td></td>
<td>b3</td>
</tr>
<tr>
<td></td>
<td>b4</td>
</tr>
<tr>
<td>c</td>
<td>Subtract line b from line a</td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on Part I, line 12, but not on line a:</td>
</tr>
<tr>
<td></td>
<td>1 Investment expenses not included on Part I, line 6b</td>
</tr>
<tr>
<td></td>
<td>2 Other (specify):</td>
</tr>
<tr>
<td></td>
<td>d1</td>
</tr>
<tr>
<td></td>
<td>d2</td>
</tr>
<tr>
<td>e</td>
<td>Total revenue (Part I, line 12). Add lines c and d</td>
</tr>
</tbody>
</table>

### Part IV-B

#### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total expenses and losses per audited financial statements</td>
</tr>
<tr>
<td>b</td>
<td>Amounts Included on line a but not Part I, line 17:</td>
</tr>
<tr>
<td></td>
<td>1 Donated services and use of facilities</td>
</tr>
<tr>
<td></td>
<td>2 Prior year adjustments reported on Part I, line 20</td>
</tr>
<tr>
<td></td>
<td>3 Losses reported on Part I, line 20</td>
</tr>
<tr>
<td></td>
<td>4 Other (specify):</td>
</tr>
<tr>
<td></td>
<td>b1</td>
</tr>
<tr>
<td></td>
<td>b2</td>
</tr>
<tr>
<td></td>
<td>b3</td>
</tr>
<tr>
<td></td>
<td>b4</td>
</tr>
<tr>
<td>c</td>
<td>Subtract line b from line a</td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on Part I, line 17, but not on line a:</td>
</tr>
<tr>
<td></td>
<td>1 Investment expenses not included on Part I, line 6b</td>
</tr>
<tr>
<td></td>
<td>2 Other (specify):</td>
</tr>
<tr>
<td></td>
<td>d1</td>
</tr>
<tr>
<td></td>
<td>d2</td>
</tr>
<tr>
<td>e</td>
<td>Total expenses (Part I, line 17). Add lines c and d</td>
</tr>
</tbody>
</table>

### 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 compensate.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plan &amp; deferred compensation (third)</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Statement 7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V-A  Current Officers, Directors, Trustees, and Key Employees (continued)

75a  Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings. ▶ 17

b  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employee listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s).

75b  X

75c  X

75d  X

c  Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

75d  X

d  Does the organization have a written conflict of interest policy?

Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (If not paid, enter -0)</th>
<th>(D) Contributions to employer benefit plans &amp; deferred compensation plans</th>
<th>(E) Expenses account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part VI  Other Information (See the instructions.)

76  Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change.

76  X

77  Were any changes made in the organizing or governing documents but not reported to the IRS?

If "Yes," attach a conformity copy of the changes.

77  X

78a  Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?

b  If "Yes," has it filed a tax return on Form 990-T for this year?

78a  X 78b  X

79  Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.

79  X

80a  Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?

b  If "Yes," enter the name of the organization ▶ and check whether it is  ☐ exempt or ☐ nonexempt 81a

81b  X

81a  Enter direct and indirect political expenditures. (See line 81 instructions.)

b  Did the organization file Form 1120-POL for this year?
Part VI  Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?  
X

82b  

83a Did the organization comply with the public inspection requirements for returns and exemption applications?  
X

83b  

84a Did the organization solicit any contributions or gifts that were not tax deductible?  
X

84b  

85a 501(c)(4), (5), or (6) organizations. Were substantially all dues nondeductible by members?  
N/A

85b  

85c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  

85d  

85e  

85f  

85g Does the organization elect to pay the section 6033(a) tax on the amount on line 85f?  
N/A

85h If section 6033(a)(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?  

86 501(c)(7) orgs. Enter: a. Initiation fees and capital contributions included on line 12  

86a  

86b  

86c  

86d  

86e  

86f  

86g  

86h  

88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX  
X

88b  

89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:  
section 4911  

89b  

89c  

89d  

89e  

89f  

89g  

90a List the states with which a copy of this return is filed  
None

90b  

91a The books are in care of  
Taxpayer

2414 Morris Ave.  

Telephone no.  
973-912-3895

Located at  
Union, NJ  
ZIP + 4  
07083

91b  

92a 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)?  
X

92b  

93a  

93b  

93c  

93d  

93e  

93f  

93g  

93h  

93i  

93j  

93k  

93l  

93m  

93n  

93o  

93p  

93q  

93r  

93s  

93t  

93u  

93v  

93w  

93x  

93y  

93z  

DAA
### Part VI. Other Information (continued)

- **e.** At any time during the calendar year, did the organization maintain an office outside of the United States?  
  
  - Yes [ ]  
  - No [X]  
  
  **Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here**  
  
  - [ ]  

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

**Note:** Enter gross amounts unless otherwise indicated.

- **93.** Program service revenue:
  - a. [ ]
  - b. [ ]
  - c. [ ]
  - d. [ ]
  - e. [ ]
  - f. Medicare/Medicaid payments [ ]
  - g. Fees and contracts from government agencies [ ]
  - h. Membership dues and assessments [ ]
  - i. Interest on savings and temporary cash investments [ ]
  - j. Dividends and interest from securities [ ]
  - k. Net rental income or (loss) from real estate:
    - a. Debt-financed property [ ]
    - b. Not debt-financed property [ ]
  - l. Net rental income or (loss) from personal property [ ]
  - m. Other investment income [ ]
  - n. Gain or (loss) from sales of assets other than inventory [ ]
  - o. Net income or (loss) from special events [ ]
  - p. Gross profit or (loss) from sales of inventory [ ]
  - q. Other revenues:
    - a. [ ]
    - b. [ ]
    - c. [ ]
    - d. [ ]
    - e. [ ]
- **104.** Subtotal (add columns (B), (D), and (E)) [ ]
- **105.** Total (add line 104, columns (B), (D), and (E)) [ ]

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

**Note:** Line 105 plus line 10e, Part I, should equal the amount on line 12, Part I.

**Line No.**

**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.)

**Name, address, and EIN of corporation, partnership, or disregarded entity**

- **A.**
- **B.** Percentage of ownership interest [ ]
- **C.** Nature of activities [ ]
- **D.** Total income [ ]
- **E.** End-of-year assets [ ]

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

- **(a).** Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  
  - Yes [X]  
  - No [ ]  
  
  **(b).** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  
  - Yes [X]  
  - No [ ]  

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).
**Part XI**  
Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer ID Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(A) Name, address, of each controlled entity</th>
<th>(B) Employer ID Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Please Sign Here**

[Signature]

Date: 5/08/07

Preparer's SSN or PTIN

Preparer's Firm Name: Hacker, Kroll & Company, P.A.

[Signature]

Date: 5/08/07

Preparer's Signature

Phone: 908-685-0099

Form 990 (2006)
### Part I
**Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 2 of the instructions. List each one. If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Comp.</th>
<th>(d) Contrib to emp. ben. plan deferred comp</th>
<th>(e) Expense account &amp; other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other employees paid over $50,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II-A
**Compensation of the Five Highest Paid Independent Contractors for Professional Services**
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of others receiving over $50,000 for professional services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part II-B
**Compensation of the Five Highest Paid Independent Contractors for Other Services**
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other contractors receiving over $50,000 for other services</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part III. Statements About Activities

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 &quot;Yes,&quot; 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.)</td>
<td>1</td>
<td>X</td>
</tr>
</tbody>
</table>

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?                                | x   |
| b. Lending of money or other extension of credit?                       | x   |
| c. Furnishing of goods, services, or facilities?                        | x   |
| d. Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? See Part V, Form 990 | x   |
| e. Transfer of any part of its income or assets?                        | x   |

3. Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)

| a. Did the organization have a section 403(b) annuity plan for its employees? | x   |
| b. Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement | x   |
| c. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? | x   |

4. Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

| a. Did the organization make any taxable distributions under section 4966? | x   |
| b. Did the organization make a distribution to a donor, donor advisor, or related person? |   |
| c. Enter the total number of donor advised funds owned at the end of the tax year |   |
| d. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year |   |
| e. Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts | 0   |
| f. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year | 0   |
Part IV: Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only ONE applicable box.)


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. [X] 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)(v). (Also complete the Support Schedule in Part IV-A.)


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

13. [ ] An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:

- [ ] Type I
- [ ] Type II
- [ ] Type III—Functionally Intertwined
- [ ] Type III—Other

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name(s) of supported organization(s)</td>
<td>Employer identification number (EIN)</td>
<td>Type of organization (described in lines 5 through 12 above or IRC section)</td>
<td>Is the supported organization listed in the supporting organization's governing documents?</td>
<td>Amount of support</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

14. [ ] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)
### Part A: Support Schedule

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

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2004</th>
<th>(c) 2003</th>
<th>(d) 2002</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)</td>
<td>345,325</td>
<td>185,830</td>
<td>78,211</td>
<td>52,451</td>
<td>661,817</td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td>1,139</td>
<td>1,139</td>
</tr>
<tr>
<td>18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(b)(3)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td></td>
<td></td>
<td>1,139</td>
<td></td>
<td>1,139</td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization's benefit and other paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>346,464</td>
<td>185,830</td>
<td>78,211</td>
<td>52,451</td>
<td>662,956</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>3,465</td>
<td>1,858</td>
<td>782</td>
<td>525</td>
<td>662,956</td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>a Enter 2% of amount in column (e), line 24</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test: Enter line 24, column (e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>d Add: Amounts from column (e) for lines:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>16</td>
<td>1,139</td>
<td>19</td>
<td></td>
<td></td>
<td>1,139</td>
</tr>
<tr>
<td>22</td>
<td></td>
<td>26b</td>
<td>55,678</td>
<td></td>
<td>55,678</td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>27 Organizations described on line 12:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>a For amounts included in lines 15, 16, and 17 that were received from a &quot;disqualified person,&quot; prepare a list for your records to show the name of, and total amounts received in each year from, each &quot;disqualified person.&quot; Do not file this list with your return. Enter the sum of such amounts for each year:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>b For any amount included in line 17 that was received from each person other than &quot;disqualified person&quot;, 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:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>c Add: Amounts from column (e) for lines:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>15</td>
<td>1,139</td>
<td>16</td>
<td></td>
<td></td>
<td>1,139</td>
</tr>
<tr>
<td>20</td>
<td></td>
<td>21</td>
<td></td>
<td></td>
<td>27c</td>
</tr>
<tr>
<td>d Add: Line 27a total and line 27b total</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>e Public support (line 27c total minus line 27d total)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>h Investment income percentage (line 13, column (e) (numerator) divided by line 27f (denominator))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
</tbody>
</table>
### Part V: Private School Questionnaire

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

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>29</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td></td>
<td></td>
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<tr>
<td>32</td>
<td></td>
<td></td>
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<tr>
<td>33</td>
<td></td>
<td></td>
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<tr>
<td>34</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**29** Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

**30** Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

**31** Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)

**32** Does the organization maintain the following:

- a. Records indicating the racial composition of the student body, faculty, and administrative staff?
- b. Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
- c. Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
- d. Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)

**33** Does the organization discriminate by race in any way with respect to:

- a. Students' rights or privileges?
- b. Admissions policies?
- c. Employment of faculty or administrative staff?
- d. Scholarships or other financial assistance?
- e. Educational policies?
- f. Use of facilities?
- g. Athletic programs?
- h. Other extracurricular activities?

If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)

**34** Does the organization receive any financial aid or assistance from a governmental agency?

- a. Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement.

**35** Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 76-60, 1976-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation.
**Limits on Lobbying Expenditures**

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

<table>
<thead>
<tr>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td></td>
</tr>
<tr>
<td>37</td>
<td></td>
</tr>
<tr>
<td>38</td>
<td></td>
</tr>
<tr>
<td>39</td>
<td></td>
</tr>
<tr>
<td>40</td>
<td></td>
</tr>
<tr>
<td>41</td>
<td></td>
</tr>
<tr>
<td>42</td>
<td></td>
</tr>
<tr>
<td>43</td>
<td></td>
</tr>
<tr>
<td>44</td>
<td></td>
</tr>
</tbody>
</table>

If the amount on line 40 is:

- Not over $500,000
- Over $500,000 but not over $1,000,000
- Over $1,000,000 but not over $1,500,000
- Over $1,500,000 but not over $17,000,000
- Over $17,000,000

The lobbying nontaxable amount is:

- 20% of the amount on line 40
- $100,000 plus 15% of the excess over $500,000
- $175,000 plus 10% of the excess over $1,000,000
- $225,000 plus 5% of the excess over $1,500,000
- $1,000,000

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2006</th>
<th>(b) 2005</th>
<th>(c) 2004</th>
<th>(d) 2003</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lobbying nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>46 Lobbying ceiling amount (150% of line 45)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>47 Total lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>48 Grassroots nontaxable amount</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>49 Grassroots ceiling amount (150% of line 48)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>50 Grassroots lobbying expenditures</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.
Congenital Adrenal Hyperplasia 22-3755684

Part VII: Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 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?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

52a 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?

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990 or 990-EZ) 2006
<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Relationship to Org</th>
<th>Cash Contrib</th>
<th>NonCash Contrib</th>
<th>Book Value</th>
<th>BV Explantn</th>
<th>FMV Explantn</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Institute of Health</td>
<td>$55,000 $</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>National Institute of Health</td>
<td></td>
<td></td>
<td>8,750</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>UNC Dept of Pediatrics</td>
<td></td>
<td></td>
<td>10,000</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$73,750</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<table>
<thead>
<tr>
<th>Description</th>
<th>Total Expenses</th>
<th>Program Service</th>
<th>Mgt &amp; General</th>
<th>Fund-Raising</th>
</tr>
</thead>
<tbody>
<tr>
<td>Audio Visual</td>
<td>$688</td>
<td>$688</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bank Fees</td>
<td>$611</td>
<td>$611</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Expenses</td>
<td>$135</td>
<td>$135</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Computer Expense</td>
<td>$18,215</td>
<td>$10,169</td>
<td>$4,740</td>
<td>$3,306</td>
</tr>
<tr>
<td>Consulting</td>
<td>$135</td>
<td>$135</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Copyrights</td>
<td>$4,231</td>
<td>$686</td>
<td>$723</td>
<td>$250</td>
</tr>
<tr>
<td>Credit Card Fees</td>
<td>$1,268</td>
<td>$295</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dues &amp; Subscriptions</td>
<td>$1,268</td>
<td>$295</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Event Flowers, Food &amp; Catering</td>
<td>$40,174</td>
<td>$40,174</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family Financial Assistance</td>
<td>$7,914</td>
<td>$7,914</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fire Loss</td>
<td>$19,047</td>
<td></td>
<td>$19,047</td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>$2,120</td>
<td></td>
<td>$2,120</td>
<td></td>
</tr>
<tr>
<td>License &amp; Permits</td>
<td>$1,175</td>
<td></td>
<td>$50</td>
<td>$1,125</td>
</tr>
<tr>
<td>Mailing Prep</td>
<td>$1,194</td>
<td>$1,160</td>
<td></td>
<td>$34</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>$2,556</td>
<td>$1,862</td>
<td>$694</td>
<td></td>
</tr>
<tr>
<td>Moving Expense</td>
<td>$5,724</td>
<td>$5,724</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office Expenses</td>
<td>$830</td>
<td></td>
<td>$830</td>
<td></td>
</tr>
<tr>
<td>Payroll Processing Fee</td>
<td>$1,961</td>
<td>$1,611</td>
<td>$350</td>
<td></td>
</tr>
<tr>
<td>Prof Training &amp; Education</td>
<td>$1,944</td>
<td>$1,944</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Speaker's Gifts</td>
<td>$3,067</td>
<td>$3,067</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Translation Services</td>
<td>$3,329</td>
<td>$3,329</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website Management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>$116,318</strong></td>
<td><strong>$79,504</strong></td>
<td><strong>$28,554</strong></td>
<td><strong>$8,260</strong></td>
</tr>
</tbody>
</table>
Statement 3 - 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.

Statement 4 - Form 990, Part III, Line e - Other Program Services

Description
### Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year</th>
<th>Accum Deprec</th>
<th>End of Year</th>
<th>Accum Deprec</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ 13,597</td>
<td>$ 4,292</td>
<td>$ 27,932</td>
<td>$ 4,805</td>
</tr>
<tr>
<td>Total</td>
<td>$ 13,597</td>
<td>$ 4,292</td>
<td>$ 27,932</td>
<td>$ 4,805</td>
</tr>
</tbody>
</table>

### Statement 6 - Form 990, Part IV, Line 65 - Other Liabilities

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payroll Taxes</td>
<td>$ 105</td>
<td>$ 291</td>
</tr>
<tr>
<td>Total</td>
<td>$ 105</td>
<td>$ 291</td>
</tr>
<tr>
<td>Name and Address</td>
<td>Title</td>
<td>Average Hours</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Kelly Leight</td>
<td>President</td>
<td>10</td>
</tr>
<tr>
<td>Short Hills NJ 07078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jamie Abell-Paterson</td>
<td>Vice Preside</td>
<td>10</td>
</tr>
<tr>
<td>Encino CA 91436</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K. Adam Leight</td>
<td>Treasurer</td>
<td>10</td>
</tr>
<tr>
<td>Short Hills NJ 07078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stephanie Fracassa</td>
<td>Secretary</td>
<td>10</td>
</tr>
<tr>
<td>New York NY 10024</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vivian Altman</td>
<td>Parliamentar</td>
<td>10</td>
</tr>
<tr>
<td>Summit NJ 07901</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mark Engman</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Washington DC 20002</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Janet Green</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Lebanon NJ 08833</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tonya Judson</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Birmingham AL 35242</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nancy Kislin Flaum</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Short Hills NJ 07078</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name and Address</td>
<td>Title</td>
<td>Average Hours</td>
</tr>
<tr>
<td>--------------------------</td>
<td>-------------</td>
<td>---------------</td>
</tr>
<tr>
<td>Gregory Kraff</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Garden City NY 11530</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Jayne Mackta</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Bradley Beach NJ 07720</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Alan Macy</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Santa Barbara CA 93109</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Michelle May</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Phoenix AZ 85048</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Hope Raphalian</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Short Hills NJ 07078</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Diane Snyder</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Rockville MD 20852</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Bonnie Stevens</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Pittsfield MA 01201</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Monica Heinze</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Parker CO 80138</td>
<td>Trustee</td>
<td>5</td>
</tr>
<tr>
<td>Meryl Stone</td>
<td>Associate ED</td>
<td>30</td>
</tr>
<tr>
<td>Short Hills NJ 07078</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Depreciation and Amortization

**Form 4562**

**(Including Information on Listed Property)**

**2006**

**Attachment Sequence No. 67**

**Department of the Treasury**

**Internal Revenue Service**

**Name(s) shown on return**

**Congenital Adrenal Hyperplasia Research Education and Support Foun**

**Identifying number**

22-3755684

#### 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.

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>108,000</td>
</tr>
<tr>
<td>2</td>
<td>430,000</td>
</tr>
</tbody>
</table>

**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**

8

**Tentative deduction. Enter the smaller of line 5 or line 8**

9

**Carryover of disallowed deduction from line 13 of your 2005 Form 4562**

10

**Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)**

11

**Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11**

12

**Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12**

13

#### Part II

**Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14

**Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)**

15

**Property subject to section 168(f)(3)(B) election**

16

#### Part III

**MACRS Depreciation (Do not include listed property.) (See Instructions.)**

**Section A**

17 1,574

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 2006 Tax Year Using the General Depreciation System

<p>| | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>19a</td>
<td>3-year property</td>
<td>14,252</td>
<td>5.0</td>
<td>HY</td>
<td>200DB</td>
</tr>
<tr>
<td></td>
<td>6-year property</td>
<td>13,680</td>
<td>7.0</td>
<td>HY</td>
<td>200DB</td>
</tr>
</tbody>
</table>

#### Section C-Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>20a</td>
<td>Class life</td>
<td></td>
<td>S/L</td>
</tr>
<tr>
<td></td>
<td>12-year property</td>
<td>12 yrs.</td>
<td>S/L</td>
</tr>
<tr>
<td></td>
<td>40-year property</td>
<td>40 yrs.</td>
<td>S/L</td>
</tr>
</tbody>
</table>

#### Part IV

**Summary (see instructions)**

21

22 6,379

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For Paperwork Reduction Act Notice, see separate instructions.