

Form **990-EZ**Department of the Treasury  
Internal Revenue Service

# Short Form

## 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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-1150

**2008****Open to Public  
Inspection**

<b>A For the 2008 calendar year, or tax year beginning</b> _____ <b>and ending</b> _____			
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> <b>Congenital Adrenal Hyperplasia Research Education and Support Foun</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>2414 Morris Avenue 110</b> City or town, state or country, and ZIP + 4 <b>Union NJ</b>	<b>D Employer identification number</b> <b>22-3755684</b> <b>E Telephone number</b> <b>973-912-3895</b> <b>F Group Exemption Number</b> .....

● **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

<b>I Website:</b> ► <b>caresfoundation.org</b> <b>J Organization type</b> (check only one) — <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) 4947(a)(1) or 527 <b>K Check</b> <input type="checkbox"/> if the organization is not a section 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.	<b>G Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► <b>H Check</b> <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ** ..... **\$ 336,284**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)		
	<b>1</b> Contributions, gifts, grants, and similar amounts received .....	<b>333,632</b>
	<b>2</b> Program service revenue including government fees and contracts .....	
	<b>3</b> Membership dues and assessments .....	
	<b>4</b> Investment income .....	<b>2,652</b>
Revenue	<b>5a</b> Gross amount from sale of assets other than inventory .....	
	<b>5b</b> Less: cost or other basis and sales expenses .....	
	<b>5c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach sch.) .....	
	<b>6</b> Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>	
	<b>a</b> Gross revenue (not including \$ _____ of contributions reported on line 1) .....	
	<b>6a</b> .....	
	<b>6b</b> Less: direct expenses other than fundraising expenses .....	
	<b>6c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) .....	
	<b>7a</b> Gross sales of inventory, less returns and allowances .....	
	<b>7b</b> Less: cost of goods sold .....	
	<b>7c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	
	<b>8</b> Other revenue (describe ►) .....	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 .....	<b>336,284</b>
Expenses	<b>10</b> Grants and similar amounts paid (attach schedule) ..... <b>See Statement 1</b>	<b>86,000</b>
	<b>11</b> Benefits paid to or for members .....	
	<b>12</b> Salaries, other compensation, and employee benefits .....	<b>245,571</b>
	<b>13</b> Professional fees and other payments to independent contractors .....	<b>6,201</b>
	<b>14</b> Occupancy, rent, utilities, and maintenance .....	<b>27,977</b>
	<b>15</b> Printing, publications, postage, and shipping .....	<b>17,592</b>
	<b>16</b> Other expenses (describe ► <b>See Statement 2</b> ) .....	<b>77,805</b>
	<b>17 Total expenses.</b> Add lines 10 through 16 .....	<b>461,146</b>
Net Assets	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) .....	<b>-124,862</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) .....	<b>255,934</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation) .....	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 .....	<b>131,072</b>

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.		
(See the instructions for Part II.)		
	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments .....	<b>261,772</b>	<b>117,717</b>
<b>23</b> Land and buildings .....		<b>12,245</b>
<b>24</b> Other assets (describe ► <b>See Statement 3</b> ) .....	<b>4,410</b>	<b>3,469</b>
<b>25 Total assets</b> .....	<b>266,182</b>	<b>133,431</b>
<b>26</b> Total liabilities (describe ► <b>See Statement 4</b> ) .....	<b>10,248</b>	<b>2,359</b>
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) .....	<b>255,934</b>	<b>131,072</b>

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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What is the organization's primary exempt purpose?

See Statement 5

## Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

- |    |  |  |     |         |
|----|--|--|-----|---------|
| 28 | Family Support and Education provides a network to lend guidance to those families affected by Congenital Adrenal Hyperplasia                          | (Grants \$ ) If this amount includes foreign grants, check here        | 28a | 192,003 |
| 29 | 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 \$ 86,000 ) If this amount includes foreign grants, check here | 29a | 109,398 |
| 30 | 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 \$ ) If this amount includes foreign grants, check here        | 30a | 58,200  |
| 31 | Other program services (attach schedule) See Statement 6   | (Grants \$ ) If this amount includes foreign grants, check here        | 31a | 42,441  |
| 32 | Total program service expenses (add lines 28a through 31a)   |  | 32  | 402,042 |

**Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

[illegible]

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**Congenital Adrenal Hyperplasia****22-3755684**Page **3****Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>X</b>
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instr.		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911 ; section 4912 ; section 4955		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		<b>X</b>
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>X</b>
<b>41</b> List the states with which a copy of this return is filed. <b>NJ, NY, PA, MD, MA, CA, CT</b>		
<b>42a</b> The books are in care of <b>Taxpayer</b> Telephone no. <b>973-912-3895</b>		
<b>2414 Morris Ave.</b>		
Located at <b>Union, NJ</b> ZIP + 4 <b>07083</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		<b>X</b>
If "Yes," enter the name of the foreign country:		
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<b>X</b>
If "Yes," enter the name of the foreign country:		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		<b>X</b>

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46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

**47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

**49a** Did the organization make any transfers to an exempt non-charitable related organization?

**b** If "Yes," was the related organization(s) a section 527 organization?

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		<b>X</b>
47		<b>X</b>
48		<b>X</b>
49a		<b>X</b>
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				
Total number of other employees paid over \$100,000				

Total number of other employees paid over \$100,000

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
Total number of other independent contractors each receiving over \$100,000		

Total number of other independent contractors each receiving over \$100,000

**Sign  
Here**

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

Signature of officer

Type or print name and title.

Date \_\_\_\_\_

**Paid  
Preparer's  
Use Only**

Preparer's  
signature

Firm's name (or yours)

if self-employed),

address, and ZIP + 4

Date \_\_\_\_\_

3/29/09

Check if  
self-  
employee

Preparer's Identifying Number (See instr.)

P00555272

EIN ► 36-4546597

Phone

no. ► 908-685-0099

May the IRS discuss this return with the preparer shown above? See instructions

Form **990-EZ** (2008)



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	185,830	345,325	581,598	335,836	333,632	1,782,221
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1-3	185,830	345,325	581,598	335,836	333,632	1,782,221
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						1,782,221

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>7</b> Amounts from line 4	185,830	345,325	581,598	335,836	333,632	1,782,221
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,139	1,755	8,793	2,652	14,339
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						1,796,560
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.2019 %
<b>15</b> Public support percentage from 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	95.0688 %
<b>16a 33 1/3 % support test—2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
<b>b 33 1/3 % support test—2007.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2007 Schedule A, Part IV-A, line 27g	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>	%
<b>19a 33 1/3 % support tests—2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3 % support tests—2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

**Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)  
Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No. 1545-0047

**2008**

Name of the organization

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

Employer identification number

**22-3755684**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)( **3** ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.)

**General Rule**

☐ For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

☒ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ .....

**Caution.** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

**Congenital Adrenal Hyperplasia**

Employer identification number

**22-3755684****Part I** Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Alan & Cynthia Macy 1423 Kenwood Road Santa Barbara CA 93109	\$ 11,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	Adam & Kelly Leight 11 Hardwell Road Short Hills NJ 07078	\$ 10,363	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	Rolex USA 3 East 54th Street New York NY 10022	\$ 20,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	Novartis Route 10 East Hanover NJ 07083	\$ 35,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	Jessica Hall & Matthew Upchurch 505 Main Street Ft. Worth TX 76102	\$ 16,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	Liatis Foundation 2707 Kipling St. Houston TX 77098	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form **4562**  
Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2008**Attachment  
Sequence No. **67**

(99)

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

Name(s) shown on return

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

Identifying number

**22-3755684**

Business or activity to which this form relates

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	1,454
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	5,657
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 2008 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		917	5.0	HY	200DB	183
c 7-year property		535	7.0	HY	200DB	76
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	<b>Total.</b> Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instr.	22	7,370
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2008)

DAA

There are no amounts for Page 2

## Federal Statements

## Statement 1 - Form 990-EZ, Part I, Line 10 - Grants and Similar Amounts Paid

Description of Property	Name and Address	Relationship to Organization		Class of Activity		Date of Gift		Purpose
		Cash Contribution	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation	FMV Explanation	
	National Institute of Health	50,000						Research
	Cedars Sinai Medical Center	16,000						
	Pennsylvania State University	10,000						
	Children's Hospital Los Angeles	10,000						
Total		86,000						

**Federal Statements****Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses**

<u>Description</u>	<u>Amount</u>
Expenses	\$
	1,992
	2,105
	315
	2,777
	739
	848
	848
	848
	277
Bank Fees	150
CAH Materials	3,209
Catering	25,000
Consulting	8,330
Consulting	1,250
Consulting	1,384
Copyrights	180
Credit Card Fees	4,876
Dues & Subscriptions	252
Dues & Subscriptions	217
Dues & Subscriptions	2,080
Event Flowers, Food & Cat	2,000
Family Financial Assistan	339
Gifts	195
License & Permits	1,040
Miscellaneous	74
Miscellaneous	4
Miscellaneous	1,774
Prof Training & Education	779
Software	60
Software	428
Supplies & Office	1,653
Supplies & Office	324
Supplies & Office	703
Supplies & Office	2,918
Telephone & Internet	3,291
Telephone & Internet	908
Telephone & Internet	1,527
Telephone & Internet	1,601
Website Managment	418
Website Managment	82
Website Managment	10
Total	\$ <u>77,805</u>

**Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges	\$ 4,410	\$ 3,469
Total	\$ <u>4,410</u>	\$ <u>3,469</u>

**Federal Statements****Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities**

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 10,248	\$ 2,359
Payroll Taxes		
Total	\$ 10,248	\$ 2,359

**Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**Description

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 6 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

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

## Federal Statements

22-3755684

FYE: 12/31/2008

## Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Altman, Vivian 25 Norwood Ave #10 Summit, NJ 07901	Treasurer	10	0	0	0
Brown, Deborah R.N. 773 Pine Ave West Islip, NY 11795	Trustee	5	0	0	0
Fleming, Louise R.N. 325 Village Loop Drive Apex, NC 27502	Trustee	5	0	0	0
Fracassa, Stephanie 225 West 83rd Street-Apt 6 New York, NY 10024	Secretary	10	0	0	0
Green, Janet	Trustee		0	0	0
Hall Upchurch, Jessica 2909 Rivergrove Ct. Fort Worth, TX 76116	Acting VP	10	0	0	0
Heinze, Monica 17544 E Hinsdale Pl Foxfield, CO 80016	Trustee	5	0	0	0
Judson, Tonya 2158 Brook Highland Ridge Birmingham, AL 35242	Trustee	5	0	0	0
Kislin Flaum, Nancy	Trustee		0	0	0
Kraff, Gregory 62 Meadow St. Garden City, NY 11530	Acting Pres	10	0	0	0



## Federal Statements

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Leight, K. Adam	Trustee		0	0	0
Leight Esq, Kelly 11 Hardwell Road Short Hills, NJ 07078	Trustee	5	0	0	0
Mackta, Jayne	Trustee		0	0	0
Macy, Alan 1423 Kenwood Road Santa Barbara, CA 93109	Trustee	5	0	0	0
Maebius Esq, Stephen	Trustee	5	0	0	0
Mandell, Jodi 2 Bay Club Drive Bayside, NY 11360	Trustee	5	0	0	0
Peterson, Catherine 8712 Los Coches Road Lakeside, CA 92040	Trustee	5	0	0	0
Radhakrishnan, Karthik 610 Newark St-#9F Hoboken, NJ 07030	Trustee	5	0	0	0
Raphalian, Hope	Trustee		0	0	0
Shenderovich, Vika 2780 Kennedy Blvd Jersey City, NJ 07306	Trustee	5	0	0	0
Snyder, Diane 11425 Luxmanor Road Rockville, MD 20852	Trustee	5	0	0	0

## Federal Statements

3/29/2009 10:27 AM

**Statement 7 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees (continued)**

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Stevens, Bonnie	Trustee		0	0	0
Taylor, Daniel 6109 Chictora Cove Austin, TX 78759	Trustee	5	0	0	0
Wajnrajch, MD, Michael 235 E. 42nd Street New York, NY 10017	Trustee	5	0	0	0
William Trzos	Treasurer		0	0	0