

2021 Exempt Org. Return
prepared for:

**CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION**
2414 MORRIS AVENUE Suite 110
UNION, NJ 07083

SCHACHTER & DEPALMA LLC
Certified Public Accountants
959 Route 46 East, Suite 302
Parsippany, NJ 07054

Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

(OMB No. 1545-0047)

2021

Department of the Treasury
Internal Revenue ServiceDo not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.Open to Public
Inspection

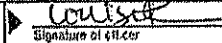
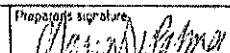
A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name and address of principal officer: CONGENITAL ADRENAL HYPERPLASIA RESEARCH EDUCATION AND SUPPORT FOUNDATION 2414 MORRIS AVENUE #110 UNION, NJ 07083
D Employer identification number 22-3755684	E Telephone number (908) 364-0272
F Name and address of principal officer: SAME AS C ABOVE	G Gross receipts \$ 791,863
H(a) Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	H(b) Are all subsidiaries included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: CARESFOUNDATION.ORG
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation 2000 M State of legal domicile: NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
2 Check this box <input type="checkbox"/> If the organization discontinued its operations or disposed of more than 25% of its net assets.	
3 Number of voting members of the governing body (Part VI, line 1a)	3
4 Number of independent voting members of the governing body (Part VI, line 1b)	4
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5
6 Total number of volunteers (estimate if necessary)	50
7a Total unrelated business revenue from Part VIII, column (C), line 12	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	0.
8 Contributions and grants (Part VIII, line 1b)	Prior Year 511,344. Current Year 507,189.
9 Program service revenue (Part VIII, line 2g)	282,117.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,415. 2,357.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)	515,759. 791,663.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	
14 Benefits paid to or for members (Part IX, column (A), line 4)	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	325,348. 328,274.
16a Professional fundraising fees (Part IX, column (A), line 11e)	
b Total fundraising expenses (Part IX, column (D), line 25)	33,493.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	165,848. 237,288.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	491,196. 565,562.
19 Revenue less expenses. Subtract line 18 from line 12	24,563. 226,101.
20 Total assets (Part X, line 16)	Beginning of Current Year 372,968. End of Year 540,971.
21 Total liabilities (Part X, line 26)	74,083. 15,985.
22 Net assets or fund balances. Subtract line 21 from line 20	298,885. 524,986.

Part II Signature Block

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.

Sign Here	 Signature of officer	Date 6/20/2022
	LOUISE FLEMING PHD RN	BOARD CHAIR
Paid Preparer Use Only	Print/preparer's name MARIA DEPALMA	Preparer's signature 
	Firm's name SCHACHTER & DEPALMA LLC	Date 7/12/22
	Firm's address 959 ROUTE 46 EAST STE 302 PARSIPPANY, NJ 07054	Check <input type="checkbox"/> if self-employed
		PJT# P00161215
		Firm's EIN # 27-3272906
		Phone no. (973) 299-0775

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

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate Instructions.

TEEA0101L 03/22/21

Form 990 (2021)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning , 2021, and ending , 20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C		D Employer identification number
	CONGENITAL ADRENAL HYPERPLASIA RESEARCH EDUCATION AND SUPPORT FOUNDATION 2414 MORRIS AVENUE #110 UNION, NJ 07083		22-3755684
	F Name and address of principal officer: SAME AS C ABOVE		E Telephone number (908) 364-0272
			G Gross receipts \$ 791,863.

I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.

J Website: CAREFOUNDATION.ORG	H(c) Group exemption number
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K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	L Year of formation: 2000	M State of legal domicile: NJ
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a).....	3 15
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4 15
Revenue	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a).....	5 5
	6 Total number of volunteers (estimate if necessary).....	6 50
	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a 0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11.....	7b 0.
Expenses	8 Contributions and grants (Part VIII, line 1h).....	Prior Year 511,344. Current Year 507,189.
	9 Program service revenue (Part VIII, line 2g).....	282,117.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	4,415. 2,357.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	515,759. 791,663.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	
	14 Benefits paid to or for members (Part IX, column (A), line 4).....	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	325,348. 328,274.
	16a Professional fundraising fees (Part IX, column (A), line 11e).....	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 33,493.	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....	165,848. 237,288.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....	491,196. 565,562.
	19 Revenue less expenses. Subtract line 18 from line 12.....	24,563. 226,101.
	20 Total assets (Part X, line 16).....	Beginning of Current Year 372,968. End of Year 540,971.
21 Total liabilities (Part X, line 26).....	74,083. 15,985.	
22 Net assets or fund balances. Subtract line 21 from line 20.....	298,885. 524,986.	

Part II Signature Block

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.

Sign Here	Signature of officer	Date	
	LOUISE FLEMING PHD RN	BOARD CHAIR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	MARIA DEPALMA	Maria Depalma	6/16/22
	Firm's name ▶ SCHACHTER & DEPALMA LLC	Check <input type="checkbox"/> if self-employed	PTIN P00161215
	Firm's address ▶ 959 ROUTE 46 EAST STE 302 PARSIPPANY, NJ 07054	Firm's EIN ▶ 27-3272906	Phone no. (973) 299-0775

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0101L 09/22/21

Form 990 (2021)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☒ X

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 150,401. including grants of \$) (Revenue \$)

FAMILY SUPPORT & EDUCATION PROVIDES EDUCATIONAL MATERIALS AND INFORMATION FOR LIVING WITH THE DAILY CHALLENGES OF CONGENITAL ADRENAL HYPERPLASIA (CAH). OUR TOOLS HELP THOSE AFFECTED BY CAH TO BETTER CARE AND ADVOCATE FOR THEMSELVES AND THEIR FAMILIES. OUR CONFERENCES ENABLE OUR COMMUNITY TO HAVE DIRECT ACCESS TO THE TOP EXPERTS IN THE COUNTRY AND PROVIDE OPPORTUNITIES FOR CONNECTING WITH OTHERS.

4b (Code:) (Expenses \$ 66,366. including grants of \$) (Revenue \$)

WARMLINE SUPPORT PROVIDES INDIVIDUALS AND PARENTS OF CHILDREN WITH CAH A ONE-ON-ONE SOURCE OF INFORMATION AND SUPPORT, WHICH INCLUDES PHYSICIAN AND RESOURCE REFERRALS, VIA TELEPHONE, EMAIL AND MAIL.

4c (Code:) (Expenses \$ 66,366. including grants of \$) (Revenue \$)

CAH AWARENESS-EDUCATING THE PUBLIC AND PHYSICIANS ABOUT ALL FORMS OF CONGENITAL ADRENAL HYPERPLASIA, ITS SYMPTOMS, PORTOCOLS, TREATMENTS, GENETIC FREQUENCY AND THE NECESSITY OF EARLY INTERVENTION AND BENEFITS OF NEWBORN SCREENING.

4d Other program services (Describe on Schedule O.) SEE SCHEDULE O

(Expenses \$ 196,594. including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 479,727.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X
3 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	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If 'Yes,' complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments — other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments — program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I. See instructions	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a	X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III.		X
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part II.		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV.		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1.		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
1 a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O.	3b		
4a 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)?	4a		X
b If 'Yes,' enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O.	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If 'Yes,' see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If 'Yes,' complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
If 'Yes,' complete Form 6069.			

Part VI Governance, Management, and Disclosure. For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X****Section A. Governing Body and Management**

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 15 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent. 1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8 a	X	
b Each committee with authority to act on behalf of the governing body? 8 b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O. 9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates? 10 a		X
b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b		
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. 12 a	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12 b	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe on Schedule O how this was done. SEE SCHEDULE O	X	
13 Did the organization have a written whistleblower policy? 13	X	
14 Did the organization have a written document retention and destruction policy? 14	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. 15 a		X
b Other officers or key employees of the organization. 15 b		X
If 'Yes' to line 15a or 15b, describe the process on Schedule O. See instructions.		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16 a		X
b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16 b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA FL IL MD NJ NY OK PA VA CO OH

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶

TAXPAYER 2414 MORRIS AVENUE UNION NJ 07083 (908) 364-0272

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JESSICA MARGOLIES SECRETARY	5 0	X		X				0.	0.	0.
(2) STACEY SHACKLEY TRUSTEE	5 0	X						0.	0.	0.
(3) KAREN BOGAARD PAST PRESIDENT	10 0	X		X				0.	0.	0.
(4) TIMOTHY ROBERTS TRUSTEE	5 0	X						0.	0.	0.
(5) LOUISE FLEMING PHD RN BOARD CHAIR	10 0	X		X				0.	0.	0.
(6) MICHELE BACUS TRUSTEE	5 0	X						0.	0.	0.
(7) CARLOS DASILVA TREASURER	10 0	X		X				0.	0.	0.
(8) LESLEY HOLROYD TRUSTEE	5 0	X						0.	0.	0.
(9) ALEXANDRA DUBOIS VICE CHAIR	10 0	X		X				0.	0.	0.
(10) KATHERINE FOWLER TRUSTEE	10 0	X						0.	0.	0.
(11) MARIA MAEBIUS TRUSTEE	5 0	X						0.	0.	0.
(12) KEYSHA BERRY TRUSTEE	5 0	X						0.	0.	0.
(13) ALAN MACY TRUSTEE	5 0	X						0.	0.	0.
(14) BRIAN STAIR TRUSTEE	5 0	X						0.	0.	0.

BAA

TEEA0107L 09/22/21

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) VALENTINA TUDOR TRUSTEE	5 0	X						0.	0.	0.
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Subtotal								0.	0.	0.
c Total from continuation sheets to Part VII, Section A.								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants, and Other Similar Amounts	1 a Federated campaigns.....	1 a				
	b Membership dues.....	1 b				
	c Fundraising events.....	1 c				
	d Related organizations.....	1 d				
	e Government grants (contributions)....	1 e	59,741.			
	f All other contributions, gifts, grants, and similar amounts not included above....	1 f	447,448.			
	g Noncash contributions included in lines 1a-1f.....	1 g				
	h Total. Add lines 1a-1f.....		507,189.			
Program Service Revenue	Business Code					
	2 a ANNUAL GALA		186,643.	186,643.		
	b FAMILY FUNDRAISERS		72,296.	72,296.		
	c WALKS		23,178.	23,178.		
	d					
	e					
	f All other program service revenue...					
	g Total. Add lines 2a-2f.....		282,117.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts).....		1,371.	1,371.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.....					
	6 a Gross rents.....	(i) Real (ii) Personal				
	b Less: rental expenses	6 b				
	c Rental income or (loss)	6 c				
	d Net rental income or (loss).....					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses	7 b	1,186.			
	c Gain or (loss).....	7 c	200.			
	d Net gain or (loss).....		986.	986.		
	8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18.....	8 a				
	b Less: direct expenses.....	8 b				
	c Net income or (loss) from fundraising events.....					
	9 a Gross income from gaming activities. See Part IV, line 19.....	9 a				
b Less: direct expenses.....	9 b					
c Net income or (loss) from gaming activities.....						
10 a Gross sales of inventory, less, returns and allowances.....	10 a					
b Less: cost of goods sold....	10 b					
c Net income or (loss) from sales of inventory.....						
Miscellaneous Revenue	Business Code					
	11 a					
	b					
	c					
	d All other revenue.....					
	e Total. Add lines 11a-11d.....					
12 Total revenue. See instructions.....		791,663.	284,474.	0.	0.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX. ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	0.	0.	0.	0.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	303,331.	260,865.	24,266.	18,200.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	24,943.	21,451.	1,995.	1,497.
11 Fees for services (nonemployees):				
a Management.	1,221.	1,050.	98.	73.
b Legal.				
c Accounting.	5,500.		5,500.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	5,448.	2,452.	599.	2,397.
12 Advertising and promotion.				
13 Office expenses.	2,472.	2,002.	470.	
14 Information technology.				
15 Royalties.				
16 Occupancy.				
17 Travel.	1,417.	1,389.	28.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	2,232.	1,786.	223.	223.
23 Insurance.	13,836.	687.	13,101.	48.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a GRANTS	88,377.	88,377.		
b EVENT COSTS	55,371.	46,987.		8,384.
c RENT	21,984.	18,906.	1,759.	1,319.
d PRINTING AND PUBLICATIONS	19,257.	18,294.		963.
e All other expenses.	20,173.	15,481.	4,303.	389.
25 Total functional expenses. Add lines 1 through 24e.	565,562.	479,727.	52,342.	33,493.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash — non-interest-bearing.....	17,056.	1	70,490.
	2 Savings and temporary cash investments.....	341,013.	2	441,125.
	3 Pledges and grants receivable, net.....		3	
	4 Accounts receivable, net.....		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).....		6	
	7 Notes and loans receivable, net.....		7	
	8 Inventories for sale or use.....		8	
	9 Prepaid expenses and deferred charges.....	12,015.	9	25,365.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.....	10a 31,746.		
	b Less: accumulated depreciation.....	10b 27,755.		
	11 Investments — publicly traded securities.....		11	
	12 Investments — other securities. See Part IV, line 11.....		12	
	13 Investments — program-related. See Part IV, line 11.....		13	
	14 Intangible assets.....		14	
	15 Other assets. See Part IV, line 11.....		15	
16 Total assets. Add lines 1 through 15 (must equal line 33).....	372,968.	16	540,971.	
Liabilities	17 Accounts payable and accrued expenses.....	11,721.	17	15,985.
	18 Grants payable.....		18	
	19 Deferred revenue.....	2,621.	19	
	20 Tax-exempt bond liabilities.....		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D.....		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons.....		22	
	23 Secured mortgages and notes payable to unrelated third parties.....		23	
	24 Unsecured notes and loans payable to unrelated third parties.....		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.....	59,741.	25	
	26 Total liabilities. Add lines 17 through 25.....	74,083.	26	15,985.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions.....	298,885.	27	524,986.
	28 Net assets with donor restrictions.....		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds.....		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund.....		30	
	31 Retained earnings, endowment, accumulated income, or other funds.....		31	
	32 Total net assets or fund balances.	298,885.	32	524,986.
33 Total liabilities and net assets/fund balances	372,968.	33	540,971.	

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12).....	1	791,663.
2	Total expenses (must equal Part IX, column (A), line 25).....	2	565,562.
3	Revenue less expenses. Subtract line 2 from line 1.....	3	226,101.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)).....	4	298,885.
5	Net unrealized gains (losses) on investments.....	5	
6	Donated services and use of facilities.....	6	
7	Investment expenses.....	7	
8	Prior period adjustments.....	8	
9	Other changes in net assets or fund balances (explain on Schedule O).....	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)).....	10	524,986.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?..... If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant?..... If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?..... If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?.....		X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.....		

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TEEA0112L 09/22/21

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization **CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION**

Employer identification number
22-3755684

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 ☐ 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 exempt 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).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations: _____
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	494,682.	644,029.	587,857.	511,344.	507,189.	2,745,101.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 Total. Add lines 1 through 3.	494,682.	644,029.	587,857.	511,344.	507,189.	2,745,101.
5 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).						0.
6 Public support. Subtract line 5 from line 4.						2,745,101.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4.	494,682.	644,029.	587,857.	511,344.	507,189.	2,745,101.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.	1,030.	4,164.	3,436.	4,415.		13,045.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11 Total support. Add lines 7 through 10.						2,758,146.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First 5 years. 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 stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).	14	99.53 %
15 Public support percentage from 2020 Schedule A, Part II, line 14.	15	99.46 %
16a 33-1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
b 33-1/3% support test—2020. 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 stop here. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2021. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2020. 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 stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
18 Private foundation. 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513.						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5. ...						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. ...						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. 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 stop here.						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)).	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)).	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17.	18	%

19a 33-1/3% support tests—2021. 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 **stop here.** The organization qualifies as a publicly supported organization. ☐

b 33-1/3% support tests—2020. 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 **stop here.** The organization qualifies as a publicly supported organization. ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions. ☐

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer lines 3b and 3c below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If 'Yes,' provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If 'Yes,' complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer line 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If 'Yes' to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If 'Yes,' explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If 'Yes' or 'No,' provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

BAA

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D – Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required – <i>provide details in Part VI</i>)	5	
6 Other distributions (describe in Part VI). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required – <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016.....			
b From 2017.....			
c From 2018.....			
d From 2019.....			
e From 2020.....			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.....			
b Excess from 2018.....			
c Excess from 2019.....			
d Excess from 2020.....			
e Excess from 2021.....			

BAA

Schedule A (Form 990) 2021

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**Schedule B
(Form 990)**

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization **CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION**

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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering 'N/A' in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year. ► \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

Employer identification number

CONGENITAL ADRENAL HYPERPLASIA RESEARCH

22-3755684

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LON & REBECCA SPOONER 2414 MORRIS AVE UNION, NJ 07083	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BRIDGE BIO 421 KIPLING STREET PALO ALTO, CA 94301-1530	\$ 40,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	NEUROCRINE 12780 EL CAMINO REAL SAN DIEGO, CA 92130	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	ADRENAS THERAPEUTICS INC 421 KIPLING STREET PALO ALTO, CA 94301-1530	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	XPERII CORP 188 KING STREET UNIT 601 SAN FRANCISCO, CA 94107	\$ 35,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ETON PHARMA 21925 W. FIELD PKWY STE 235 DEER PARK, IL 60010	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

CONGENITAL ADRENAL HYPERPLASIA RESEARCH

22-3755684

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SPRUCE BIOSCIENCES 2001 JUNIPERO SERRA BLVD SAN FRANCISCO, CA 94014	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

CONGENITAL ADRENAL HYPERPLASIA RESEARCH

Employer identification number

22-3755684

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

CONGENITAL ADRENAL HYPERPLASIA RESEARCH

Employer identification number

22-3755684

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

▶ Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021**Open to Public
Inspection**

Name of the organization

CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION

Employer identification number

22-3755684

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year.....		
2 Aggregate value of contributions to (during year).....		
3 Aggregate value of grants from (during year).....		
4 Aggregate value at end of year.....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?.....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements.....	2 a
b Total acreage restricted by conservation easements.....	2 b
c Number of conservation easements on a certified historic structure included in (a).....	2 c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.....	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?..... ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?..... ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

(ii) Assets included in Form 990, Part X..... ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1..... ▶ \$ _____

b Assets included in Form 990, Part X..... ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

- ☐ a Public exhibition
☐ b Scholarly research
☐ c Preservation for future generations
☐ d Loan or exchange program
☐ e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII and complete the following table:

	Amount
1 c Beginning balance.....	
1 d Additions during the year.....	
1 e Distributions during the year.....	
1 f Ending balance.....	

2 a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1 a Beginning of year balance.....					
b Contributions.....					
c Net investment earnings, gains, and losses.....					
d Grants or scholarships.....					
e Other expenditures for facilities and programs.....					
f Administrative expenses.....					
g End of year balance.....					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Term endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations.....	3a(i)	
(ii) Related organizations.....	3a(ii)	
b If 'Yes' on line 3a(ii), are the related organizations listed as required on Schedule R?.....	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land.....				
b Buildings.....				
c Leasehold improvements.....				
d Equipment.....				
e Other.....		31,746.	27,755.	3,991.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).....				3,991.

BAA

Schedule D (Form 990) 2021

Part VII Investments – Other Securities.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.)		

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.)		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements.....		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments.....	2 a		
b	Donated services and use of facilities.....	2 b		
c	Recoveries of prior year grants.....	2 c		
d	Other (Describe in Part XIII.).....	2 d		
e	Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
b	Other (Describe in Part XIII.).....	4 b		
c	Add lines 4 a and 4 b		4 c	
5	Total revenue. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 12.).....		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. N/A

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements.....		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities.....	2 a		
b	Prior year adjustments.....	2 b		
c	Other losses.....	2 c		
d	Other (Describe in Part XIII.).....	2 d		
e	Add lines 2 a through 2 d		2 e	
3	Subtract line 2 e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
b	Other (Describe in Part XIII.).....	4 b		
c	Add lines 4 a and 4 b		4 c	
5	Total expenses. Add lines 3 and 4 c . (This must equal Form 990, Part I, line 18.).....		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization **CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION**

Employer identification number
22-3755684

FORM 990, PART I, LINE 1 - ORGANIZATION MISSION OR SIGNIFICANT ACTIVITIES

CARES FOUNDATION IS A NONPROFIT ORGANIZATION COMMITTED TO IMPROVING THE LIVES OF FAMILIES AND INDIVIDUALS AFFECTED BY CONGENITAL ADRENAL HYPERPLASIA (CAH) THROUGH PROACTIVELY ADVANCING RESEARCH FOR A BETTER UNDERSTANDING OF CAH, BETTER TREATMENTS AND A CURE; EDUCATING THE PUBLIC AND HEALTHCARE PROFESSIONALS ABOUT ALL FORMS OF CAH; ADVOCATING FOR UNIVERSAL NEWBORN SCREENING; IMMEDIATE, APPROPRIATE EMERGENCY MEDICAL TREATMENT; AND COMPREHENSIVE LIFELONG CARE; AS WELL AS SUPPORT SERVICES AND RESOURCES VITAL TO THE CAH COMMUNITY WORLDWIDE.

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

CARES FOUNDATION IS A NONPROFIT ORGANIZATION COMMITTED TO IMPROVING THE LIVES OF FAMILIES AND INDIVIDUALS AFFECTED BY CONGENITAL ADRENAL HYPERPLASIA (CAH) THROUGH PROACTIVELY ADVANCING RESEARCH FOR A BETTER UNDERSTANDING OF CAH, BETTER TREATMENTS AND A CURE; EDUCATING THE PUBLIC AND HEALTHCARE PROFESSIONALS ABOUT ALL FORMS OF CAH; ADVOCATING FOR UNIVERSAL NEWBORN SCREENING; IMMEDIATE, APPROPRIATE EMERGENCY MEDICAL TREATMENT; AND COMPREHENSIVE LIFELONG CARE; AS WELL AS SUPPORT SERVICES AND RESOURCES VITAL TO THE CAH COMMUNITY WORLDWIDE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

PROGRAM CONSULTING

PROGRAM TRAVEL

PROGRAM SUPPLIES

CAH AWARENESS WALKS

Name of the organization CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION

Employer identification number
22-3755684

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

RESEARCH

CAH PRODUCTS

EMS

NEWSLETTERS

CAH AWARENESS-OTHER

ENDO/ICE CONFERENCE

PROGRAM POSTAGE

PROGRAM PRINTING

SUPPORT OF CENTER OF EXCELLENCE FOR CAH: THIS PILOT CARES-DESIGNATED COMPREHENSIVE CARE CENTER PROVIDES A MULTI-DISCIPLINARY APPROACH TO TREATMENT OF THE CAH PATIENT THROUGHOUT THE LIFECYCLE.

PROGRAMS-OTHER

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 HAS BEEN SENT ELECTRONICALLY TO ALL BOARD MEMBERS FOR COMMENT AND APPROVAL BEFORE SUBMISSION TO THE IRS.

Name of the organization **CONGENITAL ADRENAL HYPERPLASIA RESEARCH
EDUCATION AND SUPPORT FOUNDATION**

Employer identification number
22-3755684

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

CONFLICT OF INTEREST FORMS ARE COLLECTED EACH YEAR AND REVIEWED BY THE EXECUTIVE DIRECTOR FOR ANY POSSIBLE ISSUES. THE PROCEDURES FOR ADDRESSING ANY CONFLICTS ARE DOCUMENTED IN THE CONFLICTS OF INTEREST POLICY WHICH IS DISTRIBUTED TO ALL BOARD MEMBERS AND STAFF AS WELL AS POSTED ON OUR WEBSITE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE.

2021

California Exempt Organization Annual Information Return

199

Calendar Year 2021 or fiscal year beginning (mm/dd/yyyy) _____, and ending (mm/dd/yyyy) _____	
Corporation/Organization name CONGENITAL ADRENAL HYPERPLASIA RESEARCH EDUCATION & SUPPORT FDN	California corporation number 22-3755684
Additional information. See Instructions.	FEIN 22-3755684
Street address (suite or room) 2414 MORRIS AVE SUITE 110	PMB no.
City UNION	State NJ
Foreign country name	Foreign province/state/county
	Zip code 07083
	Foreign postal code

A First return..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	I Did the organization have any changes to its guidelines not reported to the FTB? See Instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
B Amended return..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See Instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
C IRC Section 4947(a)(1) trust..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	K Is the organization exempt under R&TC Section 23701g?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
D Final information return? <input type="checkbox"/> Dissolved <input type="checkbox"/> Surrendered (Withdrawn) <input type="checkbox"/> Merged/Reorganized Enter date: (mm/dd/yyyy) ● _____	L Is the organization a limited liability company?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
E Check accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other	M Did the organization file Form 100 or Form 109 to report taxable income?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Federal return filed? (1) <input type="checkbox"/> 990T (2) <input type="checkbox"/> 990PF (3) <input type="checkbox"/> Sch H (990) (4) <input checked="" type="checkbox"/> Other 990 series	N Is the organization under audit by the IRS or has the IRS audited in a prior year?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
G Is this a group filing? See instructions..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	O Is federal Form 1023/1024 pending?..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H Is this organization in a group exemption..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," what is the parent's name? _____	Date filed with IRS _____

Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1 Gross sales or receipts from other sources. From Side 2, Part II, line 8..... ●	1	2,557	00
	2 Gross dues and assessments from members and affiliates..... ●	2		00
	3 Gross contributions, gifts, grants, and similar amounts received..... ●	3	789,106	00
	4 Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B..... ●	4	791,663	00
	5 Cost of goods sold..... ●	5		00
	6 Cost or other basis, and sales expenses of assets sold..... ●	6		00
	7 Total costs. Add line 5 and line 6..... ●	7	0	00
	8 Total gross income. Subtract line 7 from line 4..... ●	8	791,663	00
Expenses	9 Total expenses and disbursements. From Side 2, Part II, line 18..... ●	9	565,562	00
	10 Excess of receipts over expenses and disbursements. Subtract line 9 from line 8..... ●	10	226,101	00
Filing Fee	11 Total payments..... ●	11		00
	12 Use tax. See General Information K..... ●	12		00
	13 Payments balance. If line 11 is more than line 12, subtract line 12 from line 11..... ●	13	0	00
	14 Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12..... ●	14	0	00
	15 Penalties and interest. See General Information J..... ●	15		00
	16 Balance due. Add line 12 and line 15. Then subtract line 11 from the result..... ●	16	0	00

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 taxpayer) is based on all information of which preparer has any knowledge.		
	Signature of officer COPY	Title	Date
Paid Preparer's Use Only	Preparer's signature <i>Nana Dubalma</i>	Date <i>6/16/22</i>	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours, if self-employed) and address SCHACHTER & DEPALMA LLC 959 ROUTE 46 STE 302 PARSIPPANY, NJ 07054	Telephone 908-364-0272	PTIN P00161215
		Firm's FEIN 27-3272906	Telephone 973-299-0775
	May the FTB discuss this return with the preparer shown above? See instructions..... ● <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

Part II Organizations with gross receipts of more than \$50,000 and private foundations
regardless of amount of gross receipts — complete Part II or furnish substitute information.

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	●	1		00
	2	Interest	●	2	1,371	00
	3	Dividends	●	3		00
	4	Gross rents	●	4		00
	5	Gross royalties	●	5		00
	6	Gross amount received from sale of assets (See instructions)	●	6	1,186	00
	7	Other income. Attach schedule	●	7		00
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1	●	8	2,557	00
Expenses and Disbursements	9	Contributions, gifts, grants, and similar amounts paid. Attach schedule	●	9		00
	10	Disbursements to or for members	●	10		00
	11	Compensation of officers, directors, and trustees. Attach schedule	●	11		00
	12	Other salaries and wages	●	12	303,331	00
	13	Interest	●	13		00
	14	Taxes	●	14	24,943	00
	15	Rents	●	15	21,984	00
	16	Depreciation and depletion (See instructions)	●	16	2,232	00
	17	Other expenses and disbursements. Attach schedule	●	17	213,072	00
	18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9	●	18	565,562	00

Schedule L Balance Sheet

Beginning of taxable year

End of taxable year

	(a)	(b)	(c)	(d)
Assets				
1 Cash		358,069	●	511,615
2 Net accounts receivable			●	
3 Net notes receivable			●	
4 Inventories			●	
5 Federal and state government obligations			●	
6 Investments in other bonds			●	
7 Investments in stock			●	
8 Mortgage loans			●	
9 Other investments. Attach schedule			●	
10 a Depreciable assets	29,407		31,746	
b Less accumulated depreciation	26,523	2,884	27,755	3,991
11 Land			●	
12 Other assets. Attach schedule		12,015	●	25,365
13 Total assets		372,968		540,971
Liabilities and net worth				
14 Accounts payable		11,721	●	15,985
15 Contributions, gifts, or grants payable			●	
16 Bonds and notes payable			●	
17 Mortgages payable			●	
18 Other liabilities. Attach schedule		62,362		
19 Capital stock or principal fund			●	
20 Paid-in or capital surplus. Attach reconciliation			●	
21 Retained earnings or income fund		298,885	●	524,986
22 Total liabilities and net worth		372,968		540,971

Schedule M-1 Reconciliation of income per books with income per return

Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.

1 Net income per books	●	226,101	7 Income recorded on books this year not included in this return. Attach schedule	●	
2 Federal income tax	●		8 Deductions in this return not charged against book income this year. Attach schedule	●	
3 Excess of capital losses over capital gains	●		9 Total. Add line 7 and line 8		0
4 Income not recorded on books this year. Attach schedule	●		10 Net income per return. Subtract line 9 from line 6		226,101
5 Expenses recorded on books this year not deducted in this return. Attach schedule	●				
6 Total. Add line 1 through line 5.		226,101			



MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400

WEBSITE ADDRESS:
www.oag.ca.gov/charities

ANNUAL REGISTRATION RENEWAL FEE REPORT TO ATTORNEY GENERAL OF CALIFORNIA

Sections 12586 and 12587, California Government Code

11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

(For Registry Use Only)

CONGENITAL ADRENAL HYPERPLASIA RESERCH EDUCATION& SUPPORT FDN

Name of Organization

List all DBAs and names the organization uses or has used

2414 MORRIS AVE STE 110

Address (Number and Street)

UNION, NJ 07083

City or Town, State, and ZIP Code

908-364-0272

Telephone Number

BEA@CARESFUNDATION.ORG

E-mail Address

Check if:

☐ Change of address

☐ Amended report

State Charity Registration Number CT-116500

Corporation or Organization No.

Federal Employer ID No. 22-3755684

ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)

Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 01/01/2021 ending 12/31/2021) list:

Total Revenue \$

(including noncash contributions) 791,663

Noncash Contributions \$ 0

Total Assets \$ 540,971

Program Expenses \$ 479,727

Total Expenses \$ 565,562

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding?		X
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

Signature of Authorized Agent

Printed Name

Title

Date



ADAM H. PUTNAM
COMMISSIONER

Florida Department of Agriculture and Consumer Services
Division of Consumer Services

CHARITABLE ORGANIZATIONS / SPONSORS
REGISTRATION APPLICATION

Solicitation of Contributions Act
Chapter 496, Florida Statutes
Rule 5J-7.004, Florida Administrative Code

1-800-HELP-FLA (435-7352) • 850-410-3800
www.FreshFromFlorida.com • 850-410-3804 Fax

Make Check or Money Order
Payable to FDACS and remit
with application to:

FDACS
Solicitation of Contributions
P.O. Box 6700
Tallahassee, FL 32314-6700

All documents and attachments submitted with this application are subject to public review pursuant to Chapter 119, F.S. PLEASE TYPE OR PRINT. Additional pages may be attached if additional space is needed using the same format. Please ensure that all attachments reflect the organization's name or registration number and the number of the corresponding question. All fees are non-refundable.

Business Information

☐ New Application ☒ Renewal CH 41800 DTN 2882444
(as listed on the preprinted renewal application)

1. Legal Name of Organization:

Congenital Adrenal Hyperplasia Research Education & Support Fdn

* Fictitious (DBA) Name:

If you are a Florida organization, all fictitious names must be registered with the Florida Department of State, Division of Corporations. If business is a corporation then 'Name' is the legal name of the business as listed with the Division of Corporations.

Other Names Soliciting As:

2. Street Address (include APT or SUITE # in all address lines; addresses must match those filed with the Division of Corporations; do not use a mail drop):

2414 Morris Ave Suite 110

City: Union State: NJ Zip Code: 07083

Mailing Address (if different from above):

City: State: Zip Code:

3. Telephone Number:

908-364-0272

Fax Number:

908-686-2019

Email Address for Organization:

bea@caresfoundation.org

Website:

caresfoundation.org

4. Registration Application Type: [ss. 496.404(1), 496.404(18), 496.404(25), F.S.]

☒ Charitable ☐ Charitable/Parent
☐ Sponsor ☐ Sponsor/Parent

5. Form of organization: [ss. 496.405(2) (f), F.S.]

☒ Corporation ☐ LLC ☐ Partnership ☐ Sole Proprietorship
☐ Other (please describe):

Date incorporated or legally established: State:

07 01 2000
Month Day Year

New Jersey

6. Federal Employer ID Number [s. 119.092, F.S.]:

22-3755684

Org Code: 42 10 06 25 000
EO: A2
Object Code: 001133 \$10.00 - \$400.00

- 7. List all officers, directors, trustees, and principal salaried executive personnel:** Exemptions from public records apply to certain personal information about current or former - law enforcement officers, judges, prosecutors, public defenders, firefighters, code enforcement officers, guardians ad litem and their families. For a complete list of exemptions, see s. 119.071(4), F.S. If you qualify for one of these exemptions, please do not list your residence address and phone number. [s. 496.405(2)(g)2, F.S., s. 496.405(d)(5), (6), F.S.] (attach additional sheets as necessary using the same format)

Name: see attached		Name: 	
Title: 		Title: 	
Street Address: 		Street Address: 	
City: 		City: 	
State: 	Zip Code: 	State: 	Zip Code:
Telephone Number: 	Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone Number: 	Compensated? <input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No		Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name:		Name:	
Title:		Title:	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Telephone Number:	Compensated?	Telephone Number:	Compensated?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal History:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Exempt from public records [s. 119.071(4), F.S.]	<input type="checkbox"/> Yes <input type="checkbox"/> No	Exempt from public records [s. 119.071(4), F.S.]	<input type="checkbox"/> Yes <input type="checkbox"/> No

Name:		Name:	
Title:		Title:	
Street Address:		Street Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Telephone Number:	Compensated?	Telephone Number:	Compensated?
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No		Criminal History: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No		Exempt from public records [s. 119.071(4), F.S.] <input type="checkbox"/> Yes <input type="checkbox"/> No	

8a List all branch offices, chapters or affiliates located in the state of Florida. If you are a parent organization that submits a consolidated financial statement, you may skip Question 8a. and list your branches and affiliates on the Supplemental Consolidated Financial Statement on page 11. (attach additional sheets as necessary using the same format) [s. 496.405(2)(g)1, F.S.]

Name:	Name:
Street Address:	Street Address:
City:	City:
State: Zip Code:	State: Zip Code:
Telephone Number:	Telephone Number:
Email:	Email:

8b If the charitable organization or sponsor does not maintain an office in Florida, provide the name, street address, and telephone number of the person having custody of the financial records. [s. 496.405(2)(g)1, F.S.]

Name:	Title:
DINA MATOS	EXECUTIVE DIRECTOR
Address:	
2414 MORRIS AVE STE 110	
City:	State: Zip Code:
UNION	NJ 07083
Telephone Number:	Email:
908-364-0272	DINA@CARESFOUNDATION.ORG

9 List name of the individuals or officers who are in charge of any solicitation activities: [s. 496.405(2)(c), F.S.]

Name:	Street Address:	Telephone Number:
DINA MATOS	2414 MORRIS AVE UNION, NJ 07083	908-364-0272
Name:	Street Address:	Telephone Number:
LOUISE FLEMING	2414 MORRIS AVE UNION, NJ 07083	908-364-0272

Criminal History: ☐ Yes ☐ No

10 List the name, address, and telephone number(s) of person(s) responsible for the custody and final distribution of contributions: [s. 496.405(2)(g)5, F.S.]

Name:	Street Address:	Telephone Number:
DINA MATOS	2414 MORRIS AVE UNION, NJ 07083	908-364-0272
Name:	Street Address:	Telephone Number:

Criminal History: ☐ Yes ☒ No

11 Month/Day fiscal year ends: [s. 496.405(2)(g)3, F.S.] 12 31
Month Day

12 Has your organization been granted tax exempt status by the Internal Revenue Service? [s. 496.405(2)(f), F.S.]

- ☒ Yes 501(c)³_____ If yes, you must attach a copy of the tax exemption determination letter from the IRS.
(insert number)
- ☐ No
- ☐ Pending (tax exemption determination letter must be submitted with renewal or 30 days after receipt)
- ☐ Revoked

13 What is the purpose for which the organization is organized? (Briefly and concisely explain the purpose for which your organization was created. It is best to summarize this information in your own words. Use only the space provided.) [s. 496.405(2)(b), F.S.]

CARESFoundation is a nonprofit organization committed to improving lives of families and individuals affected by congenital adrenal hyperplasia and leads the effort to improve the lives of the CAH community.

14 What is the purpose for which the contributions will be used? (Briefly and concisely explain the purpose for which contributions will be used. Use only the space provided. Do not reference 990 or include an attachment.) [s. 496.405(2)(b), F.S.]

Family support and education, warmline support, support centers of excellence. Supports and supplies information for individuals and families.

15 List major program activities: (Briefly and concisely list the main activities in which your organization participates in order to accomplish the purpose stated in the previous question. Use only the space provided.) [s. 496.405(2)(g)4, F.S.]

Family Support and education, warmline support, CAH awareness, support centers of excellence.

16 Does the charitable organization or sponsor employ a professional solicitor? [s. 496.405(2)(e), F.S.]

- ☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Florida Registration Number:

SS- _____

Dates of contract:

Beginning Date: _____

Month Day Year

End Date: _____

Month Day Year

17 Does the charitable organization or sponsor employ a professional fundraising consultant? [s. 496.405(2)(e), F.S.]

- ☐ Yes ☒ No If yes, attach a copy of the current contract, and provide the following information for each.
(attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

Florida Registration Number:

FC- _____

Dates of contract:

Beginning Date: _____

Month Day Year

End Date: _____

Month Day Year

18 Does the charitable organization or sponsor utilize a commercial co-venturer? [s. 496.405(2)(e), F.S.]

☐ Yes ☒ No

If yes, attach a copy of the current contract, and provide the following information for each.

(attach additional sheets as necessary using the same format)

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Telephone Number: _____

Dates of contract:

Beginning Date: _____

Month Day Year

End Date: _____

Month Day Year

NOTE: Any change to the responses provided to Questions 19-24 must be reported to the department within 10 days after the change occurs. (s. 496.405(1)(b), F.S.) The Solicitation of Contributions Material Change Form, FDACS-10118, Rev. 01/15, as incorporated in Rule 5J-7.004(5), F.S., This form can be found online at www.FreshFromFlorida.com.

19 Is this charitable organization/sponsor authorized by any other state to solicit contributions? [s. 496.405(2)(d)1, F.S.]

☒ Yes ☐ No

20 Has the charitable organization/sponsor entered into an assurance of voluntary compliance (AVC)

or agreement similar to that set forth in s. 496.420, Florida Statutes in any jurisdiction? (This is not common.)

[s. 496.405(2)(d)4, F.S.]

☐ Yes ☒ No If yes, attach a copy of the agreement.

21 Has the charitable organization or sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any felony within the last 10 years? [s. 496.405(2)(d)5, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name: _____

Nature of offense: _____

Date: _____

Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____

Date: _____

Month Day Year

Does this individual engage in solicitation activities? ☐ Yes ☐ No

22 Has the charitable organization/sponsor or any of its officers, directors, trustees, or employees, regardless of adjudication, been convicted of, or found guilty of, or pled guilty or nolo contendere to, or been incarcerated within the last 10 years as a result of having previously been convicted of, or found guilty of, or pled guilty or nolo contendere to, any crime involving fraud, theft, larceny, embezzlement, fraudulent conversion, misappropriation of property, or any crime enumerated in this chapter or resulting from acts committed while involved in the solicitation of contributions within the last 10 years? [s. 496.405(2)(d)6, F.S.]

☐ Yes ☒ No If yes, please provide the following information for each individual: (attach additional sheets as necessary using the same format)

Name: _____

Nature of offense: _____

Date: _____

Month Day Year

Court having jurisdiction: _____

Disposition of offense: _____

Date: _____

Month Day Year

Does this individual engage in solicitation activities? ☐ Yes ☐ No

23 Has the charitable organization/sponsor or any of its officers, directors, trustees, or principal salaried executive personnel been enjoined in any jurisdiction from soliciting contributions or been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets?

[s. 496.405(2)(d)2,(2)(d)7, F.S.]

☐ Yes ☒ No

If yes, please provide the following information for each individual (attach additional sheets as necessary using the same format).

Name: _____

Court issuing the injunction: _____

Date of injunction: _____

Month Day Year

24 Has the charitable organization/sponsor had its registration or authority denied, suspended, or revoked by any governmental agency? [s. 496.405(2)(d)3, F.S.]

☐ Yes ☒ No

If yes, please explain the reasons for the denial, suspension or revocation:

25 ☒ I have attached the conflict of interest annual certification to this registration application. [s. 496.4055, F.S.]

26 Indicate the type of financial statement you are filing for the immediately preceding fiscal year ending _____: [s. 496.405(2)(a), F.S.]

☐ Budget (newly formed organizations only)

☐ Department's financial statement form - See pages 8-10

☒ 990 and all attachments - See item #26 of instructions for completing the Financial Statement

☐ 990-EZ and Schedule O - See item #26 of instructions for completing the Financial Statement

☐ 180 Day Extension requested for financial statement only. (Failure to file a financial statement within the 180 days will result in an automatic suspension of your registration.) [s. 496.405(1)(d)2, F.S.]

27 Charitable organizations or sponsors that receive at least \$500,000 in annual contributions must have their financial statement reviewed or audited by an independent certified public accountant. If annual contributions are more than \$1 million, then the financial statement must be audited by an independent certified public accountant. [s. 496.407(1)(d), F.S.]

Attached is a copy of signed CPA review or audit

☒ Yes ☐ No

ONLY SPONSORS NEED TO ANSWER THE FOLLOWING QUESTIONS

"Sponsor" means a group or person who is or holds herself or himself out to be soliciting contributions by the use of a name that implies that the group or person is in any way affiliated with or organized for the benefit of emergency service employees or law enforcement officers and the group or person is not a charitable organization. The term includes a chapter, branch, or affiliate that has its principal place of business outside the state if such chapter, branch, or affiliate solicits or holds itself out to be soliciting contributions in this state.

28. Answer the following: [s. 496.426, F.S.]

a. Does the organization consist of members who are individuals of whom at least 10% or 100 members, whichever is less, are actively employed as law enforcement officers or emergency service employees by an agency of the United States, this state, a municipality, or a political subdivision of this state, and who personally sign written membership agreements with the organization and pay an annual membership of not less than \$10 a member?

☐ Yes ☐ No

b. Total number of sponsor's members: _____

c. Total number of members actively employed as law enforcement or emergency service employees: _____

d. Percentage of total net contributions, which are dispersed in the state on behalf of its members in furtherance of its stated purposes or programs (defined as the total amount of all contributions raised minus the total cost of expenses incurred in raising contributions solicited): _____ %

CONTACT PERSON

29. Contact person for the charitable organization or sponsor:

Name:

BEATRIZ PEREIRA

Title:

DIRECTOR OF FINANCE & OPERATIONS

Telephone Number:

908-364-0272

Email Address:

BEA@CARESFOUNDATION.ORG

CERTIFICATION

I, _____, am the _____,
Name Title
completing the application for _____
Name of Organization or Company

And further state as follows: (Please check all that apply)

- ☐ I have read the registration application and know the contents thereof; and
- ☒ The registration application is made for the purpose of complying with the provisions of Chapter 496, Florida Statutes, Solicitation of Contributions Act

I certify that I am authorized to complete this registration application and that the information provided is true and accurate.

Signature

COPY

Printed Name

Date

Telephone Number

Email Address

FINANCIAL STATEMENT

FOR FISCAL YEAR ENDING 12/31/2021

(Please use department material change form if your organization's fiscal year ending changes.)

Congenital Adrenal Hyperplasia Research Education & Support Fdn

NAME OF CHARITABLE ORGANIZATION

CH _____

DTN _____

FOR RENEWALS

Is this a consolidated financial statement for chapters, branches, or affiliates? ☐ Yes ☒ No

NOTE: In lieu of using this financial statement you may send the IRS Form 990 and all attached schedules or the IRS Form 990EZ and Schedule O.

**** IRS 990N E-Postcard and IRS 990-PF are not acceptable Financial Statements.**

REVENUE

1. Federated campaigns:

(must provide a list of sources and amounts)

1. _____

2. Government grants:

(must provide a list of sources and amounts)

2. _____

3. Program service revenue:

3. _____

4. Membership dues:

4. _____

5. Income from interest, dividends, etc.

5. _____

6. Income from investments & tax-exempt bond proceeds:

6. _____

7. Sale of assets other than inventory:

a. Gross sales

7a. _____

b. Less sales expenses

7b. _____

c. Net gain or (loss) from sale of assets

7c. 0.00

8. In-kind contributions (non-cash contributions):

8. _____

9. Royalties:

9. _____

10. Related organizations: (Must provide a list of sources and amounts)

10. _____

11. Net rental income:

11. _____

12. Sales of inventory:

a. Gross sales

12a. _____

b. Less: costs of goods sold

12b. _____

c. Net income or (loss) from inventory sales

12c. 0.00

13. Income from fundraising events:

a. Gross

13a. _____

b. Less: direct expenses

13b. _____

c. Net income or (loss) from fundraising events

13c. 0.00

14. Income from gaming activities:

a. Gross

14a. _____

b. Less: direct expenses

14b. _____

c. Net income or (loss) from gaming activities

14c. 0.00

15. All other contributions, gifts, grants & similar amounts:

15. _____

16. TOTAL REVENUE

(Add lines 1, 2, 3, 4, 5, 6, 7c, 8, 9, 10, 11, 12c, 13c, 14c & 15)

16. 0.00

Statement of Functional Expenses for

(Organization Name)

CH

(Renewals Only)

ITEMS	(A) Program Services	(B) Management & General	(C) Fundraising	TOTAL for A,B, C
Grants & allocations				
Cash				
Non Cash				
Attach schedule				
Assistance to individuals				
Benefits to or for members				
Compensation to officers, etc.				
Other salaries, wages, etc.				
Fees for service non employee				
Other benefits, pensions, etc.				
Payroll taxes				
Professional fundraising fees				
Investment management fees				
Accounting fees				
Management				
Legal fees				
Lobbying				
Office supplies				
Telephone				
Postage & shipping				
Equipment rental				
Occupancy				
Printing				
Travel				
Conferences & meetings				
Interest				
Insurance				
Advertising & promotions				
Information technology				
Royalties				
Payments to affiliates				
Depreciation, depletion & amortization				
Other (List Item)				
Other (List Item)				
Other (List Item)				
TOTAL EXPENSES	(A) 0.00	(B) 0.00	(C) 0.00	TOTAL 0.00

EXPENSES:

17. Program services expenses, including payments to affiliates
(Total of column A)

17. 0.00

18. Management & general (Total of column B)

18. 0.00

19. Fundraising (Total of column C)

19. 0.00

20. TOTAL EXPENSES (add lines 17, 18 & 19)

20. 0.00

NET ASSETS:

21. Excess (or deficit) for the year (line 16 less line 20)

21. 0.00

22. Net assets of fund balance at beginning of year

22. 0.00

23. Net assets or fund balance at end of year (add lines 21 & 22)

23. 0.00

BALANCE SHEET:

Cash, savings and investments

Land and building

Other assets (describe on separate sheet)

Total assets**Total liabilities (describe on separate sheet)****Total assets or fund balance**

(A) Beginning of Year

(B) End of Year

0 . 00

0 . 00

(From Line 22)

0 . 00

(From Line 23)

0 . 00

Congenital Adrenal Hyperplasia Research Education & Support Foundation

12/31/21

Name	Business Address	Telephone No.	Title	Salary	Compensated	Criminal History	Exempt from Public Records
Karen	Bogaard	2414 Morris Ave Union NJ 07083	Past President	-	No	No	No
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	Chair	-	No	No	No
Jessica	Margolies	2414 Morris Ave Union NJ 07083	Secretary	-	No	No	No
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	Vice Chair	-	No	No	No
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	Treasurer	-	No	No	No
Keysha	Berry	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Michele	Bacus	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Alan	Macy	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Katherine	Fowler	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Stacey	Shackley	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Timothy	Roberts	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Lesley	Holroyd	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Maria	Maebius	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Brian	Stair	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Valentina	Tudor	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Dina	Matos	2414 Morris Ave Union NJ 07083	Executive Director	119,288	Yes	No	No
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	Director of Finance and Operations	85,078	Yes	No	No
Karen	Fountain	2414 Morris Ave Union NJ 07083	Program Manager	35,889	Yes	No	No
Odaly	Roche	2414 Morris Ave Union NJ 07083	Admin	37,009	Yes	No	No
Wendy	Connolly	2414 Morris Ave Union NJ 07083	Admin	19,179	Yes	No	No

ILLINOIS CHARITABLE ORGANIZATION ANNUAL REPORT

Form AG990-IL

Revised 1/19

PMT # _____

AMT _____

INIT _____

Attorney General KWAME RAOUL State of Illinois

Charitable Trust Bureau, 100 West Randolph

11th Floor, Chicago, Illinois 60601

CO # _____

Report for the Fiscal Period:

Beginning 01/01/2021

& Ending 12/31/2021

MO DAY YR

Check all items attached:

- ☒ Copy of IRS Return
☒ Audited Financial Statements
☐ Copy of Form IFC
☒ \$15.00 Annual Report Filing Fee
☐ \$100.00 Late Report Filing Fee

Make Checks
Payable to
the Illinois
Charity
Bureau Fund

Federal ID #22-3755684

Are contributions to the organization tax deductible? ☐ Yes ☐ No

Date Organization was created: 10/03/2000

MO DAY YR

LEGAL NAME Congenital Adrenal Hyperplasia Research Education & Support Fdn MAIL ADDRESS 2414 Morris Ave CITY, STATE Suite 110 ZIP CODE Union, NJ 07083	Year-end amounts A) ASSETS B) LIABILITIES C) NET ASSETS	A) \$ 540,971 B) \$ 15,985 C) \$ 524,986
I. SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE	AMOUNT
D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	99.70 %	D) \$ 789,306
E) GOVERNMENT GRANTS & MEMBERSHIP DUES	0.00 %	E) \$
F) OTHER REVENUES	0.30 %	F) \$ 2,357
G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D,E, & F)	100%	G) \$ 791,663.00
II. SUMMARY OF ALL EXPENDITURES DURING THE YEAR:		
H) OPERATING CHARITABLE PROGRAM EXPENSE	0.00 %	H) \$
I) EDUCATION PROGRAM SERVICE EXPENSE	84.82 %	I) \$ 479,727
J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	84.82 %	J) \$ 479,727.00
J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J): \$		
K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	0.00 %	K) \$
L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	84.82 %	L) \$ 479,727.00
M) MANAGEMENT AND GENERAL EXPENSE	9.25 %	M) \$ 52,342
N) FUNDRAISING EXPENSE	5.92 %	N) \$ 33,493
O) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	O) \$ 565,562.00
III. SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES: (Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)		
PROFESSIONAL FUNDRAISERS:		
P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$
Q) TOTAL FUNDRAISERS FEES AND EXPENSES	0.00 %	Q) \$
R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	100.00 %	R) \$ 0.00
PROFESSIONAL FUNDRAISING CONSULTANTS:		
S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS		S) \$
IV. COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:		
T) NAME, TITLE: DINA MATOS, EXECUTIVE DIRECTOR		T) \$ 119,288
U) NAME, TITLE: BEATRIZ PEREIRA, DIRECTOR OF FINANCE		U) \$ 85,078
V) NAME, TITLE: ODALY ROCHE, ADMIN		V) \$ 37,009
V. CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES		List on back side of instructions CODE
W) DESCRIPTION: FAMILY SUPPORT & EDUCATION	W) #	111
X) DESCRIPTION: WARMLINE SUPPORT	X) #	111
Y) DESCRIPTION: CAH AWARENESS	Y) #	111

IF THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:

	YES	NO
1. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT? -----1.		X
2. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY? -----2		X
3. DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBTION TO ANY ORGANIZATION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE ANYTHING OF VALUE NOT REPORTED AS COMPENSATION? ----- 3.		X
4. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES? ----- 4.		X
5. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION? ----- 5.		X
6. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC) --- 6.		X
7a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES? ----- 7.	X	
7b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$ <u>6,195</u> ;(ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$ <u>5,885</u> ; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$ <u>310</u> ;AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$ <u>310</u>		
8. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES? ----- 8.		X
9. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY? ----- 9.		X
10. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS? ----- 10.		X
11. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:		
<u>CAPITAL ONE BANK, 1735 MORRIS AVE UNION NJ 07083</u>		
<u>PROVIDENT BANK, PO BOX 1001, ISELIN NJ 08830</u>		
12. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>KRISTOPHER JOLLY 908-624-1754</u>		

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

COPY

BE SURE TO INCLUDE ALL FEES DUE:

- 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END.
- 2.) FOR FEES DUE SEE INSTRUCTIONS.
- 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY.

LOUISE FLEMING, BOARD CHAIR
PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

BEA PEREIRA, DIR OF FINANCE
TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

MARIA DEPALMA, CPA
PREPARER (PRINT NAME)

SIGNATURE

DATE

Maria Depalma 6/16/22

Unified Registration Statement (URS) for Charitable Organizations© (v. 4.02)

☐ Initial registration ☒ Renewal/Update

This URS covers the reporting year which ended (day/month/year) 12/31/2021

Filer EIN 22-3755684

State MD

State ID 28116

1. Organization's legal name Congenital Adrenal Hyperplasia Research Education & Support Fdn

If changed since prior filings, previous name used _____

All other name(s) used _____

2. (A) Street address 2414 Morris Ave Suite 110

City Union

County _____

State NJ

Zip Code 07083

(B) Mailing address (if different) _____

City _____

County _____

State _____

Zip Code _____

3. Telephone number(s) 908-364-0272

Fax number(s) 908-686-2019

E-mail bea@caresfoundation.org

Web site caresfoundation.org

4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).

5. Date incorporated 10/03/2000

State of incorporation New Jersey

Fiscal year end: day/month December 31

6. If not incorporated, type of organization, state, and date established _____

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes ☐ No ☒

B. Had its registration denied or revoked? Yes ☐ No ☒

C. Been the subject of a proceeding regarding any solicitation or registration? Yes ☐ No ☒

D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes ☐ No ☒

E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes ☐ No ☒

F. Registered with or obtained exemption from any state or agency? Yes ☒ No ☐

G. Solicited funds in any state? Yes ☒ No ☐

If "yes" to 7A, B, C, D, E, *attach explanation*.

If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.

8. Has the organization applied for or been granted IRS tax exempt status? Yes ☒ No ☐

If yes, date of application _____ OR date of determination letter 07/01/01

If granted, exempt under 501(c) 3. Are contributions to the organization tax deductible? Yes ☒ No ☐

9. Has tax exempt status ever been denied, revoked, or modified? Yes ☐ No ☒

10. Indicate all methods of solicitations:

Mail ☒ Telephone ☐ Personal Contact ☒ Radio/TV Appeals ☐

Special Events ☐ Newspaper/Magazine Ads ☐ Other(s) ☐ (specify) _____

11. List the NTEE code(s) that best describes your organization g _____, h _____, _____

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*):

CARESFoundation is a non profit organizatin committed to improving the lives of families & individual affected by Congenial Adrenal Hyperplasia (CAH) through proactively advancing research for a better understanding of CAH, better treatments, a cure, education, new born screening, lifelong care & support.

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes ☐ No ☒

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes ☐ No ☒

(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes ☐ No ☒

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:*

Individual(s) responsible for custody of funds.

Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising.

Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks.

Bank(s) in which registrant's funds are deposited (*include account number and bank phone number*).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name Schachter & DePalma LLC

Address 959 Route 46 Ste 302

City Parsippany State NJ Zip Code 07054 Telephone 973-299-0775

Method of accounting Accrual

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes ☐ No ☒
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes ☐ No ☒
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes ☐ No ☒

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes ☒ No ☐
- Does the organization use professionals to solicit directly? Yes ☐ No ☒

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ 0

22. (A) Total contributions: \$ 789,306

(B) Program service expenses: \$ 479,727

(C) Management & general expenses: \$ 52,342

(D) Fundraising expenses: \$ 33,493

(E) Total expenses: \$ 565,562

(F) Fundraising expenses as a percentage of funds raised: 4.2 %

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 10.87 %

(H) Program services as a percentage of total expenses: 84.82 %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) _____, 20 ____

Notary public (if required)

Name (printed)

Name (printed)

Name (signature)

Name (signature)

Title (printed)

Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

Congenital Adrenal Hyperplasia Research Education & Support Foundation.
Attachment
12/31/21

Line 7G

Congenital Adrenal Hyperplasia Research Education & Support Foundation is registered in the following states:
They also solicit under the name CaresFoundation.

California	CT-116500	none
Colorado	20073005147	none
Florida	CH-41800	none
Illinois	01051286	none
Massachusetts		none
Maryland	22-3755684	none
New Jersey	CH-2035100	none
New York	17-36-73	none
Ohio		none
Oklahoma	22-3755684	none
Pennsylvania	28116	none
Virginia	22-3755684	none

Line 15

Karen	Bogaard	2414 Morris Ave Union NJ 07083	Distribution of Funds
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	Distribution of Funds
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	Distribution of Funds
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	Distribution of Funds
Katherine	Fowler	2414 Morris Ave Union NJ 07083	Distribution of Funds
Dina	Matos	2414 Morris Ave Union NJ 07083	Custody of Funds/Signs Checks
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	Custody of Funds/Signs Checks
Karen	Fountain	2414 Morris Ave Union NJ 07083	Fund Raising

Banking Information:

Capital One	7057501750 1-888-755-2172
Capital One	1547466728 1-888-755-2172
Investors Bank	2519900237 1-855-422-6548
Investors Bank	1000000514 1-855-422-6548
Investors Bank	90510010611 1-855-422-6548
Investors Bank	90510033641 1-855-422-6548
Provident Bank	1226001189 1-877-673-2265

Congenital Adrenal Hyperplasia Research Education & Support Foundation

12/31/21

Name	Business Address	Telephone No.	Title	Salary	Compensated	Criminal History	Exempt from Public Records
Karen	Bogaard	2414 Morris Ave Union NJ 07083	908-364-0272	Past President	No	No	No
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	908-364-0272	Chair	No	No	No
Jessica	Margolies	2414 Morris Ave Union NJ 07083	908-364-0272	Secretary	No	No	No
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	908-364-0272	Vice Chair	No	No	No
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	908-364-0272	Treasurer	No	No	No
Keysha	Berry	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Michele	Bacus	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Alan	Macy	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Katherine	Fowler	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Stacey	Shackley	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Timothy	Roberts	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Lesley	Holroyd	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Maria	Maebius	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Brian	Stair	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Valentina	Tudor	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	No	No	No
Dina	Matos	2414 Morris Ave Union NJ 07083	908-364-0272	Executive Director	Yes	No	No
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	908-364-0272	Director of Finance and Operations	Yes	No	No
Karen	Fountain	2414 Morris Ave Union NJ 07083	908-364-0272	Program Manager	Yes	No	No
Odaly	Roche	2414 Morris Ave Union NJ 07083	908-364-0272	Admin	Yes	No	No
Wendy	Connolly	2414 Morris Ave Union NJ 07083	908-364-0272	Admin	Yes	No	No

CHAR500

NYS Annual Filing for Charitable Organizations
www.CharitiesNYS.com

Send with fee and attachments to:
NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

2021
Open to Public
Inspection

1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) 01/01 **2021** and Ending (mm/dd/yyyy) 12/31/2021

Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <u>Congenital Adrenal Hyperplasia Research Education & Supp</u>	Employer Identification Number (EIN): <u>22-3755684</u>
	Mailing Address: <u>2414 Morris Ave Suite 110</u>	NY Registration Number: <u>17-36-73</u>
	City / State / Zip: <u>Union, NJ 07083</u>	Telephone: <u>908-364-0272</u>
	Website: <u>caresfoundation.org</u>	Email: <u>bea@caresfoundation.org</u>

Check your organization's
registration category:

☐ 7A only ☐ EPTL only ☐ DUAL (7A & EPTL) ☐ EXEMPT*

Confirm your Registration Category in the
Charities Registry at www.CharitiesNYS.com.

2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

COPY

President or Authorized Officer: Signature

Louise Fleming, Chair
Print Name and Title

Date

Chief Financial Officer or Treasurer: Signature

Beatriz Pereira, Dir of Finance
Print Name and Title

Date

3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

☐ **3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

☐ **3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

4. Schedules and Attachments

See the following page
for a checklist of
schedules and
attachments to
complete your filing.

☐ Yes ☒ No

4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.

☐ Yes ☒ No

4b. Did the organization receive government grants? If yes, complete Schedule 4b.

5. Fee

See the checklist on the
next page to calculate your
fee(s). Indicate fee(s) you
are submitting here:

7A filing fee:

\$ 25

EPTL filing fee:

\$ 100

Total fee:

\$ 125

Make a single check or money order
payable to:
"Department of Law"

CHAR500

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- ☐ If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- ☐ If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- ☒ IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- ☒ All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- ☐ Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable Independent Certified Public Accountant's Review or Audit Report:

- ☐ Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- ☐ Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- ☐ No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- ☐ We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- ☐ \$0, if you checked the 7A exemption in Part 3a
- ☒ \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- ☐ \$0, if you checked the EPTL exemption in Part 3b
- ☐ \$25, if the NET WORTH is less than \$50,000
- ☐ \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- ☒ \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- ☐ \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- ☐ \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- ☐ \$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

FILING FEE:

INITIAL/RENEWAL -

\$65.00 for contributions exceeding \$10,000.00

\$15.00 for contributions that do not exceed \$10,000.00

UPDATE/AMENDED - \$25.00

PRINT CLEARLY

Registration Statement of Charitable Organization

☐ Initial Registration

☒ Renewal

☐ Update

Oklahoma Secretary of State, 421 N.W. 13th, Suite 210, Oklahoma City, OK 73103

Telephone: (405)-522-2520

1. The legal name of the charitable organization:

Congenital Adrenal Hyperplasia Research Education & Support Fdn

2. Any trade name(s) the charitable organization uses, any other name the organization may be identified or known as, and any distinctive names the organization uses for the purposes of solicitation of contributions:

CARESFoundation

3. The mailing address of the charitable organization:

2414 Morris Ave Suite 110 Union, NJ 07083

Street

City

State

Zip Code

4. The period(s) of time during which such solicitation is to be conducted:

n/a

5. An identification of the specific method or methods of solicitation utilized by the charitable organization and its agents:

☒ personal contact

☐ direct mail

☐ telephone

☐ television

☐ radio

☐ other _____

6. Solicitation will be conducted by the following for or on behalf of the charitable organization:

☐ Professional Fundraisers

☒ Employees or volunteers of the charitable organization

☐ and/or Others

7. The purposes for which the contributions solicited or accepted are to be used:

Improving the lives of families and individuals affected by Congenital Adrenal Hyperplasia (CAH) through research, education, advocacy, support services and resources vital to the CAH community.

8. The name and mailing address of each professional fundraiser or professional solicitor that will have custody of the contributions:

n/a

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

9. Each person associated with a professional fundraiser, professional solicitor **OR** charitable organization that is directly responsible for the payment and distribution of funds collected:

Dina Matos	2414 Morris Ave Ste 110	Union	NJ	07083
Name	Address	City	State	Zip Code

10. The name and mailing address of each professional fundraising counsel utilized by the charitable organization:

n/a

Name	Address	City	State	Zip Code
------	---------	------	-------	----------

11. For charitable organizations that register for the first time, a statement whether or not the charitable organization believed contributions for the first year of registration will exceed Ten Thousand Dollars (\$10,000.00)

☐ Yes

☐ No

REQUIRED FINANCIAL INFORMATION

12. The gross amount of the contributions, gifts, grants and other similar amounts received by the charitable organization:

789,306

13. The total Program Service Expenses of the charitable organization:

479,727

14. The total Management and General Expenses of the charitable organization:

52,342

15. The total Fundraising Expenses of the charitable organization:

33,493

16. The aggregate amount paid, or payable, to professional fundraisers and professional fundraising counsel:

n/a

REQUIRED ATTACHMENTS

17. If the solicitation is to be conducted in whole or in part by professional fundraisers, you **must** complete and attach Form 101A, the Professional Fundraiser information page, to the Registration Statement.
18. For the initial registration of a newly formed charitable organization, a copy of a letter from the Internal Revenue Service, or other evidence, showing the that such organization is exempt from federal income taxation; or, for a charitable organization that has not applied for federal income tax exemption with the Internal Revenue Service or is not required to apply for federal income tax exemption, evidence showing that said charitable organization is organized in any state or jurisdiction as a not-for-profit entity.
19. The name and mailing address of each officer, director, trustee, and/or equivalent, and each salaried executive employee of the charitable organization.

EXECUTION AND ACKNOWLEDGMENT

Any registration form required to be filed under this section shall be executed by signature, without more, of the person or persons signing the form.

I, the undersigned, under penalty of perjury, have caused this registration to be executed this _____ day of _____, _____; and that the contents of the application are true and complete.

COPY

Signature

Type or Print Name

Title

Congenital Adrenal Hyperplasia Research Education & Support Foundation

12/31/21

Name	Business Address	Telephone No.	Title	Salary	Compensated	Criminal History	Exempt from Public Records
Karen	Bogaard	2414 Morris Ave Union NJ 07083	Past President	-	No	No	No
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	Chair	-	No	No	No
Jessica	Margolies	2414 Morris Ave Union NJ 07083	Secretary	-	No	No	No
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	Vice Chair	-	No	No	No
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	Treasurer	-	No	No	No
Keysha	Berry	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Michelle	Bacus	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Alan	Macy	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Katherine	Fowler	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Stacey	Shackley	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Timothy	Roberts	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Lesley	Holroyd	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Maria	Maebius	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Brian	Stair	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Valentina	Tudor	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Dina	Matos	2414 Morris Ave Union NJ 07083	Executive Director	119,288	Yes	No	No
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	Director of Finance and Operations	85,078	Yes	No	No
Karen	Fountain	2414 Morris Ave Union NJ 07083	Program Manager	35,889	Yes	No	No
Odaly	Roche	2414 Morris Ave Union NJ 07083	Admin	37,009	Yes	No	No
Wendy	Connolly	2414 Morris Ave Union NJ 07083	Admin	19,179	Yes	No	No

Unified Registration Statement (URS) for Charitable Organizations© (v. 4.02)☐ Initial registration ☒ Renewal/UpdateThis URS covers the reporting year which ended (day/month/year) 12/31/2021Filer EIN 22-3755684State PAState ID 281161. Organization's legal name Congenital Adrenal Hyperplasia Research Education & Support Fdn

If changed since prior filings, previous name used _____

All other name(s) used _____

2. (A) Street address 2414 Morris Ave Suite 110City Union

County _____

State NJZip Code 07083

(B) Mailing address (if different) _____

City _____

County _____

State _____

Zip Code _____

3. Telephone number(s) 908-364-0272Fax number(s) 908-686-2019E-mail bea@caresfoundation.orgWeb site caresfoundation.org4. Names, addresses (street & P.O.), telephone numbers of other offices/chapters/branches/affiliates (*attach list*).5. Date incorporated 10/03/2000State of incorporation New JerseyFiscal year end: day/month December 31

6. If not incorporated, type of organization, state, and date established _____

7. Has organization or any of its officers, directors, employees or fund raisers:

A. Been enjoined or otherwise prohibited by a government agency/court from soliciting? Yes ☐ No ☒B. Had its registration denied or revoked? Yes ☐ No ☒C. Been the subject of a proceeding regarding any solicitation or registration? Yes ☐ No ☒D. Entered into a voluntary agreement of compliance with any government agency or in a case before a court or administrative agency? Yes ☐ No ☒E. Applied for registration or exemption from registration (but not yet completed or obtained)? Yes ☐ No ☒F. Registered with or obtained exemption from any state or agency? Yes ☒ No ☐G. Solicited funds in any state? Yes ☐ No ☒If "yes" to 7A, B, C, D, E, *attach explanation*.If "yes" to 7F & G, *attach list* of states where registered, exempted, or where it solicited, including registering agency, dates of registration, registration numbers, any other names under which the organization was/is registered, and the dates and type (mail, telephone, door to door, special events, etc.) of the solicitation conducted.8. Has the organization applied for or been granted IRS tax exempt status? Yes ☒ No ☐If yes, date of application _____ OR date of determination letter 07/01/2001.If granted, exempt under 501(c) 3. Are contributions to the organization tax deductible? Yes ☒ No ☐

9. Has tax exempt status ever been denied, revoked, or modified? Yes ☐ No ☒

10. Indicate all methods of solicitations:

Mail ☒ Telephone ☐ Personal Contact ☒ Radio/TV Appeals ☐

Special Events ☐ Newspaper/Magazine Ads ☐ Other(s) ☐ (specify) _____

11. List the NTEE code(s) that best describes your organization g, h, _____

12. Describe the purposes and programs of the organization and those for which funds are solicited (*attach separate sheet if necessary*).

CARESFoundation is a non profit organization committed to improving the lives of families and individuals affected by Congenital Adrenal Hyperplasia (CAH) through proactivel advanced research for a better understanding of CAH better treatments and a cure, education, newborn screening and lifelong care & support.

13. List the names, titles, addresses, (street & P.O.), and telephone numbers of officers, directors, trustees, and the principal salaried executives of organization (*attach separate sheet*).

14. (A) (1) Are any of the organization's officers, directors, trustees or employees related by blood, marriage, or adoption to: (i) any other officer, director, trustee or employee OR (ii) any officer, agent, or employee of any fundraising professional firm under contract to the organization OR (iii) any officer, agent, or employee of a supplier or vendor firm providing goods or services to the organization? Yes ☐ No ☒

(2) Does the organization or any of its officers, directors, employees, or anyone holding a financial interest in the organization have a financial interest in a business described in (ii) or (iii) above OR serve as an officer, director, partner or employee of a business described in (ii) or (iii) above? Yes ☐ No ☒
(If yes to any part of 14A, *attach sheet* which specifies the relationship and provides the names, businesses, and addresses of the related parties).

(B) Have any of the organization's officers, directors, or principal executives been convicted of a misdemeanor or felony? (*If yes, attach a complete explanation.*) Yes ☐ No ☒

15. *Attach separate sheet listing names and addresses (street & P.O.) for all below:*

Individual(s) responsible for custody of funds.

Individual(s) responsible for distribution of funds.

Individual(s) responsible for fund raising.

Individual(s) responsible for custody of financial records.

Individual(s) authorized to sign checks.

Bank(s) in which registrant's funds are deposited (*include account number and bank phone number*).

16. Name, address (street & P.O.), and telephone number of accountant/auditor.

Name Schachter & DePalma

Address 959 Route 46 Ste 302

City Parsippany State NJ Zip Code 07054 Telephone 973-299-0775

Method of accounting Accrual

17. Name, address (street & P.O.), and telephone number of person authorized to receive service of process. *This is a state-specific item. See instructions.*

Name _____

Address _____

City _____ State _____ Zip Code _____ Telephone _____

18. (A) Does the organization receive financial support from other nonprofit organizations (foundations, public charities, combined campaigns, etc.)? Yes ☐ No ☒
- (B) Does the organization share revenue or governance with any other non-profit organization? Yes ☐ No ☒
- (C) Does any other person or organization own a 10% or greater interest in your organization OR does your organization own a 10% or greater interest in any other organization? Yes ☐ No ☐

(If "yes" to A, B or C, *attach an explanation* including name of person or organization, address, relationship to your organization, and type of organization.)

19. Does the organization use volunteers to solicit directly? Yes ☒ No ☐

Does the organization use professionals to solicit directly? Yes ☐ No ☒

20. If your organization contracts with or otherwise engages the services of any outside fundraising professional (such as a "professional fundraiser," "paid solicitor," "fund raising counsel," or "commercial co-venturer"), *attach list* including their names, addresses (street & P.O.), telephone numbers, and location of offices used by them to perform work on behalf of your organization. Each entry *must include* a simple statement of services provided, description of compensation arrangement, dates of contract, date of campaign/event, whether the professional solicits on your behalf, and whether the professional at any time has custody or control of donations.

21. Amount paid to PFR/PS/FRC during previous year: \$ 0

22. (A) Total contributions: \$ 789,306

(B) Program service expenses: \$ 479,727

(C) Management & general expenses: \$ 52,342

(D) Fundraising expenses: \$ 33,493

(E) Total expenses: \$ 565,562

(F) Fundraising expenses as a percentage of funds raised: 4.2 %

(G) Fundraising expenses plus management and general expenses as a percentage of funds raised: 10.87 %

(H) Program services as a percentage of total expenses: 84.82 %

Under penalty of perjury, we certify that the above information and the information contained in any attachments or supplement is true, correct, and complete.

Sworn to before me on (or signed on) _____, 20 ____

Notary public (if required)

Name (printed)

Name (printed)

Name (signature)

Name (signature)

Title (printed)

Title (printed)

Consult the state-by-state appendix to the URS to determine whether supporting documents, supplementary state forms or fees must accompany this form. Before submitting your registration, *make sure you have attached or included everything required by each state to the respective copy of the URS.*

Attachments may be prepared as one continuous document or as separate pages for each item requiring elaboration. In either case, please number the response to correspond with the URS item number.

Congenital Adrenal Hyperplasia Research Education & Support Foundation
12/31/21

Name	Business Address	Telephone No.	Title	Salary	Compensated	Criminal History	Exempt from Public Records
Karen	Bogaard	2414 Morris Ave Union NJ 07083	Past President	-	No	No	No
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	Chair	-	No	No	No
Jessica	Margolles	2414 Morris Ave Union NJ 07083	Secretary	-	No	No	No
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	Vice Chair	-	No	No	No
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	Treasurer	-	No	No	No
Keysha	Berry	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Michele	Bacus	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Alan	Macy	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Katherine	Fowler	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Stacey	Shackley	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Timothy	Roberts	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Lesley	Holroyd	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Maria	Maebius	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Brian	Stair	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Valentina	Tudor	2414 Morris Ave Union NJ 07083	Trustee	-	No	No	No
Dina	Matos	2414 Morris Ave Union NJ 07083	Executive Director	119,288	Yes	No	No
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	Director of Finance and Operations	85,078	Yes	No	No
Karen	Fountain	2414 Morris Ave Union NJ 07083	Program Manager	35,889	Yes	No	No
Odaly	Roche	2414 Morris Ave Union NJ 07083	Admin	37,009	Yes	No	No
Wendy	Connolly	2414 Morris Ave Union NJ 07083	Admin	19,179	Yes	No	No

Congenital Adrenal Hyperplasia Research Education & Support Foundation
Attachment
12/31/21

Line 7G

Congenital Adrenal Hyperplasia Research Education & Support Foundation is registered in the following states:
They also solicit under the name CaresFoundation.

California	CT-116500	none
Colorado	20073005147	none
Florida	CH-41800	none
Illinois	01051286	none
Massachusetts		none
Maryland	22-3755684	none
New Jersey	CH-2035100	none
New York	17-36-73	none
Ohio		none
Oklahoma	22-3755684	none
Pennsylvania	28116	none
Virginia	22-3755684	none

Line 15

Karen	Bogaard	2414 Morris Ave Union NJ 07083	Distribution of Funds
Louise	Fleming PHD RN	2414 Morris Ave Union NJ 07083	Distribution of Funds
Alexandra	Dubois	2414 Morris Ave Union NJ 07083	Distribution of Funds
Carlos	DaSilva	2414 Morris Ave Union NJ 07083	Distribution of Funds
Katherine	Fowler	2414 Morris Ave Union NJ 07083	Distribution of Funds
Dina	Matos	2414 Morris Ave Union NJ 07083	Custody of Funds/Signs Checks
Beatriz	Pereira	2414 Morris Ave Union NJ 07083	Custody of Funds/Signs Checks
Karen	Fountain	2414 Morris Ave Union NJ 07083	Fund Raising

Banking Information:

Capital One	7057501750 1-888-755-2172
Capital One	1547466728 1-888-755-2172
Investors Bank	2519900237 1-855-422-6548
Investors Bank	1000000514 1-855-422-6548
Investors Bank	90510010611 1-855-422-6548
Investors Bank	90510033641 1-855-422-6548
Provident Bank	1226001189 1-877-673-2265

VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

OCRP-102 Revised 04/18

REMITTANCE FORM
CHARITABLE ORGANIZATION
FORM 102

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Organization name: Congenital Adrenal Hyperplasia Research Education & Support Fdn

Address: 2414 Morris Ave Suite 110

Union, NJ 07083

Federal Employer Identification Number: 22-3755684

REGISTRATION FEE AMOUNT

Your annual registration, which includes the annual fee payment, is due every year, four months and fifteen days from the end of the organization's most recently completed fiscal year, unless the organization has requested an extension of either three months or six months to file.

Initial: First time registrants pay a \$100 initial fee. If the organization has prior financial history, the organization is **also** required to pay an annual fee. Organizations with no financial history are **not** required to pay an annual fee.

Late: If your registration has lapsed, you will be required to pay the \$100 late fee **and** the annual registration fee. **You will never pay** an initial and late registration fee at the same time.

Annual: See page seven of Form 102 for annual registration fee calculations.

Initial Registration Fee (\$100): \$ _____ (910-02184)

Late Registration Fee (\$100): \$ _____ (910-02184)

Annual Registration Fee: \$ 250 (910-02619)
(See pg. 6 of Form 102)

Total Fees: \$ 250.00

To assist us in tracking your payment,
please enter your **Check Number:** _____

MAKE CHECKS PAYABLE TO: TREASURER OF VIRGINIA

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

PLEASE ATTACH COMPLETED REMITTANCE FORM TO FRONT OF REGISTRATION FORM WITH CHECK ATTACHED AND MAIL TO:

Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-0526

PO Box 526, Richmond, VA 23218-0526
Phone: 804-786-1343 • FAX: 804-225-2666 • www.vdacs.virginia.gov

**REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
FORM 102**

	Initial Registration
	OR
x	Annual Renewal

***The Official E-mail address entered above will be used for the notifications unless alternate email preference is indicated here:**

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION
Form 102, Page 2

Revised 04/18

7. Locations of other chapters, branches, affiliates:

Does the organization have any chapters, branches or affiliates in Virginia? ☐ Yes ☒ No

If "Yes,"

- i) Attach a list of the affiliates' names, addresses and telephone numbers.
- ii) Are the income and expenses of these affiliates included in your organization's financial statement?
☐ Yes ☐ No

If "Yes," a joint registration may be issued to the parent organization which would apply to those subordinate organizations whose finances are reported jointly with the parent organization. **Please refer to 2VAC5-610-30 of the Rules Governing the Solicitation of Contributions for information regarding whether the parent qualifies to file a consolidated or joint registration.**

8. Please check one:

	Type of organization
<input checked="" type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (specify):

9. Date of incorporation or formation: 07/01/2000

10. In what city was the organization legally established? Union NJ
City State

11. What is the main purpose of the charitable organization?

CARESFoundation leads teh effort to improve the lives of teh Congenital Adrenal Hyperplasia community and seeks to advance quality health care through support, advocacy, education and research.

12. Name and address of designated agent for receipt of process (service of legal documents) within the Commonwealth of Virginia. **NOTE: If no agent is designated, the organization shall be deemed to have designated the Secretary of the Commonwealth.**

Name and Company Name

Address

City

State

Zip Code

13. Organization's fiscal year:

a) Dates of the **CURRENT** fiscal year: From: 01/01/2021 To: 12/31/2021

b) Has the organization recently changed its fiscal year? ☐ Yes ☒ No

If "Yes," then provide the dates of the "short" fiscal year:

From: _____ To: _____

14. Is the organization exempt under the Internal Revenue Code? ☒ Yes ☐ No

15. Key personnel:

- a) Full name and title of the individuals having signatory power over the organization's funds:
Dina Matos, Executive Director
- b) Full name and title of the individuals who approve the organization's budget:
Louise Fleming, Board Chair, Alexandra Dubois, Vice Chair, Carlos DaSilva, Treasurer, Jessica Margolies, Secretary
- c) Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?
☐ Yes ☒ No If "Yes," then attach a statement providing a description of the pertinent facts.
- d) **For the CURRENT fiscal year, attach a listing of the organization's officers, directors, trustees, and principal salaried executive staff which includes names, addresses, and titles.** We will not accept the listing provided in the IRS Form 990. **Note:** Your registration will be considered incomplete if the listing does not include **titles**. Addresses are not required if the named individuals are to be contacted at the organization's primary address.

16. Financial statements – please complete the following calculations using your financials from the **most recently completed fiscal year:**

16(A): Percentage of fundraising expenses:

- 1) Total amount of contributions received directly from the public:
(found on the IRS Form 990, Part VIII, line 1h (less government grants)) \$ 789,306
- 2) Total spent on fundraising, including contracts with professional fund-raising counsel or professional solicitors:
(found on the IRS Form 990, Part IX, Line 25, Column D) \$ 33,493
- 3) Percent of fundraising expenses:
(found on this form, OCRP-102, Line 16A(2) divided by Line 16A(1)) 4.2433 %
- 4) For Federated fund-raising organizations **ONLY**: State the percentage withheld from a donation designated for a member agency: _____ %

16(B): Percentage of charitable services expenses:

- 1) Total amount of expenses dedicated to providing charitable services:
(found on the IRS Form 990, Part IX – Line 25, Column B) \$ 479,727
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 565,562
- 3) Percent of program services expenses:
(found on this form, OCRP-102, Line 16B(1) divided by Line 16B(2)) 84.8231 %

16(C): Percentage of administrative expenses:

- 1) Total amount of expenses dedicated to administrative costs:
(found on the IRS Form 990, Part IX – Line 25, Column C) \$ 52,342
- 2) Total amount of expenses of the organization:
(found on the IRS Form 990, Part IX – Line 25, Column A) \$ 565,562
- 3) Percent of administrative expenses:
(found on this form, OCRP-102, Line 16C(1) divided by Line 16C(2)) 9.2549 %

17. Does the organization intend to solicit contributions from the public directly (including corporate grant proposals, door-to-door or telephone solicitations, special events, direct mail, etc.)?

☒ Yes ☐ No

18. Does the organization intend to have others outside the organization (e.g. volunteers, federated fund-raising organizations, etc.) conduct solicitations on its behalf?

☐ Yes ☐ No

19. For the current fiscal year, has your organization entered into an agreement or contract with any person(s) to conduct any aspects (including planning, managing, or carrying out) of a completed, current or upcoming solicitation?

☐ Yes ☒ No **If "Yes" to question 19, please indicate the arrangement with your agency by checking below:**

X	Category	Type of Arrangement
	A	A bona fide, salaried officer or employee of the charitable organization or its parent organization
	B	An outside consultant or professional fundraising counsel
	C	A paid professional solicitor

If in Question 19 either B or C are checked, then please provide the following information:

a) List the name and address(es) of the professional fundraising counsel or professional solicitor(s) and note the date of each contract that was previously submitted to the Commissioner:

b) **Attach a copy of the organization's current fundraising contract(s) that were not previously submitted as required by Section 57-54 of the Code of Virginia.**

20. Please indicate how the organization will use the contributions received during the **CURRENT** fiscal year:
The contributions will be used according to the mission statement for research, education, screening, support services, and emergency medical treatment.

21. Has the organization been authorized by any other state or governmental agency to solicit contributions?

☒ Yes ☐ No **If "Yes," then name all such agencies. Submit an attachment if necessary.**

PA, NY, NJ, CA, MD, CO, OK, IL, FL, OH, MA

22. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization **CURRENTLY** enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

☐

Yes

☒

No

If "Yes," then attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

23. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

☐

Yes

☒

No

If "Yes," then attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

24. Please indicate the type of solicitation activities that your organization may pursue during the current fiscal year (**check** all that apply):

<input checked="" type="checkbox"/>	Type of Solicitation
<input checked="" type="checkbox"/>	Telephone
<input type="checkbox"/>	Direct mail
<input type="checkbox"/>	Internet
<input type="checkbox"/>	Special events
<input type="checkbox"/>	Door-to-door
<input type="checkbox"/>	Personal contact
<input type="checkbox"/>	Other (Specify):

25. Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia shall become public records in the Office of the Commissioner, and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions. If you do not provide the required information, you may not solicit in Virginia. Any change in information filed must be submitted to OCRP within seven (7) days of the change. In order to assist you in determining whether you have provided the required information, please respond to the following:

- i) Are all questions on the form answered?

☒

Yes

☐

No

If "No," then the registration will be considered incomplete.

- ii) Are all required attachments included (see page 7 for "Checklist of Required Attachments")?

☒

Yes

☐

No

If "No," then the registration will be considered incomplete.

26. OATH OR AFFIRMATION.

***Two (2) different officers must sign this registration form. The original signature page (page 6) must then be filed with the Office of Charitable and Regulatory Programs. Copies are not allowed.**

We, the undersigned chief fiscal officer (chief financial officer, or treasurer) and president (or other authorized officer, if president is unavailable to sign), duly authorized to act on behalf of the organization for which this statement is made, certify that this statement and including any accompanying appendices have been examined by us and are, to the best of our knowledge and belief, true, correct and complete pursuant to the laws of the Commonwealth of Virginia.

We affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. We understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

COPY

Signature of the chief fiscal officer, chief financial officer, or treasurer

Bea Pereira

Print name

Director of Finance

Title

Date

Signature of the president or other authorized officer

Louise Fleming

Print name

Board Chair

Title

Date

*The persons signing this form as chief fiscal officer (chief financial officer/treasurer) and president (or other authorized officer) **must be** designated by title on the current fiscal year's list of officers, directors, trustees, and principal salaried executive staff (see §57-49.D. of the Code of Virginia).

Section 57-61.1.A. of the Code of Virginia states that "Registrations by charitable organizations, professional solicitors, and professional fund-raising counsel **are effective, if complete, upon receipt** by the Commissioner." For more information on determining whether your registration is complete, see:
<http://www.vdacs.virginia.gov/consumer/pdf/oca-102registration.pdf>.

Rules Governing the Solicitation of Contributions: <http://www.vdacs.virginia.gov/forms-pdf/cp/oca/charitable/ocasolicitationreg.pdf>.

SCHEDULE OF REGISTRATION FEES

FEE CRITERIA*

- \$30 If your **gross contributions** for the preceding year do not exceed \$25,000
\$50 If your **gross contributions** exceed \$25,000, but do not exceed \$50,000
\$100 If your **gross contributions** exceed \$50,000, but do not exceed \$100,000
\$200 If your **gross contributions** exceed \$100,000, but do not exceed \$500,000
\$250 If your **gross contributions** exceed \$500,000, but do not exceed one million dollars
\$325 If your **gross contributions** exceed one million dollars

- **"Gross contributions"** means the total contributions received by the organization from all sources, excluding government grants (this amount is found on Line E under Computation of Fee Criteria below).
- Organizations with no prior financial history filing an initial registration shall be required to pay an initial fee of \$100.
- Organizations with prior financial history filing an initial registration shall be required to pay an initial fee of \$100 in addition to the applicable annual registration fee.

****Any organization which allows its registration to lapse shall be required to pay a \$100 late fee in addition to the annual registration fee.**

***COMPUTATION OF FEE CRITERIA**

Due to the diversity in reporting, the following computation should be used as a guide for calculating the required annual registration fee.

Total contributions, gifts, grants, etc. (IRS Form 990, Part VIII, Line 1h) A _____

Subtract

- Funds received from federated fundraising organization (FFO)**
(IRS Form 990, Part VIII, Line 1a): B _____
- Government Grants (IRS Form 990, Part VIII, Line 1e) C _____

Total Deductions (add Lines B and C) D _____ 0.00

GROSS CONTRIBUTIONS (subtract Line D from Line A) E _____ 0.00

****The federated fundraising organization (FFO), as defined in §57-48 of the Code, must register annually with the Commissioner to qualify for subtraction of funds in the fee computation. Enter the complete name of the FFO below:**

Name of FFO: _____

FORM 102 – CHECKLIST OF REQUIRED ATTACHMENTS

<input checked="" type="checkbox"/>	ALL Registrants MUST file the following items:
<input checked="" type="checkbox"/>	Remittance form and check, made payable to "Treasurer of Virginia."
<input checked="" type="checkbox"/>	Listing of names, titles , and addresses of the current officers, directors, trustees, and any principal salaried executive staff. Titles are required ; addresses are not required if the named individuals are to be contacted at the organization's primary address. We will not accept the listing included in the most recently completed IRS Form 990 since that listing is not for the current year.
<input checked="" type="checkbox"/>	<p>Financial report. <u>All organizations with prior financial history</u> shall file a copy of one of the following:</p> <p>(1) The most recently completed IRS Form 990, 990-PF, or 990-EZ, with all schedules, as required by the IRS, except Schedule B, and with all attachments, as filed with the IRS. The form must be signed or, if the form is filed electronically with the IRS, the organization must submit a signed copy of the IRS e-file signature authorization; or</p> <p>(2) Certified audited financial statements for the most recently completed fiscal year; or</p> <p>(3) If the annual income of the organization qualifies the organization to file Form 990-N with the IRS, a certified treasurer's report for the past fiscal year. Form 990-N is NOT an acceptable financial statement. A "certified treasurer's report" is an income and expense statement and a balance sheet for the most recently completed fiscal year and include the certification signed by the treasurer, "I hereby certify that, to the best of my knowledge, the financial statement above is accurate and correct. //signed."</p> <p>Important Note: If your most recently completed financial report is not ready by the registration due date, you may request an extension of time to file your registration statement for either 3 or 6 months. The extension request may be mailed, faxed to our office at 804-225-2666, or emailed to OCARPUNIT.vdacs@vdacs.virginia.gov, and must include: 1) the organization's name, 2) Federal Identification Number (FEIN), and 3) the extension request length of time, which is either for 3 months or 6 months.</p> <p>If you do not provide the correct financial report by the required/extended due date, and have not requested an extension of time to file, you will be assessed a late fee of \$100.</p> <p>Newly formed organizations: shall file a copy of the board-approved budget of anticipated revenues and expenses for the CURRENT year. Please notate on the budget the date of board approval.</p>
<input type="checkbox"/>	A list of the addresses and telephone numbers for any branch offices in Virginia, if you answered " yes " to question 4 .
<input type="checkbox"/>	A list of any chapters, branches or affiliates' names, addresses and telephone numbers, if you are a parent organization as identified by your response to question 7 .
<input type="checkbox"/>	Copy of signed contract(s) between your organization and each professional fundraising counsel and / or professional solicitor, if you answered " yes " to question 19 .
<input type="checkbox"/>	Copy of any amendments to your articles of incorporation, not previously filed. If unincorporated, file any amendments to the governing documents, not previously filed.
<input type="checkbox"/>	Copy of amendments to your by-laws, not previously filed.
<input type="checkbox"/>	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt, not previously filed . If tax-exemption is pending, the completed IRS application form, as filed with the IRS.
<input checked="" type="checkbox"/>	First-time / Initial filers MUST also file copies of the following items:
<input type="checkbox"/>	Certificate of incorporation, if the organization is incorporated. If the organizing jurisdiction does not issue a certificate, the articles must bear a state stamp or seal.
<input type="checkbox"/>	Articles of incorporation, if the organization is incorporated, and any subsequent amendments to those documents. If unincorporated, file any other governing documents.
<input type="checkbox"/>	Bylaws and any amendments.
<input type="checkbox"/>	IRS determination letter and any subsequent modifications, if the organization is listed with the IRS as tax exempt. If tax-exemption is pending, the completed IRS application form, as filed with the IRS.

Congenital Adrenal Hyperplasia Research Education & Support Foundation
12/31/21

Name	Business Address	Telephone No.	Title	Salary	Compensated	Criminal History	Exempt from Public Records
Karen Bogaard	2414 Morris Ave Union NJ 07083	908-364-0272	Past President	-	No	No	No
Louise Fleming PHD RN	2414 Morris Ave Union NJ 07083	908-364-0272	Chair	-	No	No	No
Jessica Margolies	2414 Morris Ave Union NJ 07083	908-364-0272	Secretary	-	No	No	No
Alexandra Dubois	2414 Morris Ave Union NJ 07083	908-364-0272	Vice Chair	-	No	No	No
Carlos DaSilva	2414 Morris Ave Union NJ 07083	908-364-0272	Treasurer	-	No	No	No
Keysha Bary	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Michele Bacus	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Alan Macy	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Katherine Fowler	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Stacey Shackley	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Timothy Roberts	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Lesley Holroyd	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Maria Maeblus	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Brian Stair	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Valentina Tudor	2414 Morris Ave Union NJ 07083	908-364-0272	Trustee	-	No	No	No
Dina Matos	2414 Morris Ave Union NJ 07083	908-364-0272	Executive Director	119,288	Yes	No	No
Beatriz Pereira	2414 Morris Ave Union NJ 07083	908-364-0272	Director of Finance and Operations	85,078	Yes	No	No
Karen Fountain	2414 Morris Ave Union NJ 07083	908-364-0272	Program Manager	35,889	Yes	No	No
Odaly Roche	2414 Morris Ave Union NJ 07083	908-364-0272	Admin	37,009	Yes	No	No
Wendy Connolly	2414 Morris Ave Union NJ 07083	908-364-0272	Admin	19,179	Yes	No	No