

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047
2006
 Open to Public Inspection

A For the 2006 calendar year, or tax year beginning , and ending

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

C Name of organization
NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
410 EAST MAIN STREET

City or town, state or country, and ZIP + 4
MASCOUTAH IL 62258

D Employer identification number
37-1112496

E Telephone number
618-566-2020

F Accounting method: Cash
 Accrual Other (specify)

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

- H** and are not applicable to section 527 organizations. **I**
- H(a)** Is this a group return for affiliates? Yes No
- H(b)** If "Yes," enter number of affiliates Yes No
- H(c)** Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling? Yes No

G Website: WWW.NFED.ORG

J Organization type
 (check only one) 501(c) (**3**) t (insert no.) 4947(a)(1) or 527

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

I Group Exemption Number

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,890,591**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b		1,540,854	
	c Indirect public support (not included on line 1a)	1c			
	d Government contributions (grants) (not included on line 1a)	1d		35,000	
	e Total (add lines 1a through 1d) (cash \$ 1,547,037 noncash \$ 28,817)	1e			1,575,854
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			25,360
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4			66,578
	5 Dividends and interest from securities	5			
	6a Gross rents	6a			
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c				
7 Other investment income (describe)	7				
Revenue	8a Gross amount from sales of assets other than inventory	(A) Securities	8a	95,538	
		(B) Other	8a		
	b Less: cost or other basis and sales expenses	8b	92,136	545	
	c Gain or (loss) (attach schedule)	8c	3,402	-545	
	d Net gain or (loss). Combine line 8c, columns (A) and (B)	8d	SEE STMT 1	SEE STMT 2	2,857
	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>	a Gross revenue (not including \$ 36,509 of contributions reported on line 1b)	9a	123,269	
			9b	124,119	
		c Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			3,992	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			1,673,791	
Expenses	13 Program services (from line 44, column (B))	13		948,315	
	14 Management and general (from line 44, column (C))	14		73,630	
	15 Fundraising (from line 44, column (D))	15		61,529	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			1,083,474
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		590,317	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		919,991	
	20 Other changes in net assets or fund balances (attach explanation)	20		SEE STATEMENT 3	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			1,573,334

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
22b	Other grants and allocations (attach schedule) STMT 4 (cash \$ 24,500 non-cash \$ _____) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	24,500	24,500		
23	Specific assistance to individuals (attach schedule) STMT 5	237,989	237,989		
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule) SEE STATEMENT 6	49,125	46,669	2,456	
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)				
25c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)				
26	Salaries and wages of employees not included on lines 25a, b, and c	268,628	212,185	27,103	29,340
27	Pension plan contributions not included on lines 25a, b, and c	8,591	7,099	836	656
28	Employee benefits not included on lines 25a - 27	32,415	25,203	5,155	2,057
29	Payroll taxes	25,325	20,622	2,328	2,375
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies	14,395	11,306	1,928	1,161
34	Telephone				
35	Postage and shipping	30,977	23,306	527	7,144
36	Occupancy	13,600	11,016	1,360	1,224
37	Equipment rental and maintenance	22,846	18,820	2,018	2,008
38	Printing and publications	17,789	17,789		
39	Travel	1,644	1,154	163	327
40	Conferences, conventions, and meetings	99,848	97,859	1,989	
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)	4,284	3,470	428	386
43a	Other expenses not covered above (itemize): SEE STATEMENT 7	231,518	189,328	27,339	14,851
43b					
43c					
43d					
43e					
43f					
43g					
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,083,474	948,315	73,630	61,529

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

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

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

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?	Program Service Expenses
<p>▶ SEE STATEMENT 8</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a EDUCATION - PROVIDES ON-GOING EDUCATION TO ED FAMILIES, DOCTORS & DENTISTS BY PROVIDING SPEAKERS & DISPLAYS AT CONVENTIONS, PUBLISHING A MONTHLY NEWSLETTER, PREPARING PAMPHLETS, BOOKLETS AND VIDEOTAPES AND ALERTING THE MEDIA TO NEW DEVELOPMENTS.</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>126,569</p>
<p>b FAMILY SUPPORT - PROVIDES SUPPORT TO INDIVIDUALS AFFECTED BY ED SYNDROMES BY SPONSORING AN ANNUAL FAMILY CONFERENCE AND DIRECTING INDIVIDUALS TO TREATMENT CENTERS AND GIVE EMOTIONAL SUPPORT.</p> <p>(Grants and allocations \$ 24,500) If this amount includes foreign grants, check here ▶ <input checked="" type="checkbox"/></p>	<p>246,115</p>
<p>c TREATMENT - PROVIDES FINANCIAL SUPPORT FOR THE MEDICAL AND DENTAL CARE OF INDIVIDUALS FOR WHOM INSURANCE CARRIERS HAVE DENIED BENEFITS</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>308,561</p>
<p>d RESEARCH - PROVIDES GRANTS FOR RESEARCH OF FEDERAL AND STATE STATUTES AND GENERAL HEALTH INSURANCE PRACTICES AND POLICIES REGARDING COVERAGE AND DELIVERY OF DENTAL CARE FOR INDIVIDUALS WITH A GENETIC SYNDROME SUCH AS ED</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	<p>267,070</p>
<p>e Other program services (attach schedule)</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	<p>948,315</p>

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
Assets	45 Cash-non-interest-bearing	60,353	45	57,209	
	46 Savings and temporary cash investments	702,266	46	1,257,087	
	47a Accounts receivable				
	b Less: allowance for doubtful accounts		47c		
	48a Pledges receivable	20,895			
	b Less: allowance for doubtful accounts		48c	20,895	
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		2,049	53	2,049
	54a Investments—publicly-traded securities SEE STATEMENT 9 ▶ <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		416,767	54a	580,298
	b Investments—other securities (attach schedule) ▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
	55a Investments—land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments—other (attach schedule)			56	
	57a Land, buildings, and equipment: basis	33,003			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 10	19,569	11,412	57c	13,434	
58 Other assets, including program-related investments (describe ▶			58		
59 Total assets (must equal line 74). Add lines 45 through 58		1,192,847	59	1,930,972	
Liabilities	60 Accounts payable and accrued expenses	34,716	60	35,953	
	61 Grants payable	238,140	61	321,685	
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶		65		
66 Total liabilities. Add lines 60 through 65		272,856	66	357,638	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	919,991	67	1,561,482	
	68 Temporarily restricted		68	11,852	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	919,991	73	1,573,334	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	1,192,847	74	1,930,972	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b <u>17,672</u>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
	N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members		
d	Section 162(e) lobbying and political expenditures		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
b	Gross receipts, included on line 12, for public use of club facilities		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed IL		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	8
91a	The books are in care of BEVERLY MEIER Telephone no. 618-566-2020 410 EAST MAIN STREET Located at MASCOUTAH, IL ZIP + 4 62258		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No
 If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ▶
 and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a NATIONAL FAMILY CONFERENCE					23,725
b REGIONAL FAMILY CONFERENCE					1,635
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	66,578	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			1	2,857	
101 Net income or (loss) from special events			1	-850	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b PUBLICATIONS					3,992
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		68,585	29,352
105 Total (add line 104, columns (B), (D), and (E))					97,937

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FAMILY CONFERENCES CONTRIBUTED SUPPORT TO INDIVIDUALS AFFECTED BY ED SYNDROMES
103B	REVENUE FROM SALE OF EDUCATIONAL MATERIALS SUPPORTS THE EXEMPT PURPOSE OF EDUCATING THE PUBLIC

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No
 (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.	Yes	No
		X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a			
b			
c			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?	Yes	No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer _____	Date _____
	Type or print name and title _____	

Paid Preparer's Use Only	Preparer's signature	Date _____	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Instr. X) P00191548
	Firm's name (or yours if self-employed), address, and ZIP + 4 DIEL & FORGUSON, LLC 852 CAMBRIDGE BLVD STE 100 O FALLON, IL 62269-1957		EIN 37-1372801	Phone no. 618-632-7574

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

Yes No

<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p>	1		X
<p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</p>			
<p>2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)</p>			
<p>a Sale, exchange, or leasing of property?</p>	2a		X
<p>b Lending of money or other extension of credit?</p>	2b		X
<p>c Furnishing of goods, services, or facilities?</p>	2c		X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990</p>	2d	X	
<p>e Transfer of any part of its income or assets?</p>	2e		X
<p>3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) SEE STATEMENT 13</p>	3a	X	
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b		X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p>	3c		X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d		X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a		X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b		X
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c		X
<p>d Enter the total number of donor advised funds owned at the end of the tax year u _____</p>			
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year u _____</p>			
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts u _____</p>			
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year u _____</p>			

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state** ▶
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: **(1) more than 33 1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and **(2) no more than 33 1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 - Type I
 - Type II
 - Type III-Functionally Intergrated
 - Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					u

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	919,488	564,087	526,479	462,825	2,472,879
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	146,343	304,481	249,523	278,300	978,647
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	33,348	4,278	8,392	10,193	56,211
19 Net income from unrelated business activities not included in line 18					0
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets STMT 14	5,650	5,513		147	11,310
23 Total of lines 15 through 22	1,104,829	878,359	784,394	751,465	3,519,047
24 Line 23 minus line 17	958,486	573,878	534,871	473,165	2,540,400
25 Enter 1% of line 23	11,048	8,784	7,844	7,515	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	50,808
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	222,920
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	2,540,400
d Add: Amounts from column (e) for lines: 18 <u>56,211</u> 19 _____	26d	290,441
22 <u>11,310</u> 26b <u>222,920</u>	26e	2,249,959
e Public support (line 26c minus line 26d total)	26f	88.5671 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: **N/A**

(2005) _____ (2004) _____ (2003) _____ (2002) _____

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: **N/A**

(2005) _____ (2004) _____ (2003) _____ (2002) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add: Line 27a total _____ and line 27b total _____	27e	
e Public support (line 27c total minus line 27d total)	27f	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)	27g	%
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27h	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See page 9 of the instructions.)

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
.....				
32	Does the organization maintain the following:	32a		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
.....				
.....				
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
If you answered "Yes" to either 34a or b, please explain using an attached statement.				
.....				
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is- The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

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

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

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

Federal Statements**Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Securities**

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Deprec</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
PUBLICLY TRADED SECURITIES							
				\$ 95,538	\$ 92,136	\$	\$ 3,402
TOTAL				<u>\$ 95,538</u>	<u>\$ 92,136</u>	<u>\$ 0</u>	<u>\$ 3,402</u>

Statement 2 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

<u>Desc</u>		<u>Date</u>	<u>Date</u>	<u>Sale</u>	<u>Cost &</u>	<u>Deprec</u>	<u>Gain/</u>
<u>How</u>	<u>Whom</u>	<u>Acquired</u>	<u>Sold</u>	<u>Price</u>	<u>Expense</u>		<u>-Loss</u>
<u>Rec'd</u>	<u>Sold</u>						
SERVER UPGRADE							
PURCHASE		1/01/03	8/17/06	\$	\$ 999	\$ 633	\$ -366
WINDOWS OFFICE							
PURCHASE		1/01/98	12/31/06		1,765	1,765	
MAS 90							
PURCHASE		5/01/98	12/31/06		1,090	1,090	
INTEL PENTIUM III 500 (SPARE)							
PURCHASE		3/08/00	12/31/06		1,858	1,858	
17" MONITOR (KELLEY)							
PURCHASE		1/07/01	12/31/06		721	721	
COMPUTER MONITOR, ADAPTER, LABOR							
PURCHASE		4/01/03	12/31/06		598	419	-179
TOTAL				<u>\$ 0</u>	<u>\$ 7,031</u>	<u>\$ 6,486</u>	<u>\$ -545</u>

Federal Statements**Statement 3 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
NET UNREALIZED GAINS ON INVESTMENTS	\$ 45,360
DONATED SERVICES AND USE OF FACILITIES	17,672
ROUNDING	-6
TOTAL	<u>\$ 63,026</u>

Federal Statements**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
KATHRYN THAMERT CHAFFEE 10359 WEST 68TH AVE. ARVADA CO 80004					\$ 2,000	\$	\$		
MICHELLE HERMAN 1406 EUTAW PL. APT. 10 BALTIMORE MD 21217					2,000				
JEFFREY MIGLIACCIO 1817 SPRUCE ST. HAMILTON NJ 08610					2,000				
KYLE ANDERSON 2401 SW PEPPERWOOD CIRCLE TOPEKA KS 66614					1,000				
ORION BRADSHAW 818 HUMBUG CREEK RD. TALENT OR 97530					1,000				
KELLIE COLLINS 445 S. 14TH AVE.					1,000				

Federal Statements**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
OTHELLO WA 99344					\$	\$	\$		
AMANDA ECKERT					1,000				
117 SCHILLER ST.									
BUFFALO NY 14206									
NICHOLAS HALL					1,000				
7 BEECH ST. COMP 4 BOX 4									
BREARDSLY CA E7M 4G5									
ANDREW JAMES					1,000				
4992 MEDLAR RD.									
MIAMISBURG OH 45342									
RONALD LANDRETH					1,000				
410 S. MAPLE ST.									
BUNKER HILL IL 62014									
KATHLEEN LAULETTA					1,000				
9951 ACADEMY RD. APT. A 29									
PHILADELPHIA PA 19114									
ERIC NEISSNER					1,000				

Federal Statements**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
1205 STERLING DR. MUNDELEIN IL 60060					\$	\$	\$		
MICHAEL PUTNEY 1321 N. ROBIN AVE. DULUTH MN 55811					1,000				
LEVI BANKER 623 N. MAIN ST. FLORA IL 62839					700				
DAVID CORY 9 GREY BEACH DR. BLOOMINGBURG NY 12721					700				
DIANE DEROSA-REYNOLDS 10208 LEWIS LN. UNION KY 41091					700				
MICHAEL GRIFFIS 10142 E. PRAIRIE DOG LN. TUCSON AZ 85749					700				

Federal Statements**Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)**

Name Address	Relationship to Org	Class of Activity	Date of Gift	Description of Property	Cash Contrib	NonCash Contrib	Book Value	BV Explantn	FMV Explantn
MEGHAN MORRIS 643 HIGHLAND REVLOC PA 15948					\$ 700	\$	\$		
KRISTIN NICHOLS 37 GRIMES RD. HUBBARDSTON MA 01452					700				
AMANDA PATRICK 477 JACKSON CREEK RD. BREESPORT NY 14816					700				
AMANDA PETTY 1001 TAYLOR'S GUN RD. TEMPLE GA 30179					700				
RACHAEL RENE SCHMIDT STEWART 460 SUMMIT ST. DUBUQUE IA 52001					700				
MOHAMMET ABDEL-RAHMAN ALI 4 HARET EL GAMEA BOB EL SHARIA ST.					500				

Federal Statements

Statement 4 - Form 990, Part II, Line 22b - Other Grants and Allocations (continued)

Name Address	Relationship to Org	Class of Activity	Date of		Book Value	BV Explantn	FMV Explantn	
			Gift	Description of Property				
EG 11668								
QUINN BYLSMA								
2101 CLOVER DR. NW								
GRAND RAPIDS MI 49504								
BRIAN HOOVER								
706 W. MAIN ST.								
EMMITSBURG MD 21727								
AMY SPORER VANDENBERG								
12914 46TH DR. SE								
EVERETT WA 98208								
THATO MORUTI-UNUSED 2005								
CATHERINE MCNELIS								
11 WESTLYN CT.								
ALBANY NY 12203								
TOTAL			\$	24,500	\$	0	\$	0

Federal Statements**Statement 5 - Form 990, Part II, Line 23 - Specific Assistance to Individuals**

<u>Description</u>	<u>Amount</u>
CLIENT ASSISTANCE-THE ORGANIZATION	\$ 228,560
PROVIDES FINANCIAL ASSISTANCE WITH	9,429
MEDICAL AND DENTAL EXPENSES FOR	
QUALIFIED INDIVIDUALS AFFECTED BY	
ECTODERMAL DSYPLASIAS	
TOTAL	<u>\$ 237,989</u>

Federal Statements**Statement 6 - Form 990, Part II, Line 25a - Compensation of Current Officers**

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
SALARIES - OFFICERS (EDUCATIO COMPENSATION	22,106		
SALARIES - OFFICERS (FAMILY S COMPENSATION	9,825		
SALARIES - OFFICERS (RESEARCH COMPENSATION	7,369		
SALARIES - OFFICERS (TREATMEN COMPENSATION	7,369		
SALARIES - OFFICERS - G&A COMPENSATION		2,456	
TOTAL	<u>\$ 46,669</u>	<u>\$ 2,456</u>	<u>\$ 0</u>

Federal Statements**Statement 7 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CONTINUING EDUCATION	559	539	20	
UTILITIES	4,041	3,273	404	364
BOARD OF DIRECTORS	7,768	7,012	756	
BANK / CREDIT CARD FEES -TREA				
INSURANCE	3,890	3,151	389	350
FAMILY SUPPORT NETWORK	574	574		
PROFESSIONAL FEES	19,972	2,580	17,392	
BANK / CREDIT CARD FEES	4,156	60	4,096	
NEWSLETTER	12,276	12,276		
PROMOTIONAL ITEMS	3,781	165	2,343	1,273
PUBLIC RELATIONS	1,393	228	1,165	
NATIONAL FAMILY CONFERENCE	68,970	68,970		
REGIONAL FAMILY CONFERENCE	9,905	9,905		
DIRECT FUNDING	77,257	77,257		
COMMUNICATIONS	4,082	3,338	382	362
INVESTMENT COMMISSIONS / FEES	392		392	
MISCELLANEOUS FUND RAISING	1,590			1,590
DIRECT MAIL	9,447			9,447
EMPLOYEE CAMPAIGNS	1,465			1,465
TOTAL	<u>\$ 231,518</u>	<u>\$ 189,328</u>	<u>\$ 27,339</u>	<u>\$ 14,851</u>

Statement 8 - Form 990, Part III - Organization's Primary Exempt Purpose

TO PROVIDE PATIENT SUPPORT AND FINANCIAL ASSISTANCE FOR
FAMILIES AFFECTED BY A GENETIC DISORDER AND ON-GOING
EDUCATION TO THE MEDICAL/DENTAL COMMUNITY. 3873 PERSONS
SERVED DURING THE YEAR.

Federal Statements**Statement 9 - Form 990, Part IV, Line 54a - Publicly Traded Securities**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
US AND STATE GOVERNMENT	\$	\$	
INVESTMENTS - GOVN'T SECURITIES	4,063	2,824	MARKET
CORPORATE STOCK			
INVESTMENTS	102,569		
INVESTMENTS - TREATMENT	199,061		
INVESTMENTS - RESEARCH	111,074		
INVESTMENTS - AGE		475,556	MARKET
INVESTMENTS - MK		101,918	MARKET
CORPORATE BONDS			
TOTAL	<u>\$ 416,767</u>	<u>\$ 580,298</u>	

Statement 10 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
OFFICE EQUIPMENT	\$ 33,182	\$	\$ 33,003	\$
ACCUMULATED DEPRECIATION		21,770		19,569
TOTAL	<u>\$ 33,182</u>	<u>\$ 21,770</u>	<u>\$ 33,003</u>	<u>\$ 19,569</u>

Federal Statements**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
KEVIN PAWLOW 410 EAST MAIN STREET MASCOUTAH IL 62258	PRESIDENT	.5	0	0	0
RICHARD R. CAIN, JR. 410 EAST MAIN STREET MASCOUTAH IL 62258	VICE-PRES.	.5	0	0	0
GARRETT C. REUTER 410 EAST MAIN STREET MASCOUTAH IL 62258	SECRETARY	.5	0	0	0
CATHERINE M. KLINGELHOEFER 410 EAST MAIN STREET MASCOUTAH IL 62258	TREASURER	.5	0	0	0
KEITH THROM 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
BRIAN F. RANDALL 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
ANIL VORA 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
FRANK H. FARRINGTON, DDS 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
DAVID FREESTONE, MD 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0

Federal Statements**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
JAMES L. GEHRNS, DDS 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
KEITH S. GEISMAR 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
JERRY F. COSTELLO 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
DONALD HUEBENER, DDS, MS 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
JACK KRIZ 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
RICHARD F. MOSS 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
BETH POND 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0
MARY K. RICHTER 410 EAST MAIN STREET MASCOUTAH IL 62258	EXC. DIRCTR.	40	49,125	1,474	0
JOHN A. STITH, MD 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0

Federal Statements**Statement 11 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
SARAH A. TEVIS, DDS 410 EAST MAIN STREET MASCOUTAH IL 62258	DIRECTOR	.5	0	0	0

Federal Statements

Statement 12 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

Description

FORM 990, PART V

Statement 13 - Schedule A, Part III, Line 3a - Explanation of Grant/Loan Qualifications

Description

A COMMITTEE OF VOLUNTEERS EVALUATES EACH SCHOLARSHIP APPLICATION BASED ON THE FOLLOWING: DEMONSTRATED ACADEMIC ABILITY, A WRITTEN ESSAY, EXTRACURRICULAR ACTIVITIES, COMMUNITY INVOLVEMENT, EMPLOYMENT, AND FINANCIAL NEED.

Federal Statements**Statement 14 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>	<u>2002</u>
MISCELLANEOUS	\$	\$	\$	\$
PUBLICATIONS	5,650	5,513		147
TOTAL	\$ 5,650	\$ 5,513	\$ 0	\$ 147

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

2006

Attachment
Sequence No. **67**

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

Name(s) shown on return **NATIONAL FOUNDATION FOR ECTODERMAL DYSPLASIAS** Identifying number **37-1112496**

Business or activity to which this form relates
INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,281

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B-Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

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

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

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

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr.	22	4,281
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2006)

37-1112496

Federal Asset Report

FYE: 12/31/2006

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Compaq XL-118 laptop (1-114)	6/07/00	1,520			1,520	5 MO S/L	1,520	0
2	Nobilis ATX file server (1-118)	1/31/01	2,149			2,149	5 MO S/L	1,934	215
3	Computer (1-116)	2/01/02	2,162			2,162	5 MO S/L	1,515	432
4	Computer (1-119))	1/01/03	1,044			1,044	5 MO S/L	522	209
5	Server upgrade	1/01/03	999			999	5 MO S/L	500	133
	Sold/Scrapped: 8/17/06								
6	Computer (1-133)	4/01/03	589			589	5 MO S/L	295	117
7	Computer (1-135)	4/01/03	589			589	5 MO S/L	295	117
8	Computer (1-138)	4/01/03	589			589	5 MO S/L	295	117
9	Computer (1-140)	4/01/03	589			589	5 MO S/L	295	117
10	Computer (1-155)	4/01/03	589			589	5 MO S/L	295	117
11	Epson 1520 printer (2-104)	11/18/99	500			500	5 MO S/L	500	0
12	Scanner - (2-116) Agfa Snapscan 12336U c	7/19/00	569			569	5 MO S/L	569	0
13	Windows Office	1/01/98	1,765			1,765	3 MO S/L	1,765	0
	Sold/Scrapped: 12/31/06								
14	MAS 90	5/01/98	1,090			1,090	3 MO S/L	1,090	0
	Sold/Scrapped: 12/31/06								
15	4 drawer (4-101)	6/01/85	130			130	7 MO S/L	130	0
16	2 drawer (4-103)	7/26/88	82			82	7 MO S/L	82	0
17	2 drawer (4-108)	11/09/94	106			106	7 MO S/L	106	0
18	2 & 4 drawer (4-105, 4-106)	1/29/93	262			262	7 MO S/L	262	0
19	4 drawer (4-117)	5/04/94	260			260	7 MO S/L	260	0
20	Conference phone (6-126)	2/01/03	590			590	5 MO S/L	295	118
21	Wooden desk (7-107) (donated)	9/01/98	1,760			1,760	7 MO S/L	1,760	0
22	Wooden desk (7-106) (donated)	9/01/98	880			880	7 MO S/L	880	0
23	2 room dividers (7-132)	12/14/99	417			417	7 MO S/L	387	30
24	Cube station (7-145) (donated)	2/01/03	1,009			1,009	7 MO S/L	360	144
25	Room dividers (7-141)	1/01/03	655			655	7 MO S/L	234	94
26	Multi media projector (8-118)	6/01/03	2,015			2,015	5 MO S/L	1,008	403
27	Computer (1-159)	2/01/04	749			749	5 MO S/L	225	150
28	Intel Pentium III 500 (spare)	3/08/00	1,858			1,858	5 MO S/L	1,858	0
	Sold/Scrapped: 12/31/06								
29	17" monitor (Kelley)	1/07/01	721			721	5 MO S/L	649	72
	Sold/Scrapped: 12/31/06								
30	Shelving (7-101)	6/01/85	160			160	7 MO S/L	160	0
35	Norton Anti-virus system (Jodi)	4/01/02	589			589	3 MO S/L	589	0
36	Computer monitor, adapter, labor	4/01/03	598			598	5 MO S/L	299	120
	Sold/Scrapped: 12/31/06								
40	Nortel digital phone system (6-136) 9 phone	4/06/05	5,598			5,598	5 MO S/L	840	1,119
41	2 - Windows 2003 servers (1-164)	8/17/06	6,852			6,852	5 MO S/L	0	457
	Total Other Depreciation		<u>40,034</u>			<u>40,034</u>		<u>21,774</u>	<u>4,281</u>
	Total ACRS and Other Depreciation		<u>40,034</u>			<u>40,034</u>		<u>21,774</u>	<u>4,281</u>
	Grand Totals		40,034			40,034		21,774	4,281
	Less: Dispositions		<u>7,031</u>			<u>7,031</u>		<u>6,161</u>	<u>325</u>
	Net Grand Totals		<u>33,003</u>			<u>33,003</u>		<u>15,613</u>	<u>3,956</u>

37-1112496

IL Asset Report

FYE: 12/31/2006

Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	IL Prior	IL Current	Federal Current	Difference Fed - IL
Other Depreciation:								
1	Compaq XL-118 laptop (1-114)	6/07/00	1,520	1,520	1,520	0	0	0
2	Nobilis ATX file server (1-118)	1/31/01	2,149	2,149	1,934	215	215	0
3	Computer (1-116)	2/01/02	2,162	2,162	1,515	432	432	0
4	Computer (1-119))	1/01/03	1,044	1,044	522	209	209	0
5	Server upgrade	1/01/03	999	999	500	133	133	0
	Sold/Scrapped: 8/17/06							
6	Computer (1-133)	4/01/03	589	589	295	117	117	0
7	Computer (1-135)	4/01/03	589	589	295	117	117	0
8	Computer (1-138)	4/01/03	589	589	295	117	117	0
9	Computer (1-140)	4/01/03	589	589	295	117	117	0
10	Computer (1-155)	4/01/03	589	589	295	117	117	0
11	Epson 1520 printer (2-104)	11/18/99	500	500	500	0	0	0
12	Scanner - (2-116) Agfa Snapscan 12336U cc	7/19/00	569	569	569	0	0	0
13	Windows Office	1/01/98	1,765	1,765	1,765	0	0	0
	Sold/Scrapped: 12/31/06							
14	MAS 90	5/01/98	1,090	1,090	1,090	0	0	0
	Sold/Scrapped: 12/31/06							
15	4 drawer (4-101)	6/01/85	130	130	130	0	0	0
16	2 drawer (4-103)	7/26/88	82	82	82	0	0	0
17	2 drawer (4-108)	11/09/94	106	106	106	0	0	0
18	2 & 4 drawer (4-105, 4-106)	1/29/93	262	262	262	0	0	0
19	4 drawer (4-117)	5/04/94	260	260	260	0	0	0
20	Conference phone (6-126)	2/01/03	590	590	295	118	118	0
21	Wooden desk (7-107) (donated)	9/01/98	1,760	1,760	1,760	0	0	0
22	Wooden desk (7-106) (donated)	9/01/98	880	880	880	0	0	0
23	2 room dividers (7-132)	12/14/99	417	417	387	30	30	0
24	Cube station (7-145) (donated)	2/01/03	1,009	1,009	360	144	144	0
25	Room dividers (7-141)	1/01/03	655	655	234	94	94	0
26	Multi media projector (8-118)	6/01/03	2,015	2,015	1,008	403	403	0
27	Computer (1-159)	2/01/04	749	749	225	150	150	0
28	Intel Pentium III 500 (spare)	3/08/00	1,858	1,858	1,858	0	0	0
	Sold/Scrapped: 12/31/06							
29	17" monitor (Kelley)	1/07/01	721	721	649	72	72	0
	Sold/Scrapped: 12/31/06							
30	Shelving (7-101)	6/01/85	160	160	160	0	0	0
35	Norton Anti-virus system (Jodi)	4/01/02	589	589	589	0	0	0
36	Computer monitor, adapter, labor	4/01/03	598	598	299	120	120	0
	Sold/Scrapped: 12/31/06							
40	Nortel digital phone system (6-136) 9 phone	4/06/05	5,598	5,598	840	1,119	1,119	0
41	2 - Windows 2003 servers (1-164)	8/17/06	6,852	6,852	0	457	457	0
	Total Other Depreciation		<u>40,034</u>	<u>40,034</u>	<u>21,774</u>	<u>4,281</u>	<u>4,281</u>	<u>0</u>
	Total ACRS and Other Depreciation		<u>40,034</u>	<u>40,034</u>	<u>21,774</u>	<u>4,281</u>	<u>4,281</u>	<u>0</u>
	Grand Totals		40,034	40,034	21,774	4,281	4,281	0
	Less: Dispositions		<u>7,031</u>	<u>7,031</u>	<u>6,161</u>	<u>325</u>	<u>325</u>	<u>0</u>
	Net Grand Totals		<u>33,003</u>	<u>33,003</u>	<u>15,613</u>	<u>3,956</u>	<u>3,956</u>	<u>0</u>

37-1112496

AMT Asset Report

FYE: 12/31/2006

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
Other Depreciation:									
1	Compaq XL-118 laptop (1-114)	6/07/00	0			0	0 HY	0	0
2	Nobilis ATX file server (1-118)	1/31/01	0			0	0 HY	0	0
3	Computer (1-116)	2/01/02	0			0	0 HY	0	0
4	Computer (1-119))	1/01/03	0			0	0 HY	0	0
5	Server upgrade	1/01/03	0			0	0 HY	0	0
	Sold/Scrapped: 8/17/06								
6	Computer (1-133)	4/01/03	0			0	0 HY	0	0
7	Computer (1-135)	4/01/03	0			0	0 HY	0	0
8	Computer (1-138)	4/01/03	0			0	0 HY	0	0
9	Computer (1-140)	4/01/03	0			0	0 HY	0	0
10	Computer (1-155)	4/01/03	0			0	0 HY	0	0
11	Epson 1520 printer (2-104)	11/18/99	0			0	0 HY	0	0
12	Scanner - (2-116) Agfa Snapscan 12336U cc	7/19/00	0			0	0 HY	0	0
13	Windows Office	1/01/98	0			0	0 HY	0	0
	Sold/Scrapped: 12/31/06								
14	MAS 90	5/01/98	0			0	0 HY	0	0
	Sold/Scrapped: 12/31/06								
15	4 drawer (4-101)	6/01/85	0			0	0 HY	0	0
16	2 drawer (4-103)	7/26/88	0			0	0 HY	0	0
17	2 drawer (4-108)	11/09/94	0			0	0 HY	0	0
18	2 & 4 drawer (4-105, 4-106)	1/29/93	0			0	0 HY	0	0
19	4 drawer (4-117)	5/04/94	0			0	0 HY	0	0
20	Conference phone (6-126)	2/01/03	0			0	0 HY	0	0
21	Wooden desk (7-107) (donated)	9/01/98	0			0	0 HY	0	0
22	Wooden desk (7-106) (donated)	9/01/98	0			0	0 HY	0	0
23	2 room dividers (7-132)	12/14/99	0			0	0 HY	0	0
24	Cube station (7-145) (donated)	2/01/03	0			0	0 HY	0	0
25	Room dividers (7-141)	1/01/03	0			0	0 HY	0	0
26	Multi media projector (8-118)	6/01/03	0			0	0 HY	0	0
27	Computer (1-159)	2/01/04	0			0	0 HY	0	0
28	Intel Pentium III 500 (spare)	3/08/00	0			0	0 HY	0	0
	Sold/Scrapped: 12/31/06								
29	17" monitor (Kelley)	1/07/01	0			0	0 HY	0	0
	Sold/Scrapped: 12/31/06								
30	Shelving (7-101)	6/01/85	0			0	0 HY	0	0
35	Norton Anti-virus system (Jodi)	4/01/02	0			0	0 HY	0	0
36	Computer monitor, adapter, labor	4/01/03	0			0	0 HY	0	0
	Sold/Scrapped: 12/31/06								
40	Nortel digital phone system (6-136) 9 phone	4/06/05	0			0	0 HY	0	0
41	2 - Windows 2003 servers (1-164)	8/17/06	6,852			6,852	5 MO S/L	0	457
	Total Other Depreciation		<u>6,852</u>			<u>6,852</u>		<u>0</u>	<u>457</u>
	Total ACRS and Other Depreciation		<u>6,852</u>			<u>6,852</u>		<u>0</u>	<u>457</u>
	Grand Totals		6,852			6,852		0	457
	Less: Dispositions		0			0		0	0
	Net Grand Totals		<u>6,852</u>			<u>6,852</u>		<u>0</u>	<u>457</u>

Depreciation Adjustment Report

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
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There are no assets that meet the criteria of this report

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Other Depreciation:</u>					
1	Compaq XL-118 laptop (1-114)	6/07/00	1,520	0	0
2	Nobilis ATX file server (1-118)	1/31/01	2,149	0	0
3	Computer (1-116)	2/01/02	2,162	215	0
4	Computer (1-119))	1/01/03	1,044	209	0
6	Computer (1-133)	4/01/03	589	118	0
7	Computer (1-135)	4/01/03	589	118	0
8	Computer (1-138)	4/01/03	589	118	0
9	Computer (1-140)	4/01/03	589	118	0
10	Computer (1-155)	4/01/03	589	118	0
11	Epson 1520 printer (2-104)	11/18/99	500	0	0
12	Scanner - (2-116) Agfa Snapscan 12336U color	7/19/00	569	0	0
15	4 drawer (4-101)	6/01/85	130	0	0
16	2 drawer (4-103)	7/26/88	82	0	0
17	2 drawer (4-108)	11/09/94	106	0	0
18	2 & 4 drawer (4-105, 4-106)	1/29/93	262	0	0
19	4 drawer (4-117)	5/04/94	260	0	0
20	Conference phone (6-126)	2/01/03	590	118	0
21	Wooden desk (7-107) (donated)	9/01/98	1,760	0	0
22	Wooden desk (7-106) (donated)	9/01/98	880	0	0
23	2 room dividers (7-132)	12/14/99	417	0	0
24	Cube station (7-145) (donated)	2/01/03	1,009	145	0
25	Room dividers (7-141)	1/01/03	655	93	0
26	Multi media projector (8-118)	6/01/03	2,015	403	0
27	Computer (1-159)	2/01/04	749	149	0
30	Shelving (7-101)	6/01/85	160	0	0
35	Norton Anti-virus system (Jodi)	4/01/02	589	0	0
40	Nortel digital phone system (6-136) 9 phones	4/06/05	5,598	1,120	0
41	2 - Windows 2003 servers (1-164)	8/17/06	6,852	1,370	1,370
	Total Other Depreciation		<u>33,003</u>	<u>4,412</u>	<u>1,370</u>
	Total ACRS and Other Depreciation		<u>33,003</u>	<u>4,412</u>	<u>1,370</u>
	Grand Totals		<u>33,003</u>	<u>4,412</u>	<u>1,370</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>IL</u>
<u>Other Depreciation:</u>				
1	Compaq XL-118 laptop (1-114)	6/07/00	1,520	0
2	Nobilis ATX file server (1-118)	1/31/01	2,149	0
3	Computer (1-116)	2/01/02	2,162	215
4	Computer (1-119))	1/01/03	1,044	209
6	Computer (1-133)	4/01/03	589	118
7	Computer (1-135)	4/01/03	589	118
8	Computer (1-138)	4/01/03	589	118
9	Computer (1-140)	4/01/03	589	118
10	Computer (1-155)	4/01/03	589	118
11	Epson 1520 printer (2-104)	11/18/99	500	0
12	Scanner - (2-116) Agfa Snapscan 12336U color	7/19/00	569	0
15	4 drawer (4-101)	6/01/85	130	0
16	2 drawer (4-103)	7/26/88	82	0
17	2 drawer (4-108)	11/09/94	106	0
18	2 & 4 drawer (4-105, 4-106)	1/29/93	262	0
19	4 drawer (4-117)	5/04/94	260	0
20	Conference phone (6-126)	2/01/03	590	118
21	Wooden desk (7-107) (donated)	9/01/98	1,760	0
22	Wooden desk (7-106) (donated)	9/01/98	880	0
23	2 room dividers (7-132)	12/14/99	417	0
24	Cube station (7-145) (donated)	2/01/03	1,009	145
25	Room dividers (7-141)	1/01/03	655	93
26	Multi media projector (8-118)	6/01/03	2,015	403
27	Computer (1-159)	2/01/04	749	149
30	Shelving (7-101)	6/01/85	160	0
35	Norton Anti-virus system (Jodi)	4/01/02	589	0
40	Nortel digital phone system (6-136) 9 phones	4/06/05	5,598	1,120
41	2 - Windows 2003 servers (1-164)	8/17/06	6,852	1,370
	Total Other Depreciation		<u>33,003</u>	<u>4,412</u>
	Total ACRS and Other Depreciation		<u>33,003</u>	<u>4,412</u>
	Grand Totals		<u>33,003</u>	<u>4,412</u>