

Return of Organization Exempt From Income Tax

2007

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service(77)

The organization may have to use a copy of this return to satisfy state reporting requirements.



A For the 2007 calendar year, or tax year beginning, 2007, and ending

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C CYSTINOSIS RESEARCH NETWORK, INC. 302 WHYTEGATE COURT LAKE FOREST, IL 60045

D Employer Identification Number 04-3323789 E Telephone number 866 276 3669 F Accounting method: Cash [ ] Accrual [X] 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 I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? Yes [ ] No [X] H (b) If 'Yes,' enter number of affiliates H (c) Are all affiliates included? Yes [ ] No [ ] H (d) Is this a separate return filed by an organization covered by a group ruling? Yes [ ] No [X]

G Web site: WWW.CYSTINOSIS.ORG

J Organization type (check only one) [X] 501(c) 3 (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. 545,089.

I Group Exemption Number M Check [ ] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

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

Table with 21 rows and 4 columns: Description, Sub-column (a, b, c), Total, and Amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21).

REVENUE

EXPENSES

ASSETS

**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 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 sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>				
22b	Other grants and allocations (att sch) SEE STM 2 (cash \$ 145,275. non-cash \$ _____) If this amount includes foreign grants, check here. <input type="checkbox"/>	145,275.	145,275.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	0.	0.	0.	0.
25b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
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)	0.	0.	0.	0.
26	Salaries and wages of employees not included on lines 25a, b, and c				
27	Pension plan contributions not included on lines 25a, b, and c				
28	Employee benefits not included on lines 25a - 27				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees	1,540.		1,540.	
33	Supplies				
34	Telephone	157.	100.	57.	
35	Postage and shipping	6,703.		6,703.	
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel	18,427.	18,427.		
40	Conferences, conventions, and meetings	5,993.	5,993.		
41	Interest	53,012.	53,012.		
42	Depreciation, depletion, etc (attach schedule)				
43	Other expenses not covered above (itemize):				
a	SEE STATEMENT 3				
b		21,346.	5,533.	15,813.	
c					
d					
e					
f					
g					
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	252,453.	228,340.	24,113.	0.

**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? ▶ **SEE STATEMENT 4**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)

**a** CYSTINOSIS RESEARCH

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(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here... ▶

145,275.

**b** CYSTINOSIS EDUCATION & AWARENESS

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(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here... ▶

82,893.

**c** CYSTINOSIS FAMILY SUPPORT

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(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here... ▶

172.

**d**

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(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here... ▶

**e** Other program services.....

(Grants and allocations \$ \_\_\_\_\_) If this amount includes foreign grants, check here... ▶

**f** Total of Program Service Expenses (should equal line 44, column (B), Program services)..... ▶

228,340.

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**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	66,848.	45	
	46 Savings and temporary cash investments	103,460.	46	393,007.
	47 a Accounts receivable	47 a		
	b Less: allowance for doubtful accounts	47 b		47 c
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50 a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50 b
	51 a Other notes and loans receivable (attach schedule)	51 a		
	b Less: allowance for doubtful accounts	51 b		51 c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges			53
	54 a Investments — publicly-traded securities			54 a
	b Investments — other securities (attach sch)			54 b
	55 a Investments — land, buildings, & equipment: basis	55 a		
	b Less: accumulated depreciation (attach schedule)	55 b		55 c
	56 Investments — other (attach schedule)			56
	57 a Land, buildings, and equipment: basis	57 a		
	b Less: accumulated depreciation (attach schedule)	57 b		57 c
58 Other assets, including program-related investments (describe ▶)				
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58			58	
60 Accounts payable and accrued expenses		170,308.	59	394,903.
61 Grants payable			60	6,943.
62 Deferred revenue			61	
63 Loans from officers, directors, trustees, and key employees (attach schedule)			62	
64 a Tax-exempt bond liabilities (attach schedule)			63	
b Mortgages and other notes payable (attach schedule)			64 a	
65 Other liabilities (describe ▶)			64 b	
66 <b>Total liabilities.</b> Add lines 60 through 65			65	
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		0.	66	6,943.
67 Unrestricted				
68 Temporarily restricted		170,308.	67	242,366.
69 Permanently restricted			68	145,594.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			69	
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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)				
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		170,308.	73	387,960.
		170,308.	74	394,903.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	470,105.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:			
	1 Net unrealized gains on investments	<b>b1</b>		
	2 Donated services and use of facilities	<b>b2</b>		
	3 Recoveries of prior year grants	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>			
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>b</b>	
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		<b>c</b>	470,105.
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>d</b>	
			<b>e</b>	470,105.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	252,453.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:			
	1 Donated services and use of facilities	<b>b1</b>		
	2 Prior year adjustments reported on Part I, line 20	<b>b2</b>		
	3 Losses reported on Part I, line 20	<b>b3</b>		
	4 Other (specify):	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>			
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>b</b>	
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		<b>c</b>	252,453.
	1 Investment expenses not included on Part I, line 6b	<b>d1</b>		
	2 Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>			
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>d</b>	
			<b>e</b>	252,453.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 5		0.	0.	0.

