

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 columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less: rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less: cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less: direct expenses other than fundraising expenses; 9c Net income or (loss) from special events; 10a Gross sales of inventory, less returns and allowances; 10b Less: cost of goods sold; 10c Gross profit or (loss) from sales of inventory; 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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	Total functional expenses. 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

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

145,275.

b CYSTINOSIS EDUCATION & AWARENESS

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

82,893.

c CYSTINOSIS FAMILY SUPPORT

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

172.

d

(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.

BAA

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 Total assets (must equal line 74). Add lines 45 through 58			58	
LIABILITIES	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 Total liabilities. Add lines 60 through 65			65	
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.	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 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)	170,308.	73		387,960.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	170,308.	74		394,903.

BAA

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

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

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

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

Part VI Other Information (continued)

		Yes	No
82 a	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.)		
82 b		N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	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?		
84 b		N/A	
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
85 a	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
85 b	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.	N/A	
85 c	Dues, assessments, and similar amounts from members	N/A	
85 d	Section 162(e) lobbying and political expenditures	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	N/A	
85 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	
85 h		N/A	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 a		N/A	
86 b	b Gross receipts, included on line 12, for public use of club facilities	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	N/A	
87 b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	N/A	
88 a	88 a 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
88 b	88 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
89 a	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.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	0.	
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.	
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 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?		
90 a	List the states with which a copy of this return is filed ▶ NONE		X
90 b	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	0	
91 a	The books are in care of ▶ BRITTNEY LEBEAU Telephone number ▶ 630 803-8022 Located at ▶ 3358 CHARLEMAINE AURORA IL ZIP + 4 ▶ 60504		
91 b	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ▶		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? Yes No
 If 'Yes,' enter the name of the foreign country: 91 c X

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

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 VARIOUS					1,926.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			1	2,371.	
96 Dividends & 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 pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					152,445.
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				2,371.	
105 Total (add line 104, columns (B), (D), and (E))					154,371.
Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.					156,742.

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).
N/A	

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).

				Yes	No
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.					X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

				Yes	No
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.					X
(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer		
a					
b					
c					
Totals					

		Yes	No
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?			X

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: **SUSAN S. LEWIS** Date _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **SUSAN S. LEWIS, LTD.**
1064 104TH STREET
NAPERVILLE, IL 60564

Check if self-employed: Preparer's SSN or PTIN (See General Instruction X): **N/A**

EIN: **N/A**

Phone no.: **630-548-9600**

BAA

Organization Exempt Under
Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

Name of the organization

Employer identification number

CYSTINOSIS RESEARCH NETWORK, INC.

04-3323789

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	0			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	0	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services	0	

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Part III Statements About Activities (See instructions.)

	Yes	No
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. ... ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e Transfer of any part of its income or assets?		X
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.)		X
b Did the organization have a section 403(b) annuity plan for its employees?		X
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.		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g.		X
b Did the organization make any taxable distributions under section 4966?	N/A	
c Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d Enter the total number of donor advised funds owned at the end of the tax year.		N/A
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year.		N/A
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.		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year.		0.

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b 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 Integrated Type III-Other

Provide the following information about the supported organizations. (See 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					0.

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

BAA

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) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	198,456.	253,281.	126,402.	208,620.	786,759.
16 Membership fees received				32,116.	32,116.
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					
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	3,621.	1,170.			0.
19 Net income from unrelated business activities not included in line 18					4,791.
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					0.
23 Total of lines 15 through 22	202,077.	254,451.	126,402.	240,736.	0.
24 Line 23 minus line 17	202,077.	254,451.	126,402.	240,736.	823,666.
25 Enter 1% of line 23	2,021.	2,545.	1,264.	2,407.	823,666.
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
	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 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts				26a 16,473.
	c Total support for section 509(a)(1) test: Enter line 24, column (e)				26b
	d Add: Amounts from column (e) for lines: 18 _____ 4,791. 19 _____				26c 823,666.
	22 _____ 26b _____				26d 4,791.
	e Public support (line 26c minus line 26d total)				26e 818,875.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 99.42 %
27 Organizations described on line 12:	N/A				
	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: (2006) _____ (2005) _____ (2004) _____ (2003) _____				
	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: (2006) _____ (2005) _____ (2004) _____ (2003) _____				
	c Add: Amounts from column (e) for lines: 15 _____ 16 _____				
	17 _____ 20 _____ 21 _____				27c
	d Add: Line 27a total _____ and line 27b total _____				27d
	e Public support (line 27c total minus line 27d total)				27e
	f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ... 27f				
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h %
28 Unusual Grants:	For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, 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 instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A
 Yes No

	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? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following:			
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? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34b		
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 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 –		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is –		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(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 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.

BAA

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Supplementary Information for
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

04-3323789

CYSTINOSIS RESEARCH NETWORK, INC.

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

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

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

Employer identification number

CYSTINOSIS RESEARCH NETWORK, INC.

04-3323789

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EASTSIDE HIGH SCHOOL 1300 BRUSHY CREEK ROAD TAYLORS, SC 29687	\$ 95,594.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	THE TOWSLEY FOUNDATION 1410 ASHMAN, P.O. BOX 349 MIDLAND, MI 48640	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	ESCHBACH FAMILY FUND 25101 GROESBECK HIGHWAY WARREN, MI 48089	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	SIGNA TAU PHARMACEUTICALS 800 S. FREDERICK AVENUE GAITHERSBURG, MD 20877	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	C H ROBINSON CO. 3130 WEST MAPLE LOOP, #G50 LEHI, UT 84043	\$ 47,284.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	TIMOTHY MILLER 3130 WEST MAPLE LOOP LEHI, UT 84043	\$ 6,297.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

BAA

Name of organization

Employer identification number

CYSTINOSIS RESEARCH NETWORK, INC.

04-3323789

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	SAFEWAY FOUNDATION ----- 5918 STONERIDGE MALL ----- PLEASANTON, CA 94588	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	----- ----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

CYSTINOSIS RESEARCH NETWORK, INC.

04-3323789

Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc, contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) \$ N/A

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held. Row 1 contains 'N/A' in column (b).

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

Table with 4 columns: (a) No. from Part I, (b) Purpose of gift, (c) Use of gift, (d) Description of how gift is held.

Table with 2 columns: (e) Transfer of gift, split into 'Transferee's name, address, and ZIP + 4' and 'Relationship of transferor to transferee'.

BAA

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**STATEMENT 1
FORM 990, PART I, LINE 9
NET INCOME (LOSS) FROM SPECIAL EVENTS**

<u>SPECIAL EVENTS</u>	<u>GROSS RECEIPTS</u>	<u>LESS CONTRI- BUTIONS</u>	<u>GROSS REVENUE</u>	<u>LESS DIRECT EXPENSES</u>	<u>NET INCOME (LOSS)</u>
	227,429.	0.	227,429.	74,984.	152,445.
TOTAL	<u>\$ 227,429.</u>	<u>\$ 0.</u>	<u>\$ 227,429.</u>	<u>\$ 74,984.</u>	<u>\$ 152,445.</u>

**STATEMENT 2
FORM 990, PART II, LINE 22B
OTHER GRANTS AND ALLOCATIONS**

CASH GRANTS AND ALLOCATIONS

DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	JESS THOENE, MD UNIVERSITY OF MICHIGAN ANN ARBOR, MI	\$ 6,552.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	DONALD CAIRNS, PHD ROBERT GORDON UNIVERSITY ABERDEEN, SCOTLAND,	70,778.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	CATHERINE TULEU, PHD UNIVERSITY OF LONDON LONDON, ENGLAND,	36,791.
DONEE'S NAME: DONEE'S ADDRESS: AMOUNT GIVEN:	VIVI KALATZOS, PHD INSTITUT GENETIQUE MOLECULAIRE MONTPELLIER, FRANCE,	26,154.
DONEE'S NAME: AMOUNT GIVEN:	SCHOOLCRAFT COLLEGE DETROIT, MI	1,000.
DONEE'S NAME: AMOUNT GIVEN:	UNIVERSITY OF TEXAS AT AUSTIN AUSTIN, TX	1,000.
DONEE'S NAME: AMOUNT GIVEN:	WILLIAM JEWEL COLLEGE LIBERTY, MO	1,000.
DONEE'S NAME: AMOUNT GIVEN:	UNIVERSITY OF MIAMI MIAMI, FL	2,000.
TOTAL GRANTS AND ALLOCATIONS		<u>\$ 145,275.</u>

8/14/08

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**STATEMENT 3
FORM 990, PART II, LINE 43
OTHER EXPENSES**

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
BAD DEBT	515.		515.	
BANK FEES	75.		75.	
BUSINESS REGISTRATION FEES	510.		510.	
INSURANCE	1,509.		1,509.	
MEETINGS	14,834.	3,598.	11,236.	
MISCELLANEOUS	349.		349.	
POSTAGE & DELIVERY	3,554.	1,935.	1,619.	
TOTAL	\$ 21,346.	\$ 5,533.	\$ 15,813.	\$ 0.

**STATEMENT 4
FORM 990, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CYSTINOSIS RESEARCH NETWORK, INC. SUPPORTS AND ADVOCATES RESEARCH INTO CYSTINOSIS, PROVIDES FAMILY SUPPORT, AND PROMOTES EDUCATION AND AWARENESS OF CYSTINOSIS.

**STATEMENT 5
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES**

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
ELVA S SMITH 417 CLAIREMONT AVENUE, #209 DECATUR, GA 30030	VP-RESEARCH 0	\$ 0.	\$ 0.	\$ 0.
CHRISTY GREELEY 302 WHYTEGATE COURT LAKE FOREST, IL 60045	PRESIDENT 0	0.	0.	0.
JILL MORRILL 974 PRINCETON BLVD, SE GRAND RAPIDS, MI 49506	VP-DEVELOPMENT 0	0.	0.	0.
BRITTNEY LEBEAU 3358 CHARLEMAINE AURORA, IL 60504	TREASURER 0	0.	0.	0.
KAREN GLEDHILL 39 ASPEN DRIVE ROCHESTER, NY 14625	SECRETARY 0	0.	0.	0.

8/14/08

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STATEMENT 5 (CONTINUED)
 FORM 990, PART V-A
 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED	COMPEN- SATION	CONTRI- BUTION TO EBP & DC	EXPENSE ACCOUNT/ OTHER
PAM WOODWARD 1368 W 2600 N PLEASANT GROVE, UT 84062	VP-FAM. SUPPORT 0	\$ 0.	\$ 0.	\$ 0.
PAULA SHAL 911 COUNTRYSIDE CROSSING WAUNAHEE, WI 53597	VP-EDUC & AWARE 0	0.	0.	0.
SANDY GLAIZE 4133 CONWAY PLACE CIRCLE ORLAND, FL 32812	DIRECTOR 0	0.	0.	0.
DAVE GREELEY 302 WHYTEGATGE COURT LAKE FOREST, IL 60045	DIRECTOR 0	0.	0.	0.
KATHLEEN HARRISON 4931 N. BLACKTAIL DRIVE MARANA, AZ 85653	DIRECTOR 0	0.	0.	0.
CAROL HUGHES P O BOX 551 VERONA BEACH, FL 32961	DIRECTOR 0	0.	0.	0.
DAN JULIAN 24010 BURR OAK LANE ATHENS, IL 62613	DIRECTOR 0	0.	0.	0.
MARY BETH KRUMMENACKER 54 SMITH STREET HICKSVILLE, NY 11801	DIRECTOR 0	0.	0.	0.
FRANKIE MCGINNIS 214 SPRINGS CROSSING CIRCLE GREER, SC 29650	DIRECTOR 0	0.	0.	0.
JOHN SHEPPARD 2129 LAMONT SAN ANTONIO, TX 78209	DIRECTOR 0	0.	0.	0.
MACK MAXWELL 5198 HOPPER ROAD BURLESON, TX 76028	DIRECTOR 0	0.	0.	0.
JOSE MORALES 27 CHIEFTANS ROAD GREENWICH, CT 06831	DIRECTOR 0	0.	0.	0.

8/14/08

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STATEMENT 5 (CONTINUED)
FORM 990, PART V-A
LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED</u>	<u>COMPEN- SATION</u>	<u>CONTRI- BUTION TO EBP & DC</u>	<u>EXPENSE ACCOUNT/ OTHER</u>
LYNN THOMAS 173 STEPPING STONE LANE ORCHARD PARK, NY 14127	DIRECTOR 0	\$ 0.	\$ 0.	\$ 0.
		TOTAL \$ 0.	\$ 0.	\$ 0.

For Office Use Only

PMT #	_____
AMT	_____
INIT	_____

Illinois Charitable Organization Annual Report
 Attorney General **Lisa Madigan** State of Illinois
 Charitable Trust Bureau, 100 West Randolph
 11th Floor, Chicago, Illinois 60601

Form AG990-IL
Revised 3/05 ID: 3011

CO# 01050724

Report for the Fiscal Period:
 Beginning 1/01/07
 & Ending 12/31/07
MO DAY YR

*Make Checks
 Payable to
 the Illinois
 Charity
 Bureau Fund*

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

Federal ID # 04-3323789

Are contributions to the organization tax deductible? Yes No

Date Organization was created: 8/06/1996
MO DAY YR

LEGAL NAME **CYSTINOSIS RESEARCH NETWORK, INC.**
 MAIL ADDRESS **302 WHYTEGATE COURT**
 CITY, STATE ZIP CODE **LAKE FOREST, IL 60045**

Year-end amounts	
A ASSETS	A \$ 394,903.
B LIABILITIES	B \$ 6,943.
C NET ASSETS	C \$ 387,960.

I SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:

- D PUBLIC SUPPORT, CONTRIBUTIONS AND PROGRAM SERVICE REVENUE (GROSS AMOUNTS)
- E GOVERNMENT GRANTS AND MEMBERSHIP DUES
- F OTHER REVENUES SEE STATEMENT 1
- G TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, AND F)

PERCENTAGE	AMOUNT
99.25 %	D \$ 315,289.
%	E \$
0.75 %	F \$ 2,371.
100 %	G \$ 317,660.

II SUMMARY OF ALL EXPENDITURES DURING THE YEAR:

- H OPERATING CHARITABLE PROGRAM EXPENSE
- I EDUCATION PROGRAM SERVICE EXPENSE
- J TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H AND I)
- J1 JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J) \$
- K GRANTS TO OTHER CHARITABLE ORGANIZATIONS
- L TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J AND K)
- M MANAGEMENT AND GENERAL EXPENSE
- N FUNDRAISING EXPENSE
- O TOTAL EXPENDITURES THIS PERIOD (ADD L, M, AND N)

69.74 %	H \$ 228,340.
%	I \$
69.74 %	J \$ 228,340.
%	K \$
69.74 %	L \$ 228,340.
7.36 %	M \$ 24,113.
22.90 %	N \$ 74,984.
100 %	O \$ 327,437.

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
 - Q TOTAL FUNDRAISERS FEES AND EXPENSES
 - R NET RECEIVED BY THE CHARITY (P MINUS Q=R)
- PROFESSIONAL FUNDRAISING CONSULTANTS:**
- S TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS

100 %	P \$ 0.
%	Q \$ 0.
%	R \$ 0.

IV COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEAR:

- T NAME, TITLE: _____
- U NAME, TITLE: _____
- V NAME, TITLE: _____

S \$ 0.
T \$
U \$
V \$

V CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED) CODE CATEGORIES

- W DESCRIPTION: RESEARCH
- X DESCRIPTION: EDUCATION & AWARENESS
- Y DESCRIPTION: FAMILY SUPPORT

See instructions for list CODE	
W#	053
X#	011
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?.....		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?.....		X
3 DID THE ORGANIZATION MAKE A GRANT AWARD OR CONTRIBUTION 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?.....		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?.....		X
5 IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?.....		X
6 DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC).....		X
7a DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?.....		X
7b 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 \$ _____		X
8 DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?.....		X
9 HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?.....		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?.....		X
11 LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS: <u>SEE STATEMENT 2</u>		X
12 NAME AND TELEPHONE NUMBER OF CONTACT PERSON: <u>BRITTNEY LEBEAU 630-803-8022</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.

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.

CHRISTY GREELEY

PRESIDENT or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

BRITTNEY LEBEAU

TREASURER or TRUSTEE (PRINT NAME)

SIGNATURE

DATE

SUSAN S. LEWIS

PREPARER (PRINT NAME)

SIGNATURE

DATE

SUSAN S. LEWIS, LTD.
1064 104TH STREET
NAPERVILLE, IL 60564

8/14/08

01:05PM

**STATEMENT 1
FORM AG990-IL, PAGE 1, LINE F
OTHER REVENUES**

INTEREST INCOME TOTAL \$ 2,371.
\$ 2,371.

**STATEMENT 2
FORM AG990-IL, PAGE 2, QUESTION 11
NAME AND ACCOUNT NUMBER OF INSTITUTIONS HOLDING THREE LARGEST ACCOUNTS**

BANK OF AMERICA, N.A. - # 000044842254
PO BOX 25118 - TAMPA, FL 33622
BANK OF AMERICA, N.A. - # 009419975756
PO BOX 25118 - TAMPA, FL 33622
BANK OF AMERICA, N.A. - CD #91000077304366
PO BOX 25118 - TAMPA, FL 33622