

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)

Department of the Treasury
Internal Revenue Service

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

A For the 2005 calendar year, or tax year beginning 07/01, 2005, and ending 06/30/2006

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

C Name of organization CHADD - CHILDREN AND ADULTS WITH ATTEN. DEFICIT/HYPERACTIVITY DISORDER
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
8181 PROFESSIONAL PLACE 150
City or town, state or country, and ZIP + 4
LANDOVER, MD 20785

D Employer identification number 59-2817697
E Telephone number (301) 306-7070
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.

G Website: WWW.CHADD.ORG

J Organization type (check only one) [X] 501(c) (3) (insert no.) 4947(a)(1) or 527

H(a) Is this a group return for affiliates? [] Yes [X] No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? (If "No," attach a list. See instructions.) [] Yes [] No

H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No

K Check here [] if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. Some states require 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 7,332,953.

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

Table with 12 columns (1-12) and 21 rows. Rows 1-12 are Revenue, 13-17 are Expenses, 18-21 are Net Assets. Includes sub-rows a, b, c, d for detailed breakdowns.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

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
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25 180,857.	139,309.	35,873.	5,675.
26	Other salaries and wages	26 1,907,430.	1,636,302.	84,331.	186,797.
27	Pension plan contributions	27 5,426.	5,426.		
28	Other employee benefits	28			
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33 92,226.	82,564.	6,487.	3,175.
34	Telephone	34 26,517.	11,526.	13,565.	1,426.
35	Postage and shipping	35 204,791.	192,961.	1,215.	10,615.
36	Occupancy	36 168,070.	141,690.	17,408.	8,972.
37	Equipment rental and maintenance	37 64,776.	59,686.	4,688.	402.
38	Printing and publications	38 576,558.	554,594.	1,245.	20,719.
39	Travel	39 88,428.	81,717.	2,059.	4,652.
40	Conferences, conventions, and meetings	40 318,004.	296,068.	16,402.	5,534.
41	Interest	41 6,328.		6,328.	
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	STMT 2	43a 780,955.	465,419.	262,193.	53,343.
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15).	44 4,420,366.	3,667,262.	451,794.	301,310.

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.

<p>What is the organization's primary exempt purpose? ▶SEE STATEMENT 3</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>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)</p>
<p>a PROVIDE SUPPORT FOR INDIVIDUALS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM.</p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,667,262.</p>
<p>b</p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>----- ----- ----- -----</p> <p>(Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (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>3,667,262.</p>

Part IV Balance Sheets (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	45 Cash - non-interest-bearing	727,311.	45	1,392,893.
	46 Savings and temporary cash investments	647,510.	46	382,484.
	47 a Accounts receivable	47 a 616,548.		
	b Less: allowance for doubtful accounts	47 b	660,164.	47 c 616,548.
	48 a Pledges receivable	48 a		
	b Less: allowance for doubtful accounts	48 b		48 c
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	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	25,962.	52	19,005.
	53 Prepaid expenses and deferred charges	23,921.	53	56,919.
	54 Investments - securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
	55 a Investments - land, buildings, and equipment: basis	55 a 462,888.		
	b Less: accumulated depreciation (attach schedule)	55 b 212,738.	55,412.	55 c 250,150.
	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 (describe <input type="checkbox"/> STMT 5)	16,303.	58	23,715.
59 Total assets (must equal line 74). Add lines 45 through 58.	2,156,583.	59	2,741,714.	
Liabilities	60 Accounts payable and accrued expenses	201,671.	60	199,964.
	61 Grants payable		61	
	62 Deferred revenue	468,271.	62	370,723.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64 a Tax-exempt bond liabilities (attach schedule)		64 a	
	b Mortgages and other notes payable (attach schedule)		64 b	
	65 Other liabilities (describe <input type="checkbox"/> STMT 6)	46,957.	65	173,106.
66 Total liabilities. Add lines 60 through 65	716,899.	66	743,793.	
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	953,921.	67	1,291,455.
	68 Temporarily restricted	485,763.	68	706,466.
	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; column (B) must equal line 21)	1,439,684.	73	1,997,921.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.	2,156,583.	74	2,741,714.

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	5,019,113.
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	-2,491.
2	Donated services and use of facilities	b2	40,510.
3	Recoveries of prior year grants	b3	
4	Other (specify): _____	b4	
	Add lines b1 through b4	b	38,019.
c	Subtract line b from line a	c	4,981,094.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	4,981,094.

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

a	Total expenses and losses per audited financial statements	a	4,460,876.
b	Amounts included on line a but not on Part I, line 17:		
1	Donated services and use of facilities	b1	40,510.
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	b	40,510.
c	Subtract line b from line a	c	4,420,366.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify): _____	d2	
	Add lines d1 and d2	d	
e	Total expenses (Part I, line 17). Add lines c and d	e	4,420,366.

Part V 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 & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 7		180,857.	5,426.	NONE

Part VI Other Information (continued)

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? 82a 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 40,510.
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84 a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g 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? 85h N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A
88 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 88 X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE ; section 4912 NONE ; section 4955 NONE
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 89b X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A
d Enter: Amount of tax on line 89c, above, reimbursed by the organization N/A
90 a List the states with which a copy of this return is filed MD,
b Number of employees employed in the pay period that includes March 12, 2005 (See instructions.) 90b 27
91 a The books are in care of THE ORGANIZATION Telephone no. 301-306-7070
Located at 8181 PROFESSIONAL PLACE, SUITE 150 LANDOVER, MD ZIP + 4 20785
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)? 91b X
If "Yes," enter the name of the foreign country
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.
c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c X
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 N/A

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Membership dues and assessments, Interest on savings and temporary cash investments, etc.

Note: Line 105 plus line 1d, 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.)

Table with 2 columns: 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.

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

Table with 5 columns: (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.

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? (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Signature and preparer information section including 'Please Sign Here', 'Paid Preparer's Use Only', and various signature lines and checkboxes.

**SCHEDULE A
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

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

Supplementary Information - (See separate instructions.)

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

OMB No. 1545-0047

2005

Name of the organization **CHADD - CHILDREN AND ADULTS WITH ATTEN.
DEFICIT/HYPERACTIVITY DISORDER**

Employer identification number
59-2817697

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
SEE STATEMENT 11				

Total number of other employees paid over \$50,000 . . ▶ **7**

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the 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
SEE STATEMENT 12		

Total number of others receiving over \$50,000 for professional services ▶ **NONE**

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 page 2 of the 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 ▶ **NONE**

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See page 2 of the 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>52,279.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	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?	2a	X
b	Lending of money or other extension of credit?	2b	X
c	Furnishing of goods, services, or facilities?	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e	Transfer of any part of its income or assets?	2e	X
3a	Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b	Do you have a section 403(b) annuity plan for your employees?	3b	X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 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.

Table with columns for Calendar year (or fiscal year beginning in), (a) 2004, (b) 2003, (c) 2002, (d) 2001, and (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied; 21 Value of services or facilities furnished; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

Part V Private School Questionnaire (See page 7 of the instructions.) NOT APPLICABLE
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		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.) ----- ----- -----		
34 a	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 page 9 of the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term "expenditures" means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	6,695.
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	45,584.
38	Total lobbying expenditures (add lines 36 and 37)	38	52,279.
39	Other exempt purpose expenditures	39	4,368,087.
40	Total exempt purpose expenditures (add lines 38 and 39)	40	4,420,366.
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	371,018.
	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	92,755.
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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount	371,018.	361,890.	345,383.	328,120.	1,406,411.
46 Lobbying ceiling amount (150% of line 45(e))					2,109,617.
47 Total lobbying expenditures	52,279.	48,807.	54,697.	63,578.	219,361.
48 Grassroots nontaxable amount	92,755.	90,473.	86,346.	82,030.	351,604.
49 Grassroots ceiling amount (150% of line 48(e))					527,406.
50 Grassroots lobbying expenditures	6,695.	5,857.	6,564.	7,629.	26,745.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

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.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets with a noncharitable exempt organization, (ii) Purchases of assets from a noncharitable exempt organization, (iii) Rental of facilities, equipment, or other assets, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. Row 1 contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? [] Yes [X] No

b If "Yes," complete the following schedule:

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. Row 1 contains 'N/A'.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES
=====

DESCRIPTION -----	AMOUNT -----
UNREALIZED LOSS	-2,491.
TOTAL	----- -2,491. =====

FORM 990, PART II - OTHER EXPENSES
 =====

DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
PROFESSIONAL FEES	541,038.	337,786.	181,393.	21,859.
INSURANCE	27,288.	18,413.	7,981.	894.
LICENSES AND FEES	43,258.	9,948.	33,310.	
ADVERTISING	18,690.	10,376.	419.	7,895.
DUES AND SUBSCRIPTIONS	12,932.	11,144.	148.	1,640.
AWARDS AND SCHOLARSHIPS	38,280.	17,225.		21,055.
MISCELLANEOUS	56,902.	56,038.	864.	
DEPRECIATION AND AMORTIZATION	42,567.	4,489.	38,078.	
	-----	-----	-----	-----
TOTALS	780,955.	465,419.	262,193.	53,343.
	=====	=====	=====	=====

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE
=====

CHADD PROVIDES SUPPORT FOR INDIVIDUALS WITH ATTENTION
DEFICIT/HYPERACTIVITY
DISORDERS THROUGH PARENT SUPPORT GROUPS, LOCAL CHAPTERS, CONFERENCES,
MAGAZINE PUBLICATIONS, NEWSLETTERS & PROGRAM MATERIAL, AND WORKING
WITH SCHOOL SYSTEMS AT THE STATE AND LOCAL LEVEL.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

=====

DESCRIPTION -----	ENDING BOOK VALUE -----
PREPAID INSURANCE	17,384.
PREPAID EXPENSE	39,535.

TOTALS	56,919.
	=====

FORM 990, PART IV - OTHER ASSETS

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
DEPOSITS	23,715.
TOTALS	----- 23,715.
	=====

FORM 990, PART IV - OTHER LIABILITIES

=====

DESCRIPTION	ENDING BOOK VALUE
-----	-----
CAPITAL LEASE OBLIGATIONS	173,106.
TOTALS	----- 173,106.
	=====

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
PHYLLIS ANNE TEETER ELLISON, ED.D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	PRESIDENT PART-TIME	NONE	NONE	NONE
JOSE J. BAUERMEISTER, PH.D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
MARY DURHEIM 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	PAST PRESIDENT PART-TIME	NONE	NONE	NONE
MILTON F. BELTRAN 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
SOLEIL GREGG, MA 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	SECRETARY PART-TIME	NONE	NONE	NONE
TERRY ILLES, PH.D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
PAUL STEWART, R.N.	TREASURER PART-TIME	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCT AND OTHER ALLOWANCES -----
8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785				
HARVEY PARKER, PH.D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
ADELE SEBEN 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
JOAN K. TEACH 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
ROBERT TUDISO J.D. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
SHARON WEISS, M. ED. 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	DIRECTOR PART-TIME	NONE	NONE	NONE
ANN ABRAMOWITZ PH.D. 8181 PROFESSIONAL PLACE 150	DIRECTOR PART-TIME	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

=====

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
-----	-----	-----	-----	-----
LANDOVER, MD 20785				
E. CLARKE ROSS, D.P.A., CEO 8181 PROFESSIONAL PLACE 150 LANDOVER, MD 20785	CEO FULL-TIME	180,857.	5,426.	NONE
	GRAND TOTALS	180,857.	5,426.	NONE
		----- =====	----- =====	----- =====

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

=====

LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
---	-----
93AB	PROVIDE SUPPORT FOR INDIVIDUALS WITH ATTENTION DEFICIT/ HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM.
94	MEMBERS RECEIVE PUBLICATIONS AND NEWSLETTERS, AND ARE ELIGIBLE TO BECOME AFFILIATED WITH LOCAL CHAPTERS.
103B	OTHER REVENUE ASSOCIATED WITH PROVIDING SUPPORT TO INDIVIDUALS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDERS AND THOSE WHO CARE FOR THEM.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

=====

NAME AND ADDRESS -----	TITLE AND TIME DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----
MARSHA BOKMAN 728 LARUE RD. MILLERSVILLE, MD 21108	FULL-TIME	100,457.	2,040.
RUSSELL SHIPLEY 1536 ELLSWORTH AVE. CROFTON, MD 20785	FULL-TIME	96,896.	2,907.
KAREN WHITE 2705 PARKWAY PLACE CHEVERLY, MD 20785	FULL-TIME	81,549.	663.
RUTH HUGHES 8849 YOUNGSEA PLACE CLOUMBIA, MD 21045	FULL-TIME	113,827.	
GINNY P. THIERSCH 5808 APSLEY HOUSE COURT ALEXANDRIA, VA 22310	FULL-TIME	89,692.	2,031.
	TOTAL COMPENSATION	----- 482,421. =====	----- 7,641. =====

SCH. A, PART II-A COMPENSATION OF THE 5 HIGHEST PAID FOR PROF. SERV.

=====

NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
-----	-----	-----
BEERS AND CUTLER OUTSOURCING 8230 LEESBURG PIKE STE. 700 VIENNA, VA 22182		91,382.
SICKLESMITH & DESIGN 2409 BRENTWOOD PLACE ALEXANDRIA, VA 22306		54,153.
SONNESCHEIN, NATH & ROSENTHAL 1301 K STREET, NW SUITE 600 EAST TOWER WASHINGTON, DC 20005		97,290.
SPECTRUM SCIENCE PUBLICATIONS 1010 19TH STREET, NW SUITE 800 WASHINGTON, DC 20036		95,773.
FREFALL DESIGN 3324 SUMMIT AVENUE BALTIMORE, MD 21234		74,103.
TOTAL COMPENSATION		----- 412,701. =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D
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SEE EXECUTIVE DIRECTOR COMPENSATION - STATEMENT 9