

Return of Organization Exempt From Income Tax

2006

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Form 990 header section including: A For the 2006 calendar year, or tax year beginning, 2006, and ending; B Check if applicable; C Name of organization ADULT CONGENITAL HEART ASSOCIATION; D Employer Identification Number 04-3447959; E Telephone number (215) 849-1260; F Accounting method Accrual; G Web site: www.achaheart.org; J Organization type 501(c) 3; K Check here if the organization is not a 509(a)(3) supporting organization; L Gross receipts 231,485.

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

Table with 21 rows detailing revenue and expenses. Line 12 Total revenue: 231,485. Line 17 Total expenses: 250,999. Line 18 Excess or (deficit): -19,514. Line 19 Net assets at beginning: 52,819. Line 21 Net assets at end: 33,305.

SCANNED AUG 22 2007

RECEIVED AUG 15 2007 OGDEN, UT

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**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

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
<b>22a</b> Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22a</b>			
<b>22b</b> Other grants and allocations (att sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>22b</b>			
<b>23</b> Specific assistance to individuals (attach schedule)	<b>23</b>			
<b>24</b> Benefits paid to or for members (attach schedule)	<b>24</b>			
<b>25a</b> Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) See L-25a Stmt	<b>25a</b> 30,939.	24,751.	1,547.	4,641.
<b>b</b> Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	<b>25b</b>			
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	<b>25c</b>			
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	<b>26</b> 31,452.	25,161.	4,718.	1,573.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	<b>27</b>			
<b>28</b> Employee benefits not included on lines 25a - 27	<b>28</b> 11,860.	9,571.	1,149.	1,140.
<b>29</b> Payroll taxes	<b>29</b> 5,398.	4,236.	583.	579.
<b>30</b> Professional fundraising fees	<b>30</b>			
<b>31</b> Accounting fees	<b>31</b> 1,500.	0.	1,500.	0.
<b>32</b> Legal fees	<b>32</b>			
<b>33</b> Supplies	<b>33</b> 7,591.	6,379.	837.	375.
<b>34</b> Telephone	<b>34</b> 6,443.	6,134.	206.	103.
<b>35</b> Postage and shipping	<b>35</b> 5,942.	5,051.	594.	297.
<b>36</b> Occupancy	<b>36</b> 7,200.	6,120.	720.	360.
<b>37</b> Equipment rental and maintenance	<b>37</b> 8,942.	7,601.	895.	446.
<b>38</b> Printing and publications	<b>38</b> 3,573.	3,037.	357.	179.
<b>39</b> Travel	<b>39</b> 12,273.	12,273.	0.	0.
<b>40</b> Conferences, conventions, and meetings	<b>40</b> 67,124.	67,124.	0.	0.
<b>41</b> Interest	<b>41</b>			
<b>42</b> Depreciation, depletion, etc (attach schedule)	<b>42</b>			
<b>43</b> Other expenses not covered above (itemize)				
<b>a</b> Consultants	<b>43a</b> 7,515.	6,601.	816.	98.
<b>b</b> Insurance	<b>43b</b> 1,538.	1,307.	154.	77.
<b>c</b> Passport project	<b>43c</b> 1,252.	1,252.	0.	0.
<b>d</b> Web upgrade project	<b>43d</b> 17,234.	17,234.	0.	0.
<b>e</b> Newsletter expenses	<b>43e</b> 10,303.	10,303.	0.	0.
<b>f</b> Other program costs	<b>43f</b> 8,946.	8,946.	0.	0.
<b>g</b> See Other Expenses Stmt	<b>43g</b> 3,974.	45.	0.	3,929.
<b>44</b> Total functional expenses Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	<b>44</b> 250,999.	223,126.	14,076.	13,797.

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**

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? <b>Advocacy of Adult Congenital Heart Issues</b> 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)
<b>a Educational Resources - See Attached</b> ----- ----- ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>56,365.</b>
<b>b Patient-Family Conferences - See Attached</b> ----- ----- ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>103,316.</b>
<b>c Outreach &amp; Advocacy - See Attached</b> ----- ----- ----- ----- ----- (Grants and allocations \$ 0. ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>63,445.</b>
<b>d</b> ----- ----- ----- ----- ----- (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>223,126.</b>

**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		45		
	46 Savings and temporary cash investments	50,159.	46	32,620.	
	47a Accounts receivable				
	b Less allowance for doubtful accounts		47c		
		2,469.			
	48a Pledges receivable				
	b Less allowance for doubtful accounts		48c		
	48a				
	48b				
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less allowance for doubtful accounts		51c		
	51a				
	51b				
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges		1,285.	53	1,766.
	54a Investments – publicly-traded securities	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
b Investments – other securities (attach sch)	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55a Investments – land, buildings, & equipment, basis					
b Less accumulated depreciation (attach schedule)			55c		
55a					
55b					
56 Investments – other (attach schedule)			56		
57a Land, buildings, and equipment basis					
b Less accumulated depreciation (attach schedule)			57c		
57a					
57b					
58 Other assets, including program-related investments (describe ▶ _____)			58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		53,913.	59	34,386.	
LIABILITIES	60 Accounts payable and accrued expenses	1,094.	60	1,081.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe ▶ _____)		65		
	66 <b>Total liabilities.</b> Add lines 60 through 65		1,094.	66	1,081.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	32,279.	67	31,865.	
	68 Temporarily restricted	20,540.	68	1,440.	
	69 Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <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 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		52,819.	73	33,305.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		53,913.	74	34,386.

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

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

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

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

**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
Amy Verstappen Philadelphia, PA	Exec. Director 40	30,939.	0.	0.
List Attached	Board Members 3	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	6,452.		
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
84 b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85 a	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
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			
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	
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	
86 a	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	N/A	
86 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	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	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	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, section 4912, section 4955		
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?		X
90 a	List the states with which a copy of this return is filed	Pennsylvania	
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions)		2
91 a	The books are in care of	Management Telephone number (215) 849-1260	
	Located at	6757 Greene St., Suite 335, Phila, PA ZIP + 4 19119	
91 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
		N/A	
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
91 c		X

If 'Yes,' enter the name of the foreign country **N/A**

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 <b>Conferences</b>					2,651.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					20,493.
95 Interest on savings & temporary cash invmnts			14	3,849.	
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					
103 Other revenue					
a					
b <b>Merchandise</b>			12	4,602.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				8,451.	23,144.
105 Total (add line 104, columns (B), (D), and (E))					31,595.

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.)**

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a, 94	To provide education, outreach, advocacy and promotion of adult congenital heart issues

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

N/A

(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?

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).

N/A  
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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If 'Yes,' complete the schedule below for each controlled entity

Yes No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
<b>Totals</b>				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes No

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.

**Please Sign Here**

Signature of officer: *[Signature]* Date: August 7, 2007

Type or print name and title: Amy Verstappen President / CEO

**Paid Preparer's Use Only**

Preparer's signature: *[Signature]* Date: 04/25/07

Check if self employed:

Firm's name (or yours if self employed), address, and ZIP + 4: SNYDER, DAITZ & COMPANY  
1617 JOHN F. KENNEDY BLVD., SUITE 1035  
PHILADELPHIA PA 19103

Preparer's SSN or PTIN (See General Instruction W):

EIN:

Phone no: (215) 563-6141

BAA

Form 990 (2006)

**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

**2006**

Name of the organization

**ADULT CONGENITAL HEART ASSOCIATION**

Employer identification number

**04 - 3447959**

**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 ▶	NONE			

**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 ▶	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 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	

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

Schedule A (Form 990 or 990-EZ) 2006

**Part III** Statements About Activities (See instructions.)

	Yes	No
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities <b>▶ \$ 3,181.</b> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities <b>SEE ATTACHED</b></p>	<b>X</b>	
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?		<b>X</b>
b Lending of money or other extension of credit?		<b>X</b>
c Furnishing of goods, services, or facilities?		<b>X</b>
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		<b>X</b>
e Transfer of any part of its income or assets?		<b>X</b>
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)		<b>X</b>
b Did the organization have a section 403(b) annuity plan for its employees?		<b>X</b>
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		<b>X</b>
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		<b>X</b>
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g If 'No,' complete lines 4f and 4g		<b>X</b>
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		▶ _____ <b>0</b>
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		▶ _____ <b>0.</b>

**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	
<b>Total</b>					▶

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	105,023.	17,223.	24,398.	4,478.	151,122.
16 Membership fees received	14,155.	8,703.	4,675.	3,620.	31,153.
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	6,953.	41,632.	1,500.	6,068.	56,153.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	943.				943.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,601.	851.			2,452.
23 Total of lines 15 through 22	128,675.	68,409.	30,573.	14,166.	241,823.
24 Line 23 minus line 17	121,722.	26,777.	29,073.	8,098.	185,670.
25 Enter 1% of line 23	1,287.	684.	306.	142.	

26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24	▶ 26a	3,713.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		▶ 26b	39,009.
c Total support for section 509(a)(1) test. Enter line 24, column (e)		▶ 26c	185,670.
d Add Amounts from column (e) for lines	18 <u>943.</u> 19 <u>          </u>	▶ 26d	42,404.
	22 <u>2,452.</u> 26b <u>39,009.</u>	▶ 26e	143,266.
e Public support (line 26c minus line 26d total)		▶ 26f	77.16 %
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

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.	(2005) _____ (2004) _____ (2003) _____ (2002) _____		
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.	(2005) _____ (2004) _____ (2003) _____ (2002) _____		
c Add Amounts from column (e) for lines	15 _____ 16 _____	▶ 27c	
	17 _____ 20 _____ 21 _____	▶ 27d	
d Add Line 27a total _____ and line 27b total _____		▶ 27e	
e Public support (line 27c total minus line 27d total)		▶ 27f	
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)	▶ 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 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See instructions.)  
 (To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

N/A  
 Yes No

<p><b>29</b> 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?</p>	<p><b>29</b></p>		
<p><b>30</b> 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?</p>	<p><b>30</b></p>		
<p><b>31</b> 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 )</p> <p>-----</p> <p>-----</p> <p>-----</p>	<p><b>31</b></p>		
<p><b>32</b> Does the organization maintain the following</p>			
<p><b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff?</p>	<p><b>32 a</b></p>		
<p><b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?</p>	<p><b>32 b</b></p>		
<p><b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?</p>	<p><b>32 c</b></p>		
<p><b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?</p>	<p><b>32 d</b></p>		
<p>If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement )</p> <p>-----</p> <p>-----</p>			
<p><b>33</b> Does the organization discriminate by race in any way with respect to</p>			
<p><b>a</b> Students' rights or privileges?</p>	<p><b>33 a</b></p>		
<p><b>b</b> Admissions policies?</p>	<p><b>33 b</b></p>		
<p><b>c</b> Employment of faculty or administrative staff?</p>	<p><b>33 c</b></p>		
<p><b>d</b> Scholarships or other financial assistance?</p>	<p><b>33 d</b></p>		
<p><b>e</b> Educational policies?</p>	<p><b>33 e</b></p>		
<p><b>f</b> Use of facilities?</p>	<p><b>33 f</b></p>		
<p><b>g</b> Athletic programs?</p>	<p><b>33 g</b></p>		
<p><b>h</b> Other extracurricular activities?</p>	<p><b>33 h</b></p>		
<p>If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement.)</p> <p>-----</p> <p>-----</p>			
<p><b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency?</p>	<p><b>34 a</b></p>		
<p><b>b</b> Has the organization's right to such aid ever been revoked or suspended?</p>	<p><b>34 b</b></p>		
<p>If you answered 'Yes' to either 34a or b, please explain using an attached statement</p>			
<p><b>35</b> 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</p>	<p><b>35</b></p>		

**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 –		
	<b>If the amount on line 40 is –</b>		
	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		
	<b>The lobbying nontaxable amount is –</b>		
	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		
41		41	
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) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable 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)

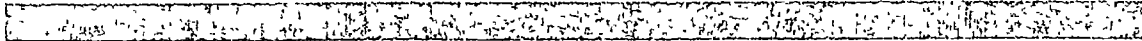
During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- 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.)

Yes	No	Amount
X		
	X	
	X	
	X	
	X	
	X	
X		3,181.
	X	
		3,181.

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities **SEE ATTACHED**





**SCHEDULE A, PAGE 2, PART III, LINE 1  
SCHEDULE A, PAGE 5, PART VI-B**

**DESCRIPTION OF LOBBYING ACTIVITIES**

The Adult Congenital Heart Association participated in a National ACHD Lobby Day in Washington, DC in 2006, where its delegation was able to sit down in a face to face meeting with congressmen and discuss the issues of concern.

The amount of expenses listed represents the cost for its delgation to travel to Washington, DC.

## ACHA Program 2006

### Patient Education Initiatives

**New ACHA website** – ACHA web visits grew from 10,000 to 28,000 a month thanks to our new site offering improved navigability, interaction, on-line discussion board, and the following new resources:

- **On-line ACHD Resource Library** -offering extensive new links and resources for CHD survivors
- **National ACHD Clinic Directory** – A major challenge for congenital heart survivors is locating the specialized care they need. In collaboration with the International Society of Adult Congenital Cardiac Disease, ACHA surveyed the location, staff, services, and training available at all national ACHD programs, and made this information available on-line. For the first time, ACHD patients have the information available to make informed decisions about their care.
- **Electronic Personal Health Passport** – Responding to user requests, ACHA created an on-line storable version of our personal health passport to allow CHD survivors immediate access to potentially life-saving medical information. passports and over 15,000 for distributed.

**Print Personal Health Passport**- functioning as both a health education work book and an emergency health record, over 15,000 copies of ACHA's personal health passport booklet were distributed by over 60 national pediatric and ACHD clinics.

**Heart Matters Newsletter** – Over 20,000 copies of ACHA's educational newsletter were distributed to members and at over 200 national pediatric and adult congenital heart centers.

## ACHA Program 2006

### ACHA Conferences

**Fourth National ACHA Conference** – Bringing together patients and family members, health care professionals, and ACHD researchers, ACHA's conference expanded to include the following three intersecting events

- **Patient/Family Conference** – patient/family sessions expanded to three days, with a larger-than-ever offered range of topics and faculty, including numerous congenital heart survivors themselves. Over 200 patients and family members attended, double the attendance of our last national conference.
- **ACHD Continuing Medical Education** – In addition to patient/family sessions, ACHA faculty offered a day-long seminar on effective care strategies in ACHD care to just under 50 interested health care professionals. At the core of this training was the opportunity to hear directly from patients about their experiences and unmet needs.
- **ACHD Research Symposium** – Supported by the National Institutes of Health, ACHA brought together ten young investigators and 27 international ACHD investigators to share cutting-edge information with attending patients, families, and health professionals, and to strategize about the future of national ACHD research.

## ACHA Program 2006

### **Outreach and Advocacy Initiatives**

**Clinic Outreach** – over 500 national medical centers received patient outreach brochures targeted to helping find “lost” adult congenital heart patients and help them get back into needed care.

**Community Outreach** – ACHA’s staff, board, and volunteers were invited speakers at a wide variety of venues, including parent support groups, health advocacy meetings, governmental health workgroups, and educational venues for cardiac professionals.

**Research Advocacy** - ACHA again brought together over 75 patients, family members, and cardiac care professionals to Capitol Hill to ask for NIH support of research initiatives in adult congenital heart disease.

**Media Impact** – Thanks to the efforts of ACHA staff and volunteers, ACHA and the unmet needs of congenital heart patients were featured in a wide variety of national media, including on CNN, Fox news, The Washington Post the San Francisco Inquirer, and in an Associated Press story featured in over 350 national news outlets.

**Membership Growth** – Reflecting the steady growth of ACHA visibility and impact, ACHA membership grew over 150% in 2006, rising from 700 to just under 2,000, and continues to grow by ~10% a month.

Name as Shown on Return

**ADULT CONGENITAL HEART ASSOCIATION**

Employer Identification No

**04-3447959**

**Compensation**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>Amy Verstappen</b>	<b>30,939.</b>	<b>24,751.</b>	<b>1,547.</b>	<b>4,641.</b>
Total Compensation Received	<b>30,939.</b>	<b>24,751.</b>	<b>1,547.</b>	<b>4,641.</b>

**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans				

**Expense Account and Other Allowances**

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ▶	<b>30,939.</b>	<b>24,751.</b>	<b>1,547.</b>	<b>4,641.</b>

Form 990, Page 2, Part II, Line 43

**Other Expenses Stmt**

Other expenses not covered above (itemize)	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<u>Board &amp; staff development</u>	45.	45.	0.	0.
<u>Fundraising expenses</u>	3,929.	0.	0.	3,929.
Total	<u>3,974.</u>	<u>45.</u>	<u>0.</u>	<u>3,929.</u>

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
  - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b> File by the due date for filing your return. See instructions.	Name of Exempt Organization		Employer identification number	
	<b>ADULT CONGENITAL HEART ASSOCIATION</b>		<b>04-3447959</b>	
	Number, street, and room or suite number. If a P O box, see instructions.			
	<b>6757 GREENE ST, SUITE 335</b>		state	ZIP code
City, town or post office. For a foreign address, see instructions.		<b>PA</b>	<b>19119</b>	
<b>PHILADELPHIA</b>				

**Check type of return to be filed** (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                    | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)         | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                                 | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ Management -----

Telephone No. ▶ (215) 849-1260 FAX No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6 months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until Aug 15, 20 07, to file the exempt organization return for the organization named above.  
The extension is for the organization's return for:

- ▶  calendar year 20 06 or
- ▶  tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.

**2** If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	<b>3b</b>	\$	0.
<b>c Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.