Form 990

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)

2007

Department of the Treasury Internal Revenue Service(7) ► The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public

		and delited,				· = · · · · · · ·
A	For th	e 2007 calendar year, or tax year beginning	, 2007, and e	ndin g	<u> </u>	
В	Check i	f applicable:			D Employer Identit	
	Ade	dress change Please use The Barth Syndrome Foundat	22-3755	704		
	Na	or print c/o Stephen B. McCurdy			E Telephone numi	per
	init	See P.O 618 specific Larchmont, NY 10538			(914) 83	34-1771
	Tei	mination Instructions.			F Accounting method:	Cash X Accrual
	Arr	nended return			Other (spec	fy) ►
	Πap	• Section 501(c)(3) organizations and 4947(a)(1)	nonexempt	H and I are not appli	cable to section 527 or	
		charitable trusts must attach a completed Sch	edule A		up return for affiliates?	
		(Form 990 or 990-EZ).		H (b) If 'Yes,' ente	r number of affiliates.	
G	Web:	site: ► www.barthsyndrome.org		` '	ates included?	
J	Orgai	nization type			ch a fist. See instruction	
			(a)(1) or 527		arate return filed by ar	
K	Check	here if the organization is not a 509(a)(3) supporting organ	nization and its		covered by a group ru	1,00
	gross	receipts are normally not more than \$25,000. A return is not rec nization chooses to file a return, be sure to file a complete return	quired, but if the		emption Number	
					- ∐ if the organizati hedule B (Form 990,	
		receipts: Add lines 6b, 8b, 9b, and 10b to line 12 > 790, 962				
Pa	_	Revenue, Expenses, and Changes in Net Assets	or Fund Balai	nces (See the	e instructions.)
		Contributions, gifts, grants, and similar amounts received:	1			
	а	Contributions to donor advised funds			I , ₹ ₹ .	
	b	Direct public support (not included on line 1a)	1	674	,457.	
		Indirect public support (not included on line 1a)				
	d	Government contributions (grants) (not included on line 1a)		<u>i </u>	* : A	
	e	Total (add lines a through 1d) (cash \$ 674,457. noncash \$)		1e	674,457 <u>.</u>
	2	Program service revenue including government fees and contract	cts (from Part VII	line 93)	2	
	3	Membership dues and assessments				
	4	Interest on savings and temporary cash investments			4	116,505.
	5	Dividends and interest from securities				
	6a	Gross rents	6	3		
	Ь	Less: rental expenses	<u>6</u> 1	o	• ₹ 2 ±	
	c	Net rental income or (loss). Subtract line 6b from line 6a			6с	
R	7	Other investment income (describe) 7	
R E V	0.	Gross amount from sales of assets other (A) So	ecurities	(B) Oth	er 🧖	
E N U	oa	than inventory	8:	a		
ÿ	ь	Less: cost or other basis and sales expenses	8	ь		
-		Gain or (loss) (attach schedule)	8	c		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)			1	
	9	Special events and activities (attach schedule). If any amount is	from gaming, ch	ieck here ►[
	а	Gross revenue (not including \$ of co	ontributions		- **	
		reported on line 1b)				
	1	Less: direct expenses other than fundraising expenses		_		
		Net income or (loss) from special events. Subtract line 9b from	1	ľ	9c	
		Gross sales of inventory, less returns and allowances				
		Less: cost of goods sold				
	С	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b	from line 10a		10c	
	11	Other revenue (from Part VII, line 103)			<u>[11 </u>	
	12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1	<u>1 </u>	<u> </u>	12	790,962.
F	13	Program services (from line 44, column (B))			13	596,095.
EXPENSES	14	Management and general (from line 44, column (C))			14	81,864.
E	15	Fundraising (from line 44, column (D))			15	12,372.
Š	16	Payments to affiliates (attach schedule)	· · · · · · · · · · · · · · · · · · ·		16	
5	17	Total expenses. Add lines 16 and 44, column (A)				690,331.
	18	Excess or (deficit) for the year. Subtract line 17 from line 12				100,631.
N	<u>*</u>	Net assets or fund balances at beginning of year (from line 73,				2,329,154.
N E T	20	Other changes in net assets or fund balances (attach explanation				
	21	Net assets or fund balances at end of year. Combine lines 18, 1				2,429,785.

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 instruct.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	5,27 %	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised					
funds (attach sch) (cash \$					
(cash \$ non-cash \$)	,				
If this amount includes					
foreign grants, check here. >	22a				
(cash \$ 309, 200.	1 -				
non-cash \$)					
If this amount includes foreign grants, check here.	22b	309,200.	309,200.		
	220	309,200.			er erakiya
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members					
(attach schedule)	24				(位、計画 全 FG
25 a Compensation of current officers,					
directors, key employees, etc. listed in Part V-A	25 a	216,749.	191,188.	25,561.	0.
b Compensation of former officers,					
directors, key employees, etc. listed in Part V-B	25 b	0.	0.	0.	0.
 Compensation and other distributions, not included above, to disqualified persons (as 		-			
defined under section 4958(f)(1)) and persons			ı		
described in section 4958(cX3XB)	25 c	0.	0.	0.	0.
				-	
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not	27				
included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a · 27	28				
29 Payroll taxes	29	15,723.	13,869.	1,854.	
30 Professional fundraising fees					ļ
31 Accounting fees					
32 Legal fees				<u> </u>	
34 Telephone		5,508.	2,453.	3,055.	
35 Postage and shipping		0/230.			
36 Occupancy	36				
37 Equipment rental and maintenance	37	10 100	0.071	0.602	1 506
38 Printing and publications	38	12,480. 30,572.	8,271. 26,036.	2,683. 4,536.	
39 Travel40 Conferences, conventions, and meetings		30,312.	40,036.	4,536.	
41 Interest					
42 Depreciation, depletion, etc (attach schedule)	42				
43 Other expenses not covered above (itemize):	4.5	100 000	45.070	44 175	10.046
a See Statement 2	43a 43b	100,099.	45,078.	44,175.	10,846.
b	43c				
d	43 d				
e	43e				
f	43 f				
g	43 g				
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)				}	
	44	690,331.	596,095.	81,864.	12,372.
Joint Costs. Check . ► if you are following Are any joint costs from a combined education			colicitation reported in t	(D) Program consisce?	► Voc V No
If 'Yes,' enter (i) the aggregate amount of the				(B) Program services? amount allocated to Pro	
	-	to Management and g			he amount allocated

Form 990 (20	007) The	Barth :	Svndrome	Foundation,	Inc
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Page 3

Part III. 🕍 Statement of Progra	am Service Accomplishments	(See the instructions.)	
Form 990 is available for public inspe	ection and, for some people, serves as	the primary or sole source o	f information about a particular

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 prim	ary exempt purpose? Se	e Statement 3	Program Service Expenses
All organizations must describe clients served, publications issue zations and 4947(a)(1) nonexe	e their exempt purpose achiev d, etc. Discuss achievements the empt charitable trusts must als	rements in a clear and concise manner. State the number of at are not measurable. (Section 501(c)(3) and (4) organ- so enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a See Statement 4			
(Grants and allocations	\$ 309,200.) If this amount includes foreign grants, check here	596 <u>,</u> 095.
b			
(Grants and allocations	\$) If this amount includes foreign grants, check here	
c			
(Grants and allocations) If this amount includes foreign grants, check here	
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	
	<u> </u>	44, column (B), Program services).	596,095.
		The state of the s	

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Form 990 (2007)

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lote	: W	here required, attached schedules and amounts within the description olumn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
\neg	45	Cash — non-interest-bearing		45	
İ		Savings and temporary cash investments	2,111,135.	46	<u>2,317,</u> 189.
				,	
-	47 a	Accounts receivable			
		Less: allowance for doubtful accounts	548.	47 c	<u> </u>
	_			, un	
	48 a	Pledges receivable 973.		1 2	
-		Less: allowance for doubtful accounts	336,305.	48 c	<u>973.</u>
		Grants receivable		49	
	-	i i			
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50 a	
		· ·			
A	Ь	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50 Ь	
		·			
Ş	51 a	Other notes and loans receivable (attach schedule)			
ASSETS	L	Less: allowance for doubtful accounts		51 c	
5		Inventories for sale or use		52	
		Prepaid expenses and deferred charges	1,299.	53	7,297.
		Investments — publicly-traded securities ► Cost FMV	11,044.	+	286,833.
		Investments – publicly-traded securities. Investments – other securities (attach sch)		54 b	
				7-7-3	
	55 a	Investments – land, buildings, & equipment: basis 55a	1		
	b	Less: accumulated depreciation		55 c	
		(attach schedule)		56	
		Investments – other (attach schedule)		NA.	_
	57 a	Land, buildings, and equipment: basis 57a 3, 225.			
	b	Less: accumulated depreciation (attach schedule) Statement.5 57b 3,225.		57 c	
		(attach schedule)	<u> </u>	13,0	
	58	Other assets, including program-related investments		58	
		(describe >).	2,460,331		2,613,769.
	59	Total assets (must equal line 74). Add lines 45 through 58.			15,684.
	60	Accounts payable and accrued expenses			168,300.
	61	Grants payable.		62	100,300.
L	62	Deferred revenue.		- A-882	
A B	63	Loans from officers, directors, trustees, and key		63	
L	!	employees (attach schedule)		64 a	
T		Tax-exempt bond liabilities (attach schedule).			
E S		Mortgages and other notes payable (attach schedule)		64 b	
S	65		131,177		183,984.
_	66	Total liabilities. Add lines 60 through 65.	131,177		105, 504.
N	Org	anizations that follow SFAS 117, check here ► X and complete lines 67			
N E		through 69 and lines 73 and 74.	1 020 020		1 002 650
Ą	67	Unrestricted	1,939,939		1,993,659.
AUSELS	68	Temporarily restricted			436,126.
Š	69	Permanently restricted		69	
Q R	Org	anizations that do not follow SFAS 117, check here > and complete lines		12	
F	1	70 through 74.		20 S	
Ŭ N D	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
BALAXOUS	72	Retained earnings, endowment, accumulated income, or other funds		72	
Ą	73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through	0 000 154		2 420 705
Ę	1	72. (Column (A) must equal line 19 and column (B) must equal line 21)			2,429,785.
_	74	Total liabilities and net assets/fund balances. Add lines 66 and 73	2,460,331	. 74	2,613,769.
R	ΔΔ				Form 990 (2007)

For	m 990 (2007) The Barth Syndro	ome Foundation, Inc.				3755	
Pa	art IV-A Reconciliation of Reven	ue per Audited Financial	Statements v	vith I			
	instructions.)						
	7 1 1		-1-			a	790,962.
a	Total revenue, gains, and other suppor Amounts included on line a but not on		nts	• • • • •		4	190, 902.
b	1 Net unrealized gains on investments	•	1 -	1		3	
	2Donated services and use of facilities.		<u> </u>				
	3Recoveries of prior year grants						
	4Other (specify):					.	
			l L	4		3	
	Add lines b1 through b4					ь	
ç	Subtract line b from line a					С	790,962.
d	Amounts included on Part I, line 12, bu	it not on line a:					
	1 Investment expenses not included on F	Part I, line 6b	c	11			
	2Other (specify):						
				12	<u> </u>		
	Add lines d1 and d2					d	
e	Total revenue (Part I, line 12). Add line	es c and d			<u></u>	e	790,962.
Pa	art IV-B: Reconciliation of Expen	ses per Audited Financia	al Statements	with	Expenses per	Retui	<u>n</u>
	Total averages and lesses nor audited	financial statements				a	690,331.
a b	Total expenses and losses per audited Amounts included on line a but not on			· · · · · •		4	090,331.
D	1 Donated services and use of facilities.	· ·	1.	۱.		— 演:	
	2Prior year adjustments reported on Pa			$oldsymbol{ o}$			
	3Losses reported on Part I, line 20					17 [™] 2() 3	
	4Other (specify):					1;	
				4		3	
	Add lines b1 through b4		- 			ь	
С	Subtract line b from line a					С	690,331.
d	Amounts included on Part 1, line 17, bi	ut not on line a:				7	
	1 Investment expenses not included on I	Part I, line 6b		11		7	
	2Other (specify):] []	
				12			
	Add lines d1 and d2					d	
e	Total expenses (Part I, line 17). Add I						690,331.
P	art V-A Current Officers, Directo	ors, Trustees, and Key El during the year even if they wer	mployees (Lis	t eac	h person who was a	n offic	er, director, trustee,
_	or key employee at any time e	(B) Title and average hours	(C) Compensa		(D) Contributions		(E) Expense
	(A) Name and address	per week devoted	(if not paid	١,	employee bene	fit	account and other
	() Hame and dad out	to position	enter -0-)		plans and deferr compensation plant	ed ans	allowances
	 						
Se	e Statement 6		215,	939.		0.	0.
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Form 990 (2007) The Barth Syndrome For			22-3755	704		age 6
Part V-A Current Officers, Directors, Tru	stees, and Key Em	iployees (continued			Yes	No
b Are any officers, directors, and trustees permitted to vote on organization business at board meetings b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I. or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).						*
c Do any officers, directors, trustees, or key emplisted in Schedule A, Part I, or highest comper A, Part II-A or II-B, receive compensation from to the organization? See the instructions for the compensation.	nsated professional and a any other organization be definition of 'related	l other independent con ns, whether tax exempt organization	itractors listed in Sched	lule 🎎		X
If 'Yes,' attach a statement that includes the in				21	4	
d Does the organization have a written conflict of	· /					
Part V-B Former Officers, Directors, Tru Benefits (If any former officer, direct during the year, list that person below a the instructions.)	or, trustee, or key empl	lovee received compens	sation or other benefits	(described	l below) =
(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	account	xpense and ot vances	her
None	·					
			'			
Part VI Other Information (See the inst	ructions.)				Yes	No
76 Did the organization make a change in its act	vities or methods of co	nducting activities?		1		ENS
If 'Yes,' attach a detailed statement of each c	hange				 	X
77 Were any changes made in the organizing or	-	out not reported to the la	RS?			X
If 'Yes,' attach a conformed copy of the chang	jes.					100
78a Did the organization have unrelated business	=		· ·		\rightarrow	X
b If 'Yes,' has it filed a tax return on Form 990-	for this year?					A
79 Was there a liquidation, dissolution, termination year? If 'Yes,' attach a statement				79	3 93 1	X
80 a Is the organization related (other than by assomembership, governing bodies, trustees, office	ers, etc. to any other e	xempt or nonexempt or	ation) through commor ganization?	80		X
b If 'Yes,' enter the name of the organization ▶	<u>N/A</u>	-	· -	E		民
81 a Enter direct and indirect political expenditures	and cl	neck whether it is 🔲 e ons.)	xempt ornonexe	empt.		
b Did the organization file Form 1120-POL for the	•			81	b	X
BAA					n 990	(2007)

Part VI Other Information (continued) 22 at Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially use intential removal value of these items here. Do not injude this amount as bill the organization comply with the public inspection requirements for returns and exemption applications? 33 bill the organization comply with the public inspection requirements for returns and exemption applications? 34 bill the organization comply with the public inspection requirements for returns and exemption applications? 35 bill the organization comply with the disclosure requirements retain to goud pro quo contributions? 36 bill the organization comply with the disclosure requirements retain to goud pro quo contributions or gifts were not tax destuction? 36 bill the organization make only in house lobbying application appreciation and so gifts were not tax destuction? 37 bill the organization make only in house lobbying expenditures of \$2,000 or less? 38 bill the organization make only in house lobbying expenditures of \$2,000 or less? 38 bill the organization make only in house lobbying expenditures of \$2,000 or less? 38 bill the organization make only in house lobbying expenditures of \$2,000 or less? 38 bill the organization received a waiver for proxy tax owered for the prior year. 38 bill the organization desired the prior year. 38 bill the organization desired organization organization organization exerved a waiver for proxy tax owers for the prior year. 38 bill the organization desired organization organization organization exercises and the prior year. 38 bill the organization desired organization organization organization exercises and the organization orga	Form 990 (2007) The Barth Syndrome Foundation, Inc.	22-375570	4	P	age 7
substantially less than fair rental value? bit 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.) bit Part I or as an expense in Part II. (See instructions in Part III.) a Did the organization comply with the gubbic insection requirements relating to guid pro quo contributions? 83 bit N/A 83 bit If Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84 bit Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 bit Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85 bit Yes, did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 86 bit Yes, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 86 bit Yes, did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? 87 bit Yes, did the organization elect to pay in house lobbying expenditures of the Sc though 85h below unless the organization received a waiver for proxy tax overal for the prior year. 88 bit Yes, did the organization received a waiver for proxy tax overal for the prior year. 89 bit Yes, did the organization and of section 6033(e)(1)(1) dues notices. 89 bit Yes, discharge and political expenditures of the Sc these Sc to 1.8 bit of the sources and the organization electro pay the section 6033(e)(1)(1) dues notices. 89 bit Yes, discharge and political expenditures of the following tay year. 89 bit section 182(e)(1) discharge and political expenditures for the following tay year. 89 bit section 182(e)(1) discharge and political expenditures in the fo	Part VI Other Information (continued)			Yes	No
revenue in Part 1 or as an expense in Part III. (see instructions in Part III.) a bot the comparation comply with the public inspection requirements for returns and exemption applications? 33b IX/A 33b IX/A 33b IX/A 33b IX/A 33b IX/A 33b IX/A 34b IX the organization comply with the disclosure requirements relating to quid part quo contributions? 33b IX/A 34b IX the organization comply with the disclosure requirements relating to quid part quo contributions? 34b IX/A 34b IX/A 34b IX/A 35c	82 a Did the organization receive donated services or the use of materials, equipment, or facility substantially less than fair rental value?	ies at no charge or at	82 a		Х
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 83b N/A 84a Did the organization solicit any contributions or gifts that were not tax deductible? 85b N/A 85b N/A 85b N/A 85c SO(c)(4) G), or (6). Were substantially all dues mondeductible by members? 85c SO(c)(4) G), or (6). Were substantially all dues mondeductible by members? 85c SO(c)(4) G), or (6). Were substantially all dues mondeductible by members? 85c SO(c)(4) G), or (6). Were substantially all dues mondeductible by members? 85c N/A 90c Sestion 152(e) lobbying and political expenditures 85c N/A 90c Sest the organization elect to pay the section 6033(e) (1)(A) dues notices 10c Taxable amount of lobbying and political expenditures (ine 85d less 85e) 85c N/A 90c Ses the organization elect to pay the section 6033(e) tax on the amount on line 85t? 85c N/A 90c Ses the organization elect to pay the section 6033(e) tax on the amount on line 85t? 85c N/A 90c Ses the organizations Enter: a Initiation fees and capital contributions included on line 12. for public use of club facilities 85c N/A 85d N/A 85d SO(c)(7) organizations. Enter: a linitiation fees and capital contributions included on line 12. for public use of club facilities 85d SO(c)(7) organizations. Enter: a Gross income from members or shareholders. 85d SO(c)(7) organizations. Enter: a Gross income from members or shareholders. 85d N/A 85d SO(c)(7) organizations. Enter: a Gross income from members or shareholders. 85d N/A 85	revenue in Part I or as an expense in Part II. (See instructions in Part III.)		· ·	ı.	:
84a Did the organization solicit any contributions or gifts that were not tax deductible? b If Yes', did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 85a 50 (c)(4), (5), or (6). Were substantially all dues nondeductible by members? 55b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If Yes, was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waver for proxy tax owed for the prior year. c Dues, assessments, and similar amounts from members. d Section 15(c) lobbying and political expenditures (inne 85d less 85e). 85c N/A d Section 15(c) lobbying and political expenditures (inne 85d less 85e). 9 Dess the organization elect to pay the section 6033(e) tax on the amount on line 851? hif stable amount of lobbying and political expenditures (inne 85d less 85e). 85g N/A 85 50 (c)(7) organizations. Enter: a limitation fees and capital contributions included on line 12. b Gross receipts, included on line 12, for public use of club facilities. 87 50 (c)(7) organizations. Enter: a Giross income from members or shareholders. 87 50 (c)(7) organizations. Enter: a Giross income from members or shareholders. 87 50 (c)(7) organizations. Enter: a Giross income from members or shareholders. 88 4 All ynt time during the year, did the organization own a 50% or greater interest in a taxable corporation or garinership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If Yes, complete Part X. b At any time during the year, did the organization of the regulation during the year under sections 910 1 — 0.; section 912 + 0.; section 4955 - 0. b 50 (c)(3) organizations. Enter: Amount of tax imposed on the organization engage in any section 4956 - 0. c Enter- Amount of tax imposed on the organization engage in any section 4956 - 0. b 16 20 (c)(3) organizations. Did the organization engage in any section 4					
b If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were as 50 (c)(4), 6), or (6). Were substantially all dues nondeductible by members? 55 b Did the organization make only in house lobbying expenditures of \$2.000 or less? 16 Yes' was answered to enter \$5a or \$5b, do not complete \$5c through \$5h below unless the organization received a waiver for proxy tax owed for the prior year. C Dues, assessments, and smillar amounts from members. 85 b N/A d Section 162(e) lobbying and political expenditures. 85 b N/A g Does the organization elect to pay the section 6033(e)(1)(A) dues notices 16 Taxable amount of lobbying and political expenditures (line 85d less \$5e) 17 B J N/A g Does the organization elect to pay the section 6033(e)(1)(A) dues notices 18 b N/A 18 s J N				N,	-
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year under sections 4912, 4955, and 4958 d Enter: Amount of tax on line 89c, above, reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? g All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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 MA NY CT NJ IL TN PA DE CA FL MD UT VA GA b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90 b 2 91 a The books are in care of Stephen B. McCurdy Telephone number (914) 834-1771 Located at See Face of Return ZIP+4 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)? Yes No 91b X 16 '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.	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 ex- during the year or did it become aware of an excess benefit transaction from a prior year explaining each transaction.	ccess benefit transaction If 'Yes,' attach a statement	89 b)	<u></u>
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 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 MA NY CT NJ IL TN PA DE CA FL MD UT VA GA b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90 b 2 91 a The books are in care of Stephen B. McCurdy Telephone number (914) 834-1771 Located at See Face of Return ZIP + 4 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	c Enter: Amount of tax imposed on the organization managers or cisqualified persons durin year under sections 4912, 4955, and 4958	ng the ► 0.			
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	▶0.			_
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 MA NY CT NJ IL TN PA DE CA FL MD UT VA GA b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90 b 2 91 a The books are in care of Stephen B. McCurdy Telephone number (914) 834–1771 Located at See Face of Return ZIP + 4 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)? Yes No 91 b 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.			89 €	<u> </u>	
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 MA NY CT NJ IL TN PA DE CA FL MD UT VA GA b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90 b 2 91 a The books are in care of Stephen B. McCurdy Telephone number (914) 834-1771 Located at See Face of Return ZIP + 4 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)? Yes No 91 b 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.	f All organizations. Did the organization acquire a direct or indirect interest in any applicab	le insurance contract?	89 f	ļ	X
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) 90b 2 91a The books are in care of > Stephen B. McCurdy Located at > See Face of Return D 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	organization, or a fund maintained by a sponsoring organization, have excess business h	oldings at any time during			
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.). 90b 2 91a The books are in care of > Stephen B. McCurdy Located at > See Face of Return Description of Experiments in 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	•			3	<u> X</u>
(See instructions.). 90b 2 91 a The books are in care of ► Stephen B. McCurdy Located at ► See Face of Return Description of 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	and this the states with which a copy of this return is filed > _ MA_NI_CI_NO_IL _IN_I	EW DE CW LT MD OI AN	<u>GA</u>	-	
91 a The books are in care of Stephen B. McCurdy Located at See Face of Return Description of 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)? See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		901	o	2
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. See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91 a The books are in care of ► Stephen B. McCurdy Located at ► See Face of Return		177	1	
financial account in a foreign country (such as a bank account, securities account, or other financial account)?				Yes	-i
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	financial account in a foreign country (such as a bank account, securities account, or other	er financial account)?	911)	X
Financial Accounts.	If 'Yes,' enter the name of the foreign country >		1		
· Particle ·		of Foreign Bank and		1	
			Forr	n gan	(2007)

Form 990 (2007) The Barth Syndrom	e Foundat	ion, Inc.		22-3755	704 Page 8
Part VI Other Information (continu	ıed)				Yes No
c At any time during the calendar year, d	id the organiza	tion maintain an of	ffice outside of the U	Inited States?	91 c X
If 'Yes,' enter the name of the foreign cour	ntry►				
92 Section 4947(a)(1) nonexempt charitab	le trusts filing i	orm 990 in lieu of	Form 1041 - Check	here	N,/A ►
and enter the amount of tax-exempt int	erest received	or accrued during	the tax year		N/A
Part VII. Analysis of Income-Produ				<u> </u>	
		business income		ction 512, 513, or 514	
Note: Enter gross amounts unless otherwise indicated.	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:	- Dadinios Gode	Tunount	Exclusion code	, induit	Tanetteri incente
a					
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.			14	116,505.	
96 Dividends & interest from securities .					
97 Net rental income or (loss) from real estate:		HE MANUAL TO	に、事態なる。	第一文書所が決議	以通過數數
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		3-, 711, € 711, 13 1			My rote & S. L. S. S. S.
	14 H. 2		TANK TO SEE STATE OF THE SECOND	5 Marie 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
		<u>.</u>			
,					·
d e					
104 Subtotal (add columns (B), (D), and (E))	A -MACA			116,505.	
					116 505
105 Total (add line 104, columns (B), (D)					116,505.
Note: Line 105 plus line 1e, Part I, should ed Part VIII Relationship of Activities				an (Can the instruc	tions \
Explain how each activity for wh of the organization's exempt pur	ich income is r	eported in column	(E) of Part VII contri	buted importantly to th	e accomplishment
	poses (other ti	lan by providing its		=5). 	
N/A					
			.	<u></u>	
Part IX Information Regarding Ta	vabla Suba	diarios and Dia	vogovdod Emtitic	o (Coo the instruc	4: \
	1	ularies allu Dis			
(A)	(B)		(C)	(D)	(E)
Name, address, and EIN of corporation, partnership, or disregarded entity	Percentag ownership in		e of activities	Total income	End-of-year assets
N/A		96			
		%			
		સ			
		%			
Part X Information Regarding Tr	ansfers Ass	ociated with Po	ersonal Benefit (Contracts (See the	instructions.)
a Did the organization, during the year, receive any b Did the organization, during the year, p	funds, directly or i	ndirectly, to pay premiur	ns on a personal benefit o	ontract?	. Yes X No
Note: If 'Yes' to (b). file Form 8870 and I			y, on a personal ber	ione contract;,,,,,,,,,	. П тез Мио
BAA	1720 (300			TEEA0108L 12/27/	707 Form 990 (2007

		1007) The Daren Syndrome roundation						-9
Par	t XI	Information Regarding Transfers To an	d From Controlled Er	ntities. Comp	lete only if the	9		
		organization is a controlling organization	n as defined in section	n 512(b)(13).			,	
							Yes	No
106	Did 1 'Yes	the reporting organization make any transfers to a ,' complete the schedule below for each controlled	controlled entity as define	ed in section 512	(b)(13) of the Co	de? If		Х
		(A)	(B)		C)			
		Name, address, of each	Employer Identification	Descri	ption of	Amount	(D)	-6
		controlled entity	Number	tran	isfer	Amount	OI traii	Sier
$\neg \uparrow$						-		
a								
								
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$\neg \neg$			-					
С								
·								
			の名が大きる。	11.5				
		Totals		THE REPORT				
							Yes	No
107	Did	the reporting organization receive any transfers fr	om a controlled entity as d	defined in section	- 512(b)(13) of th	ne Code? If		
107	'Yes	s,' complete the schedule below for each controlled	d entity	·····			·	X
		(A)	(B)	(C)	İ	 .	
		Name, address, of each	Employer Identification Number		ption of isfer	Amount	(D) of tran	sfer
		controlled entity	Number	trai	isier	7		
а	L							
	ļ							
	L							
b	L							
	<u> </u>					ļ		
	L							
С	- -							
					and a second second second second second	ļ		
		Totals		REPORT B				
		<u> </u>	Harry Harry	1000年11月			1	1 .:-
							Yes	No
108	Did	the organization have a binding written contract in	n effect on August 17, 2006	5, covering the in	nterest, rents, roy	alties, and	ı	.,
	ann	uities described in question 107 above?	-			<u></u>		<u> X</u>
		Under penalties of perjury, I declare that I have examined this ret true, correct, and complete. Declaration of preparer (other than of	urn, including accompanying schedulicer) is based on all information of	ules and statements, a which preparer has a	and to the best of my k ny knowledge.	mowiedge and	belief, it	ıS
Plea		>		i				
Sign		Signature of officer			Date			
Here	e	>						
		Type or print name and title.						
			Dat Dat	le	Check if	Preparer's SSN General Instruc	or PTIN	(See
Paid		Preparer's signature David C. Ashenfarb) () (M)	3/20/06	self- employed	General Instruc	ction X)	
Pre-		Firm's name (or SCHALL & ASHENFARB CP	/		5.11p.0700			
Use		yours if self- employed), > 350 5TH AVE STE 728			EIN ► 13-4	036703		
Only	У	address, and NEW YORK, NY 10118-01	10		Phone no. ► (21		-2800)
BAA					, , , , , , , , , , , , , , , , , , , ,		n 990	
•						. 511		,,

SCHEDULE A (Form 990 or 990-EZ)

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.)

2007

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization The Barth Syndrome Foundation, Inc. 22-3755704 c/o Stephen B. McCurdy Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See instructions, List each one, If there are none, enter 'None,') (d) Contributions to employee benefit plans and deferred (c) Compensation (a) Name and address of each (b) Title and average (e) Expense employee paid more than \$50,000 hours per week devoted to position account and other allowances compensation None Total number of other employees paid over \$50,000. |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.') (c) Compensation (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service None Total number of others receiving over \$50,000 for professional services... 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.....

<u>ich</u>	edule A (Form 990 or 990-EZ) 2007 The Barth Syndrome Foundation, Inc. 22-3/55/04	4	P	age 2
Pa	rt 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			
	(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.	- S	u u	
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.)			
	See Statement 8			
	a Sale, exchange, or leasing of property?	2a		<u>X</u>
				i
	b Lending of money or other extension of credit?	2b		X
	c Furnishing of goods, services, or facilities?	2c		x
	See Form 990, Part V			
		اعطا	v	1
	d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	Zu	^	_
	e Transfer of any part of its income or assets?	2e		X
3	a 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.).	3a		X
	b Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
	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	3c		Х
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3 d		X
4	a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a		х
	b Did the organization make any taxable distributions under section 4966?	4b	N	γA
	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
	—			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 ►			 •

			Foundation, Inc.	<u> </u>	22-3755	704 Page 3
Par				-liaabia bay	.	-
l cert	ify that the organization is not a private	toundation because it is: (Please check only ONE app	рисавіе вох	.)	
5	A church, convention of churches, c	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. Sec	tion 170(b)(1)(A)(iii).			
8	A federal, state, or local governmen	nt or governmental unit. Se	ection 170(b)(1)(A)(v).			
9	A medical research organization op and state	erated in conjunction with	a hospital. Section 170(b)([1)(A)(iii). E r	nter the hospi	ital's name, city,
10	An organization operated for the be (Also complete the Support Schede	enefit of a college or univerule in Part IV-A.)	rsity owned or operated by	a governme	ental unit. Sec	ction 170(b)(1)(A)(iv)
1 1 a	An organization that normally received Section 170(b)(1)(A)(vi). (Also com	ves a substantial part of it plete the Support Schedu	s support from a governme le in Part IV-A.)	ental unit or	from the gene	eral public.
11 b	A community trust. Section 170(b)(1)(A)(vi). (Also complete t	he Support Schedule in Pa	art IV-A.)		
12	An organization that normally receifrom activities related to its charital from gross investment income and organization after June 30, 1975. S	ble, etc, functions – subje unrelated business taxabl	ct to certain exceptions, an e income (less section 511	id (2) no mo tax) from b	ore than 33-1/3 usinesses acc	3% of its support
13	An organization that is not controlle requirements of section 509(a)(3).	ed by any disqualified pers Check the box that describ	sons (other than foundation less the type of supporting of	managers) organization	and otherwise	e meets the
	Type I Type II		onally Integrated	Type III		
	(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c)	zations. (See instructions.) (d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
				Yes	No No	
Tota	l	<u> </u>	<u> </u>	<u></u>		0.
14	An organization organized and ope	erated to test for public saf	fety, Section 509(a)(4), (Se	e instruction	ns.)	
BAA						1 990 or 990-EZ) 200

Page 4

Part N-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 (a) 2006 (b) 2005 Total beginning in) Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) . . 1,144,539 338,932. 731,252. 3,233,611. 1,018,888 Membership fees received.... Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's 0. charitable, etc, purpose 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 9,435 115,403. 66.816. 21,802 17,350. by the organization after June 30, 1975. . Net income from unrelated business 0. activities not included in line 18... Tax revenues levied for the organization's benefit and either paid to it or expended 0. on its behalf....... 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 0. the public without charge Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets..... 23 Total of lines 15 through 22.... 1,085,704. 1,166,341 356,282 740,687. 3,349,014. 1,085,704 1,166,341. 356,282 740,687. 3,349,014 24 Line 23 minus line 17....... 7,407 10,857. 3,563. 11,663. 26 a Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24..... 66,980, 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 4 10 supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your 1,264,624. return. Enter the total of all these excess amounts.... 26 b c Total support for section 509(a)(1) test: Enter line 24, column (e)..... 26 c 3,349,014. 18 115,403. 19 d Add: Amounts from column (e) for lines: 26 d 1,380,027. 26 e 1,968,987. f Public support percentage (line 26e (numerator) divided by line 26c (denominator))..... 26 f 58.79 % 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) ____ bFor 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: c Add: Amounts from column (e) for lines: 15 ______ 20 20 27 c and line 27b total..... d Add: Line 27a total..... 27 d e Public support (line 27c total minus line 27d total)..... 27 e 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)) 27 g 욯 h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))......

No Aries	(To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31		
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.)	· ·		
			1	
32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?			
	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?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 c	<u> </u>	
	e Educational policies?	33 e	<u> </u>	
	f Use of facilities?	33 f		
	g Athletic programs?	33 ç	-	
	h Other extracurricular activities?	331	1	1 - 1 - 22
	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?	34 a	1	
	b Has the organization's right to such aid ever been revoked or suspended?	341		
				7
35	5 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		

The Barth Syndrome Foundation, Inc. Schedule A (Form 990 or 990-EZ) 2007 Lobbying Expenditures by Electing Public Charities (See instructions.)
(To be completed ONLY by an eligible organization that filed Form 5768)

	(To be completed ONLY by an eligible organization that filed Form 5768)			N/A
Chec	k ► a if the organization belongs to an affiliated group. Check ► b if you	checke	ed 'a' and 'limited con	trol' 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	<u> </u>	
39	Other exempt purpose expenditures	39		
40	Total exempt purpose expenditures (add lines 38 and 39)	40		
41	Lobbying nontaxable amount. Enter the amount from the following table -			
	If the amount on line 40 is - The lobbying nontaxable amount is -			
	Not over \$500,000			\$ 6.1. A
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000			a de la companya de l
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41		
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000	E i		
	Over \$17,000,000 \$1,000,000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42		
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36.	43		
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38.	44		
	Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.	4941	#1 <u></u>	<u>推进到海绵。 </u>

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))			6-7 - 2 - 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4				
47	Total lobbying expenditures							
48	Grassroots non-taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))			第2 (1) (1) (2) (2) (2) (3) (3) (4) (4) (4) (4) (4) (4				
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.)

(i of reporting only by organizations that the not complete i art vi-n) (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			- 7,5
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			3
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.).		- 1	
If 'Yes' to any of the above, also attach a statement diving a detailed description of the lobbying activities			

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

of the C	Code (other than section	1 501(c)(3) o	directly engage in any of the followin rganizations) or in section 527, relati o a noncharitable exempt organizatio	ng to political organizations?		Yes	No
					51 a (i)		X
					a (ii)	- 1	X
• •			•••••		a (11)		
	ransactions:		and a stable assessment assessment an		b (i)		Х
			oncharitable exempt organization		b (ii)		X
			ble exempt organization				X
			assets		b (iii)		X
					b (iv)		
					b (v)		<u>X</u>
			p or fundraising solicitations		b (vi)		<u>X</u>
c Sharing	g of facilities, equipmen	t, mailing lis	ts, other assets, or paid employees				<u>X</u>
d If the a the goo any tra	answer to any of the abo ods, other assets, or ser ansaction or sharing arra	ove is 'Yes,' (vices given l ingement, sh	complete the following schedule. Coll by the reporting organization. If the colow in column (d) the value of the go	umn (b) should always show the fair organization received less than fair m ods, other assets, or services receive	market value arket value ed:	ue or e in	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
N/A							
				·		_	
						_	
						_	
	 						
				·		_	
		Ì				_	
							
		 					
	-						
		 		<u> </u>			
				·	_		
describ	organization directly or bed in section 501(c) of ,' complete the following	the Code (of	iliated with, or related to, one or mor ther than section 501(c)(3)) or in sec	e tax-exempt organizations tion 527?	► Ye	es X	No
	(a) Name of organization		(b) Type of organization	(c) Description of relation	onship		
N/A			-				
	-			· · · · · · · · · · · · · · · · · · ·	•		
							
			· · · · · · · · · · · · · · · · · · ·				
			-				
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2007	Federal Statements	Page 1						
Client BARTH	The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy	22-3755704						
3/14/08		10:58AM						
Statement 1 Form 990, Part II, Line 22b Other Grants and Allocations								
Cash Grants and Allocation	<u>s</u>							
Class of Activity: Donee's Name: Amount Given:	RESEARCH UNIVERSITY OF FLORIDA \$	39,600.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH NYU SCHOOL OF MEDICINE	40,000.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH UNIVERSITY OF AMSTERDAM	30,000.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH WAYNE STATE UNIVERSITY	40,000.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH RIKEN INSTITUTE, JAPAN	39,600.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH JOHNS HOPKINS SCHOOL OF MEDICINE	40,000.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH UNIVERSITY OF COLORADO	40,000.						
Class of Activity: Donee's Name: Amount Given:	RESEARCH UNIVERSITY OF AMSTERDAM	40,000.						
	Total Grants and Allocations $\overline{\underline{\$}}$	309,200.						
Statement 2 Form 990, Part II, Line 43 Other Expenses								
Dues c concenences		(D) ndraising						
DUES & CONFERENCES EXHIBITS INSURANCE MEALS OFFICE EXPENSE PROFESSIONAL FEES	8,759. 4,241. 4,518. 6,385. 6,385. 2,043. 2,043. 8,388. 5,987. 321. 25,908. 7,691. 9,451. 48,616. 20,774. 27,842. Total \$\frac{100,099}{5}\$ \$\frac{45,078}{5}\$ \$\frac{44,175}{5}\$ \$\frac{5}{5}\$	2,080. 8,766. 10,846.						

2007

Federal Statements

Page 2

Client BARTH

The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy

22-3755704

3/14/08

10:58AM

Statement 3 Form 990 , Part III Organization's Primary Exempt Purpose

The Barth Syndrome Foundation was formed to promote awareness of Barth syndrome, educate and support physicians, research centers and organizations addressing the causes, diagnosis, treatment and cure of Barth syndrome and to help create a caring and supportive community for the families of children suffering from Barth syndrome.

Statement 4
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Statement of Program Service Accomp	iisnments		
Descri	ption	Grants and Allocations	Program Service Expenses
BSF Awarded eight new Research Researchers in the US, Japan ar investigate the cause of BTHS tlearning difficulties in boys wimproved screening methods. Trigrants totaling just under \$1 M	nd The Netherlands to further through animal models, study with BTHS, and develop arough 2007 BSF has awarded 2	309,200.	488,801.
BSF continued to define and exp Medical Data Repository under a University of Florida. This all largest repository of DNA, bloom medical information from boys a invaluable resource for current	a contract with the ready represents the worlds and tissue samples and affected by BTHS, an	·.	40 150
	Includes Foreign Grants: N	No.	48,158.
BSF strives to increase awarene among the medical and scientification booths and attending relevant managements.	c communities by sponsoring medical conferences in North	No	26,395.
BSF also provides support and ethrough our bi-annual Newslette outreach meetings attended by	er, our web-site and regional		00.555
researchers	Includes Foreign Grants: 1	10	32,667.
Other program services	Includes Foreign Grants: 1	٧o	74.
		\$ 309,200.	\$ 596,095.

Federal Statements		Page 3
The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy		22-3755704
		10:58AM
	The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy	The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy

Category			Basis		Accum. Deprec.		Book <u>Value</u>
Machinery and Equipment	Total	\$ \$	3,225. 3,225.	\$ \$	3,225. 3,225.	\$ \$	<u> </u>

Statement 6 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
Valerie Michelle Bowen c/o Barth Syndrome Foundation	Pres & Director 40.00	\$ 63,848.	\$ 0.	\$ 0.
Matthew J Toth, Ph.D. c/o Barth Syndrome Foundation	Dir of Science 40.00	123,665.	0.	0.
<pre>Katherine R. McCurdy c/o Barth Syndrome Foundation ,</pre>	Director 15.00	0.	0.	0.
Stephen B. McCurdy c/o Barth Syndrome Foundation	Chairman 20.00	0.	0.	0.
Lynda Millaine Sedefian c/o Barth Syndrome Foundation	Secretary 40.00	28,426.	0.	0.
Susan V. Wilkins c/o Barth Syndrome Foundation	Director 2.00	0.	0.	0.
Stephen Kugelmann c/o Barth Syndrome Foundation	Director 5.00	0.	0.	0.
Susan S. Osnos c/o Barth Syndrome Foundation	Director 5.00	0.	0.	0.
Michaela Damin c/o Barth Syndrome Foundation	Director 2.00	0.	0.	0.

2007

Federal Statements

Page 4

Client BARTH

The Barth Syndrome Foundation, Inc. c/o Stephen B. McCurdy

22-3755704

3/14/08

10:58AM

Statement 6 (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
Randolph Buddemeyer c/o Barth Syndrome Foundation	Director 2.00	\$ 0.	\$ 0.	\$ 0.

Total \$ 215,939. \$ 0. \$ 0.

Statement 7
Form 990, Part V-A, Line 75b
Compensation Paid to Related Individuals

Name and Relationship

Stephen B. McCurdy and Katherine R. McCurdy, both Board Members and Officers are related by marriage. Neither individual received any compensation for his/her services.

Statement 8
Schedule A, Part III, Line 2
Transactions with Trustees, Directors, Etc.

During the year 2007, The Barth Syndrome Foundation, inc. retained Lynda Sedefian as Secretary of the Foundation to provide administrative and programmatic support. Initially retained as a contractor, Ms. Sedefian became a full time employee in May, 2007. Ms. Sedefian received professional fees amounting to \$12,120 and compensation amounting to \$28,426 for the period ending December 31, 2007.

Valerie Michelle Bowen was employed as Barth Syndrome Foundation's President throughout the year and received \$63,848 in total compensation through the period ending December 31, 2007.

Dr. Matthew Toth was employed as Barth Syndrome Foundation's Director of Science & Research throughout the year and received \$123,665 in total compensation through the period ending December 31, 2007.