

			** PUBLIC DISCLOSURE CO			
	0	00	Return of Organization Exempt F			OMB No. 1545-0047
Forr	. 9	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			» 2021
Depa	tment of	the Treasury	Do not enter social security numbers on this form	-		Open to Public
Intern	al Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and			Inspection
_				ending U	1 ,	- t ions an anna
B C a	heck if oplicable		organization D/ CHILDREN AND ADULTS WITH		D Employer identification	ation number
	Addres change		NTION DEFICIT/HYPERACTIVITY DISORD	ER		
	Name change		usiness as		59-281769	7
	Initial return			Room/suite	E Telephone number	
	Final return/			270	(301)306-	7070
	termin- ated	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,981,723.
	Amend return	LIANU	AM, MD 20706		H(a) Is this a group ret	
	Applica tion pendin		nd address of principal officer: LAURIE KULIKOSKY		for subordinates?	Yes X No
	-	SAME	AS C ABOVE		H(b) Are all subordinates inc	luded? Yes No
		mpt status:		or 527		st. See instructions
					H(c) Group exemption	
		organization: [Summary	X Corporation Trust Association Other ►	L Year	of formation: 1987 M	State of legal domicile: MD
Га				ייספס ס	ידהפי מוזססססש	
e	1	Briefly describ TNDTVTD	e the organization's mission or most significant activities: <u>CHAD</u> UALS WITH ATTENTION DEFICIT/HYPERA		TTES SUPPORT	FOR
Governance	-		$x \models \square$ if the organization discontinued its operations or dispos			
veri						12
G			ependent voting members of the governing body (Part VI, line 1b)			12
Activities &			of individuals employed in calendar year 2021 (Part V, line 2a)			19
/itie			of volunteers (estimate if necessary)			500
ctiv			d business revenue from Part VIII, column (C), line 12			72,578.
•			business taxable income from Form 990-T, Part I, line 11			0.
					Prior Year	Current Year
e	8 (Contributions	and grants (Part VIII, line 1h)		1,423,054.	1,884,376.
Revenue		•	ce revenue (Part VIII, line 2g)		672,837.	764,818.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)		45,422.	65,199.
-			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,500.	52.
			- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,142,813. 51,300.	2,714,445. 11,042.
			nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
			to or for members (Part IX, column (A), line 4) , compensation, employee benefits (Part IX, column (A), lines 5-10)		1,125,443.	885,086.
Expenses			undraising fees (Part IX, column (A), line 11e)		0.	0.
ben			ng expenses (Part IX, column (D), line 25) \blacktriangleright 62, 40			
EX			es (Part IX, column (A), lines 11a-11d, 11f-24e)		888,620.	1,163,854.
			s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,065,363.	2,059,982.
		•	expenses. Subtract line 18 from line 12		77,450.	654,463.
or ces				Ве	ginning of Current Year	End of Year
t Assets d Balanc	20	Total assets (F	Part X, line 16)		2,058,724.	2,335,382.
t As			(Part X, line 26)		593,853.	398,339.
ER			fund balances. Subtract line 21 from line 20		1,464,871.	1,937,043.
	rt II	Signature				
Unde	er penal	ties of perjury,	I declare that low second with a this return, including accompanying schedules	s and stateme	ents, and to the best of my l	knowledge and belief, it is
true,	correct	, and complete	Declaration of prepared (other than officer) is based on all information of wh	lich preparer	nas any knowledge 4/28/202	3
Cim		Signature	e of officer		Date	
Sigr Here		, .	IE KULIKOSKY, CEO			
TIEN			print name and title			
		Print/Type pre		[Date Check	PTIN
Paid			J. LOCASTRO, CPA Rectand h. Loca	Tr.	4/27/2023 ^{if}	P00288314
Prep	- F	Firm's name				2-1392008
Use.			4550 MONTGOMERY AVE SUITE 800N			
			BETHESDA, MD 20814-2930		Phone no. 301	-951-9090
May	the IR	S discuss this	s return with the preparer shown above? See instructions			X Yes No
						000

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	CHADD/ CHILDREN AND ADULTS WITH 990 (2021) ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817697 Page t III Statement of Program Service Accomplishments	2
	Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	<u> </u>
•	CHADD PROVIDES SUPPORT FOR INDIVIDUALS WITH ATTENTION	
	DEFICIT/HYPERACTIVITY DISORDER (ADHD) THROUGH PARENT SUPPORT GROUPS,	
	LOCAL CHAPTERS, CONFERENCES, ONLINE EDUCATION, MAGAZINE, NEWSLETTERS	_
	AND PROGRAM MATERIAL, AND WORKING WITH SCHOOLS AND TEACHERS.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	С
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	С
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 1,435,814. including grants of \$11,042.) (Revenue \$ 409,640.)
	PUBLIC EDUCATION AND OUTREACH: CHADD PROVIDES A BROAD RANGE OF	. /
	INFORMATION ON THE DIAGNOSTIC, TREATMENT AND MANAGEMENT OF ADHD IN BOTH	_
	ADULTS AND CHILDREN. OUR GOAL IS TO PROVIDE USABLE INFORMATION FOR THE	_
	GENERAL PUBLIC WHICH IS BASED ON THE LATEST SCIENTIFIC RESEARCH AND	—
	STATE OF THE ART TREATMENT GUIDELINES. WE PROVIDE THIS INFORMATION	_
	THROUGH MANY MEDIUMS INCLUDING PRINT MEDIA, ONLINE EDUCATION, CHAPTER	—
	PRESENTATIONS, CHADD'S WEBSITE, TRAININGS, CONFERENCES, AND PRESS	_
	MEDIA.	—
	MEDIA.	
	(Code:) (Expenses \$ 236,329. including grants of \$) (Revenue \$ 355,178.	_
4b	(Code:) (Expenses \$236,329. including grants of \$) (Revenue \$355,178. MEMBERSHIP AND CHAPTER SERVICES: IN ADDITION TO EVIDENCE-BASED	.)
	INFORMATION, ANYONE DEALING WITH A DIAGNOSIS OF ADHD IN THE COMMUNITY	
	NEEDS SUPPORT FROM OTHERS WHO SHARE THE SAME CONCERNS. CHADD'S	_
	MEMBERSHIP AND CHAPTERS PROVIDE A COMMUNITY OF PEOPLE WHO SHARE THESE	
	CONCERNS AND ARE AVAILABLE TO SUPPORT ONE ANOTHER.	
		_
		_
		_
		_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	.)
		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 1,672,143.	
	Form 990 (202	21)
132002	2 12-09-21	1
	2	

Form 990 (2021)

CHADD/ CHILDREN AND ADULTS WITH

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
-	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
-	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes, "			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		x
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Form 990 (2021)

CHADD/ CHILDREN AND ADULTS WITH

ATTENTION DEFICIT/HYPERACTIVITY DISORDER Part IV Checklist of Required Schedules (continued)

			Vee	Na
00	Did the experimetion report more than 0 5,000 of grants or other excitations to be far demostic individuals on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22	х	
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22	23	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
214	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	25		
00	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
rai				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	X	
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable1a17Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable1b0			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
132004	4 12-09-21			(2021)
				. /

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CHADD/	CHILDREN	AND	ADULTS	WTTH
CIIADD/		THUD.	RDOTID	** * * * *

Part V Statements Regarding Other HIS Filings and Tax Compliance (continued) 2a Erist the number of employees reported on Form W.3. Transmittal of Wage and Tax's Statements. 10 1 Max Team of the team of team of the team of team of the team	Form	990 (2021) ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817	697	Р	_{age} 5
a Entry the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. a 19 b If a teast one is reported on line 2a, did the organization field in equired decide enginements. a a 3a Did the organization have unrelated business gross income of \$1,000 or more dering the year? 3a X 3b If the organization have unrelated business gross income of \$1,000 or more dering the year? 3a X 3b If Yes, "read find a Form 300.T for the year? 3a X 3b If Yes, "read find a Form 300.T for the year? 3a X 3b If Yes, "read find a Form 300.T for the year? 3a X 3b If Yes, "read the angeneously ducin as bank account, securities account, or other authontry own, a financial account? 3a X 3b If Yes, "read the angeneously the organization fiel form 114. Report of Foreign Bank and Financial Accounts (FBAP). 5a X 3c If Yes, "read the organization fiel form 104. Report of Foreign Bank and Financial Accounts (FBAP). 5a X 3c If Yes, "read the organization fiel form 808617 5a X 3c If Yes, "read the organization fiel more 808517 5a X 3c If Yes, "read the organization fiel more 808517 5a X 3c If Yes, "read the o	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Ited to the calendar year ending with or within the year covered by this return Image: Table of the cale of the cal				Yes	No
b If a test one is reported on line 2n, diff the organization file all required to ends, so instructions. gb X 3a Did the organization have unstated business gross income of \$1,000 or more ouring the year? gb X 3b Did the organization have unstated business gross income of \$1,000 or more ouring the year? gb X 3b X did the organization have unstated business gross income of \$1,000 or more ouring the year? gb X 3b X did the organization have unstated business gross income our \$10,000 or more ouring the year? gb X 3c X did the organization have unstated business gross income our \$10,000 or more ouring the year? gb X 3c X did the organization have anneal the the organization the form \$10,000 or more ouring the year? Sa X 3c W as the organization in horing our \$100 or more ouring the year? Sa X 3c W as the organization in the organization the organization in the organization and any combiding that shore morely free orbits organization and the organization in the organization and shore the organization and shore the organization and shore the organization and shore or the valee of the goodo or services provided?	2a				
Note: If the sum of lines 1a and 2a is greater fram 220, you may be required to <i>a</i> , <i>ab</i> , See instructions. Image: See instruction as user and the organization have an interest in, or a signature or other authority over, a francial account in a foreign country youch as a bink account, security as contributions on the francial accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions for film requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions foreign Bank and Financial Accounts (EBAR). Image: See instructions fore requirements fore FinCEN See instructions for geneti		filed for the calendar year ending with or within the year covered by this return 2a 19			
ab Did the organization have unrelated business gross income of \$1,000 or more during the year? ga X b H**ex; has thera Ferm 0000 for this year? How Yes; have the organization or Schedule O. gb X 4A At any time during the calendar year, did the organization have an intervel in, or other financial account? ga X b H**ex; have the memory the sha as bark sha account, securities account, or other financial account? ga X b D dary tsuable party notify the organization for BnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ga X c H**ex is the a 6x ob, did the organization for BnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ga X c H**ex is the a 6x ob, did the organization for BnCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). ga X d H**ex is the a 6x ob, did the organization for BnCEN Form 8886-17. ga X d H**ex, ind the organization include with every solication an express statement that such contributions or gifts were not tax deductibles of thatafale contributions? ga X d H**ex, indite organization include with every solication an express statement that such contributions or gifts were not tax deductibles and the gados or services provided? ga X d H**ex, indicate the number of Form 8826 (did uring the year? ga X d H**ex, indicate the number of Form 8826 (finangbi Earsthete Contract? ga X d H**ex	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," inter it flied a form 900-T for this yes? / Wo't of the 32s, provide an explanation on the analysination of the analysination is the interest in, or a signature or other analysination of the analysination is the interval of a privile to a privile aprivile to a privile to a privile to a privile to		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.			
4a Are y time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial accountly? 4a X b if Yea, 'enter the name of the foreign country (buch as a bank account, securities account, or other financial accounts (FBAR). 5a X b Was the organization a party to a prohibit at sub-that transaction at any time during the tax year? 5a X b Od my taxable party notify the organization there from 888-77. 5a X c If Yea's to the organization action tax detuctibles cale analytic contributions? 5a X c If Yea's to the organization include with every soloitation an express statement that such contributions or gifts were not tax deductible analytable contributions? 5a X d If Yea's to did the organization neitly the down of the value of the goods or services provided? 7a X d If Yea's indicate the number of forms 8220 field during the year 7d 7a X d If Yea's indicate the number of forms 8220 field during the year 7d 7d X d If Yea's indicate the number of forms 8220 field during the year 7d 7d X d If Yea's indicate the number of forms 8220 field during the year, bad a down avises provided? 7e X D If the organization necely a pay premiume, direatify or indirectly, to pay premiumes on a personal benefit contr	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
If "Yes," return the name of the foreign country → If "Yes," return the name of the reginance of the Yes," return the during the tax year? Image: tax in the organization aparty to a prohibited tax shefter transaction at any time during the tax year? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a main tax as or is a party to a prohibited tax shefter transaction? Image: tax in the organization has a commal gross receives that are or the tax to a combination or gritts Image: tax in the organization has a commal gross receives that are or the value of the organization necess of \$75 made party as a combination and party for goods and services provided? Image: tax in the organization necess of \$75 made party as a combination and party for goods and services provided? Image: tax in the organization necess of \$75 made party as a combination and party for goods and services provided? Image: tax in the organization has a dignee of tax in the organization file. The second benefit contract? Image: tax in the organization necess of \$75 made party as a combined berefit contract? Image: tax in the organization necess of \$75 made party as a combined berefit contract? Image: tax in the organization necess of \$75 made party as a combined berefit contract? Image: tax in the organization necesse	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
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If "Yes," complete Form 6069.			17		
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Form	990 (2021) ATTENTION DEFICIT/HYPERACTIVITY DISORI		59-2817		P	age 6
Par	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	nrough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	12			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the					
	of officers, directors, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 99	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point d	one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea	r by the	following:			
а	The governing body?			8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	hed at	the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics of such c	apters	affiliates,			
				10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	nent wi	th a			v
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ			101		
Sec	exempt status with respect to such arrangements?			16b		
		0				
17	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE		T (as at ison EQ1(a)(2)		ov oil ok	
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar for public inspection. Indicate how you made these available. Check all that apply.	u 990		s of ity)	avallar	Jie
		•				
10	X Own website Another's website Y Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, control of the state of the st			1 financ		
19	statements available to the public during the tax year.	mict 0	i interest policy, and	1 11 101 10	nal	
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke ond				
20	LAURIE KULIKOSKY - (301)306-7070	no anc				
	4221 FORBES BLVD, 270, LANHAM, MD 20706					
132006	12-09-21			Form	990	(2021)
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Form 990 (2021)		DEFICIT/HYPERACTIVITY		59-2817697	Page 7
Part VII Compens	ation of Officers, Dir	rectors, Trustees, Key Employee	es, Highest Com	npensated	
Employe	es, and Independent	Contractors			
Check if Scl	nedule O contains a respon	se or note to any line in this Part VII			
Section A. Officers, D	irectors, Trustees, Key Er	nployees, and Highest Compensated Er	nployees		
1a Complete this table	for all persons required to b	e listed. Report compensation for the cale	ndar vear ending wi	th or within the organization's	tax year.

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos		l than c	ne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	son i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	recto	r/trus [:]	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) APRIL GOWER-GETZ	40.00		_	-			_			
COO (UNTIL 7/3/2021)		1		x				59,618.	0.	0.
(2) RHONDA BUCKLEY-BISHOP	40.00									
INTERIM CEO (FROM 10/1/2022)				Х				25,000.	0.	1,800.
(3) PATRICIA HUDAK	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) BOB O'MALLEY	2.00									
TREASURER		Х		Х				0.	0.	0.
(5) BRIAN FOY	2.00									
SECRETARY		Х		X				0.	0.	0.
(6) BELYNDA GAUTHIER	2.00									
MEMBER		Х						0.	0.	0.
(7) DONNA OREM	2.00									
MEMBER		Х						0.	0.	0.
(8) JEFF KATZ	2.00									
MEMBER		Х						0.	0.	0.
(9) HARVEY PARKER	2.00									
MEMBER		Х						0.	0.	0.
(10) CRAIG SUMAN	2.00									
MEMBER		Х						0.	0.	0.
(11) SHIRELLE PEARSON	2.00									
MEMBER		Х						0.	0.	0.
(12) JEREMY DIDIER	2.00									
MEMBER		Х						0.	0.	0.
(13) RHASHIDAH PERRY-JONES	2.00									
MEMBER		Х						0.	0.	0.
(14) MAX WIZNITZER	2.00									
MEMBER		Х						0.	0.	0.
										– – – – – – – – – –

132007 12-09-21

Form 990 (2021)

Form 990 (2021) CHADD/ CI								DISORDER	R 59-2	817	597	Pa	ıge 8
Part VII Section A. Officers, Directors, Trus										027			.go -
	(B)	loye	c 3, ((C)		1031 (. ,			(5)	
(A)			F	Posit				(D)	(E)			(F)	
Name and title	Average		iot ch	eck m	ore th	an one		Reportable	Reportable			imate	
	hours per					ooth an trustee)		mpensation	compensatio	I		ount c	of
	week					i ustee)		from	from relate		c	other	
	(list any	director						the	organizatior	I		pensat	
	hours for	or di	æ		tad			rganization	(W-2/1099-MI	I		om the	
	related	Individual trustee or	trustee		- Denes	employee Former	· ·	2/1099-MISC/	1099-NEC)	•	inizati	
	organizations	altr	nalt		employee	9	1	1099-NEC)				relate	
	below	vidu	In stit utio nal	cer	emp	employe	5				orgai	nizatio	ons
	line)	Indi	Inst	Officer	Key Hid	emp							
		\rightarrow	-		+		_						
			_	_									
		\rightarrow			\rightarrow								
		-		_	-								
										_			
1b Subtotal						🕨		84,618.		0.	1	.,80	
c Total from continuation sheets to Part VI	I, Section A					🕨		0.		0.			0.
d Total (add lines 1b and 1c)								84,618.		0.	1	.,80	00.
2 Total number of individuals (including but n						who r	eceived	more than \$100	000 of reportabl	<u>е</u>			
compensation from the organization			0.00		,,,,,,		cocirca			•			0
												Yes	No
										ſ	_	163	NO
3 Did the organization list any former officer,	director, truste	e, ke	ey er	mplo	yee,	or hi	ghest co	mpensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4 For any individual listed on line 1a, is the su	im of reportable	e cor	nper	nsati	on a	nd ot	her com	pensation from t	he organization				
and related organizations greater than \$150),000? If "Yes '	" con	nole	te So	ched	lule J	for such	individual			4		Х
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." corr											5		Х
Section B. Independent Contractors	ipiele Schedule	J 10	r su	<u>ch p</u> e	ersor	····					5		
1 Complete this table for your five highest co	-	-								pensat	ion fro	m	
the organization. Report compensation for	the calendar ye	ar er	ndin	g wit	h or	withi	n the org	anization's tax y	ear.				
(A)								(B)			(C))	
Name and business	address							Description of s	services	С	ompen	satior	ı
TERRAPIN SERVICES, 3750 U	NIVERSI'	ГΥ	BI	LVD)								
SUITE 201, KENSINGTON, MI							דיד א	ERVICES			127	,44	18.
	20055										<u>+</u> ,	/	
2 Total number of independent contractors (i	•	ot lim	ited	to th	-	listeo	d above)	who received m	ore than				
2 Total number of independent contractors (i \$100,000 of compensation from the organi	•	ot lim	ited	to th	nose 1	listeo	d above)	who received m	ore than		Form 9		

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CHADD/ CHILDREN AND ADULTS WITH

					FICIT/HYPI	ERACTIVITY	DISORDER	59-2817	697 Page 9
Pa	rt V	/111	Statement of Re	venue					
			Check if Schedule O	contains a response	or note to any lin	e in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
(0, (0	4	_	Endorated compaigns	1a	40,228.				
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns		40,220.				
n <u>or</u>			Fundraising events						
fts,			Related organizations						
, Gi			•		,010,509.				
Sins,			Government grants (contr All other contributions, gifts,	· · · · · · · · · · · · · · · · · · ·	,010,505.				
utic		•	similar amounts not included	-	833,639.				
trib Ot}		a	Noncash contributions included in		0007000				
on Du		-	Total. Add lines 1a-1f			1,884,376.			
0.0			Total. Add lines 1a-11		Business Code	1,004,570.			
•	2	2	MEMBERSHIP		900099	355,178.	355,178.		
vice		b	CONFERENCE		900099	262,390.	246,473.	15,917.	
Ser			BOOKS & PUBLI	CATTONS	900099	73,044.	16,383.	56,661.	
am Ser			TRAINING REVE		900099	70,048.	70,048.	50,0010	
gra Re			SUBSCRIPTION		900099	4,158.	4,158.		
Program Service Revenue			All other program service	revenue		1/1000	1/1000		
_		' a	Total. Add lines 2a-2f			764,818.			
	3	9	Investment income (includ						
	Ŭ		other similar amounts)			30,387.			30,387.
	4		Income from investment of						
	5		Royalties						
	3		noyanes	(i) Real	(ii) Personal				
	6	2	Gross rents	6a	(
			Less: rental expenses	6b					
			Rental income or (loss)	6c					
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	'	a	assets other than inventory	7a 302,090					
		h	Less: cost or other basis	7850270500	•				
e		U	and sales expenses	7ь 267, 278.					
venue		~	Gain or (loss)	7c 34,812					
(h)			Net gain or (loss)			34,812.			34,812.
Other Re			Gross income from fundraisi			51/0120			51/0120
Othe	0	u	including \$						
0			contributions reported on						
			Part IV, line 18						
		h	Less: direct expenses						
			Net income or (loss) from		<u> </u>				
			Gross income from gamin		F				
	-	~	Part IV, line 19	-	a				
		b	Less: direct expenses						
			Net income or (loss) from	····· —	• • • • • • • • • • • • • • • • • • •				
			Gross sales of inventory, I	· · _					
			and allowances		a				
		b	Less: cost of goods sold						
			Net income or (loss) from	·····					
		~			Business Code				
snc	11	а	MISCELLANEOUS	5	900099	52.			52.
Dec		b							
ella ¥vei		č							
Miscellaneous Revenue			All other revenue						
Σ			Total. Add lines 11a-11d			52.			
	12		Total revenue. See instruction		>	2,714,445.	692,240.	72,578.	65,251.
13200	9 12-	-09-			i	-	-		Form 990 (2021)

Form 990 (2021)

CHADD/ CHILDREN AND ADULTS WITH

Page 10 ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817697 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respons				X
	nt include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	11,042.	11,042.		
	Grants and other assistance to foreign	ŕ	,		
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,				
	rustees, and key employees	113,000.	79,100.	22,600.	11,300
	Compensation not included above to disqualified	220,0000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	persons (as defined under section 4958(f)(1)) and				
	4050(a)(0)(D)				
	Dther salaries and wages	592,216.	547,458.	27,135.	17,623
		552,210.	547,4500	27,133.	17,023
	Pension plan accruals and contributions (include	2 161	1 0 2 0	152.	٥Q
	section 401(k) and 403(b) employer contributions)	2,161. 104,230.	1,920. 92,604.	7,351.	89 <u>4,275</u> 3,014
	Other employee benefits	73,479.	65,283.	5,182.	4,4/3
	Payroll taxes	/3,4/9.	03,203.	J,102.	3,014
	Fees for services (nonemployees):				
	Management			2 5 0 0	
	_egal	2,599.	65 060	2,599.	
	Accounting	105,004.	65,260.	39,744.	
	_obbying				
	Professional fundraising services. See Part IV, line 17			11	
	nvestment management fees	11,875.		11,875.	
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	289,146.	142,640.	135,281.	11,225
2 /	Advertising and promotion	102,952.	102,252.	700.	
	Office expenses	137,520.	127,413.	6,979.	3,128
4 I	nformation technology	123,932.	112,812.	11,120.	
5 F	Royalties				
6 (Dccupancy	68,722.	60,333.	5,618.	2,771
7 7	Travel	3,038.	2,542.	496.	
	Payments of travel or entertainment expenses				
f	or any federal, state, or local public officials				
9 (Conferences, conventions, and meetings	34,458.	25,237.	9,221.	
	nterest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	17,419.		17,419.	
	nsurance	12,338.		12,338.	
	Other expenses. Itemize expenses not covered	,		,	
a	above. (List miscellaneous expenses on line 24e. If				
	ine 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
	CHAPTER EXPENSE	81,416.	81,416.		
-	DUES & SUBSCRIPTIONS	73,909.	71,235.	2,349.	325
-	LICENSES AND FEES	57,618.	49,840.	<u> </u>	7,778
-	PAYROLL SERVICES	21,510.	14,157.	6,680.	673
-		20,398.	19,599.	597.	202
	All other expenses	2,059,982.	1,672,143.	325,436.	62,403
	Fotal functional expenses. Add lines 1 through 24e	4,033,304.	±,0/4,14J•	525,450.	02,403
	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
C	Check here if following SOP 98-2 (ASC 958-720)				

CHADD/ CHILDREN AND ADULTS WITH

ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817

59-2817697 Page 11

Form 990 (2			
Part X	Ba	lance	Sheet

		Check if Schedule O contains a response or no	te to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			435,315.	1	532,549.
	2	Savings and temporary cash investments			108,652.	2	365,025.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			70,881.	4	102,687.
	5	Loans and other receivables from any current o					
		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
		controlled entity or family member of any of the	se perso	ons		5	
	6	Loans and other receivables from other disqual	ified per	sons (as defined			
		under section 4958(f)(1)), and persons describe	d in sect	tion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	— · · · · · · · · · · · · · · · · · · ·			90,577.	9	101,356.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	117,348.			
	b	Less: accumulated depreciation		54,250.	59,685.	10c	63,098.
	11	Investments - publicly traded securities			1,107,546.	11	977,518.
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			186,068.	15	193,149.
	16	Total assets. Add lines 1 through 15 (must equ			2,058,724.	16	2,335,382.
	17	Accounts payable and accrued expenses			162,531.	17	201,281.
	18	Grants payable		18			
	19	Deferred revenue			55,833.	19	72,384.
	20					20	
	21	Escrow or custodial account liability. Complete	Part IV o	of Schedule D		21	
s	22	Loans and other payables to any current or form	ner offic	er, director,			
Liabilities		trustee, key employee, creator or founder, subs	tantial c	ontributor, or 35%			
abi		controlled entity or family member of any of the	se perso	ons		22	
	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelate	d third p	arties	190,000.	24	
	25	Other liabilities (including federal income tax, pa	ayables t	o related third			
		parties, and other liabilities not included on line	s 17-24).	Complete Part X			
		of Schedule D			185,489.	25	124,674.
	26	Total liabilities. Add lines 17 through 25			593,853.	26	398,339.
		Organizations that follow FASB ASC 958, che	eck here				
ces		and complete lines 27, 28, 32, and 33.					
lan	27			······	1,457,871.	27	1,776,643. 160,400.
Ba	28	Net assets with donor restrictions			7,000.	28	160,400.
pur		Organizations that do not follow FASB ASC 9	958, che	ck here 🕨 📃			
гF		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or e	quipmer	t fund		30	
t As	31	Retained earnings, endowment, accumulated in				31	
Nei	32	Total net assets or fund balances		L	1,464,871.	32	1,937,043.
	33	Total liabilities and net assets/fund balances			2,058,724.	33	2,335,382. Form 990 (2021)

Form 990 (2021)

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- 3 .	CHADD/ CHILDREN AND ADULTS WITH	- 0			40
	ATTENTION DEFICIT/HYPERACTIVITY DISORDER	59-	2817697	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
			0 51		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,714		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,059		
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>63.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,464		
5	Net unrealized gains (losses) on investments	5	-182	2,2	<u>91.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,937	7,0 [,]	<u>43.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	3a	х	1
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			х	1

Form **990** (2021)

SCHEDULE A		Dublic Cha	rity Status an	d Duk	lic Si	innort		OMB No. 1545-0047
(Form 990)		Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section						2021
	0		47(a)(1) nonexempt cha					ZUZ I
Department of the Treasury			Attach to Form 990 or F					Open to Public
Internal Revenue Service		-	/Form990 for instructio		ie latest ir	nformation.	_	Inspection
Name of the organizati			N AND ADULTS					identification number
Dort L Docoon	A'I''I'E for Dublic (NTION DEFIC	CIT/HYPERACT		DISOL			9-2817697
			(All organizations must c			ee instruction	S.	
The organization is not a	-			•				
			n of churches described		n 170(b)(1	I)(A)(I).		
			Attach Schedule E (Form			:)		
	-		anization described in se njunction with a hospital			-	(iii) Entor	the bospital's name
city, and stat	-		ijunetion with a nospital	acsonbea	in Sectio			the hospital s hame,
	-	or the benefit of a col	lege or university owned	or operate	ed by a oc	vernmental u	nit describe	ed in
	•	Complete Part II.)						
			nental unit described in	section 17	70(b)(1)(A)	(v).		
.			ntial part of its support fr			.,	ne general j	oublic described in
section 170(b)(1)(A)(vi). (C	Complete Part II.)						
8 🗌 A community	trust describe	ed in section 170(b)((1)(A)(vi). (Complete Part	t II.)				
9 🗌 An agricultura	al research or	ganization described	in section 170(b)(1)(A)(i	i x) operate	ed in conju	inction with a	land-grant	college
or university	or a non-land-	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
university:								
			than 33 1/3% of its supp					
			t to certain exceptions; a					-
			(less section 511 tax) fro	m busines	ses acqui	red by the org	anization a	after June 30, 1975.
		mplete Part III.)				O(-)(A)		
			vely to test for public sat vely for the benefit of, to				rny out tho	purposes of one or
0	-	-	d in section 509(a)(1) o				-	
			f supporting organization					
	-	• •	upervised, or controlled				-	aivina
			gularly appoint or elect a	• • • •	-			
	-	complete Part IV, Se						
b 🗌 Type II. A s	supporting org	ganization supervised	or controlled in connect	ion with its	s supporte	d organizatio	n(s), by hav	ving
control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manag	ge the supp	ported
organizatio	n(s). You mus	st complete Part IV,	Sections A and C.					
			g organization operated				ly integrate	ed with,
). You must complete F					
			orting organization oper				•	
			ation generally must sati				an attentiv	/eness
		,	nplete Part IV, Sections					
			written determination from			турет, туре	п, туре п	
f Enter the number			nally integrated supportir		ation.			
		n about the supporte	d organization(s)					
(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other
organization	1		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)
			· · · · · · · · · · · · · · · · · · ·					
								ļ
Total								
								1

Schedule A (Form 990) 2021

Part II

CHADD/ CHILDREN AND ADULTS WITH

(Form 990) 2021	ATTENTION	DEFICIT	/HYPERACTIVITY	DISORDER 59-2817697	Page 2
Support Schedule f	or Organization	s Described	in Sections 170(b)(1)	A)(iv) and 170(b)(1)(A)(vi)	

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1811377.	1420072.	1227732.	1423054.	1884376.	7766611.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1811377.	1420072.	1227732.	1423054.	1884376.	7766611.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						643,980.
	Public support. Subtract line 5 from line 4.						7122631.
	ction B. Total Support	1		F	1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4	1811377.	1420072.	1227732.	1423054.	1884376.	7766611.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,			4		~ ~ ~ ~ ~	
	and income from similar sources \dots	50.	9,161.	17,083.	21,232.	30,387.	77,913.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			400	1		
	assets (Explain in Part VI.)		4,002.	408.	1,500.	52.	5,962.
	Total support. Add lines 7 through 10						7850486.
	Gross receipts from related activities,						,237,328.
13	First 5 years. If the Form 990 is for the	-					. —
<u> </u>	organization, check this box and stor						······ ▶
	ction C. Computation of Publi						00 72 %
	Public support percentage for 2021 (I		•	(77)		14	90.73 % 71.77 %
	Public support percentage from 2020					15	
168	33 1/3% support test - 2021. If the other have The experimentian multiple						
Ŀ	stop here. The organization qualifies		-				
D	33 1/3% support test - 2020. If the c	•					
47-	and stop here. The organization qual						
1/a	10% -facts-and-circumstances test	0					
	and if the organization meets the fact			-	-	-	
Ŀ	meets the facts-and-circumstances te	-			-	7a and line 15 is 1	
D	10% -facts-and-circumstances test	-					1070 01
	more, and if the organization meets the						
19	organization meets the facts-and-circu Private foundation. If the organization						
18	Trivate roundation. If the organization			a, 100, 17a, 01 17b	, oneon unis dux di		(Form 990) 2021
						Seriedale A	

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CHADD/ CHILDREN AND ADULTS WITH

Schedule A	(Form 990)	2021	ATTENTION	DEFICIT/	'HYPERACTIVITY	DISORDER	59-2817697	Page 3
Part III	Support	Schedule for	r Organizations	Described in	n Section 509(a)(2)			

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or bus-						
iness under section 513				_		
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 0017	(1) 2018	(a) 2010	(4) 2020	(a) 2021	
	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	•					·
check this box and stop here	ic Support Per	rcentage				
15 Public support percentage for 2021 (-	column (f))		15	%
16 Public support percentage from 2020) Schedule A, Part	III, line 15			16	%
Section D. Computation of Inves						
17 Investment income percentage for 20	0 21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	▶∟
b 33 1/3% support tests - 2020. If the	-					
line 18 is not more than 33 1/3%, che	eck this box and st	top here. The orga	anization qualifies	as a publicly supp	orted organizat	ion ▶
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in		▶∟
132023 01-04-22		15	5		Sched	ule A (Form 990) 2021

CHADD/ CHILDREN AND ADULTS WITH

ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817697 Page 4

Schedule A (Form 990) 2021 ATTI Part IV Supporting Organizations

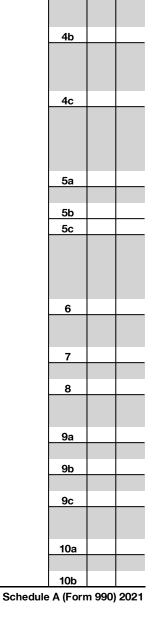
(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Yes No

1

2

3a

3b

3c

4a

CHADD/ CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER 59-2817697 Page 5 Schedule A (Form 990) 2021 Part IV Supporting Organizations (continued Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in P</u>art VI 11c Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or 1 more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No." describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, upervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed 1 the supported organization(s) Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а b The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions) С Yes No 2 Activities Test. Answer lines 2a and 2b below.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 b) Did the activities described on the superior of the support the text for the superior of the superior of the support of the superior of
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*132025 01-04-22

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3b | | Schedule A (Form 990) 2021

2a

2b

3a

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CHADD/ CHILDREN AND ADULTS WITH

Sche	dule A (Form 990) 2021 ATTENTION DEFICIT/HYPE			59-2817697 Page 6
Pa				<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus			,
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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CHADD/ CHILDREN AND ADULTS WITH

Sche Par		ICIT/HYPERACTIN (a)(3) Supporting Orga	VITY DISORDE	IR 5	9-2817697 Page 7		
Secti	on D - Distributions		loonano	<u></u> /	Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	;	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (<i>describe in Part VI</i>). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.	-		8			
9	Distributable amount for 2021 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2021						
a	From 2016						
b	From 2017						
C	From 2018						
d	From 2019						
e	From 2020						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2021 distributable amount						
i	Carryover from 2016 not applied (see instructions)						
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from Section D,						
	line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2021 distributable amount						
C	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
a	Excess from 2017						
b	Excess from 2018						
C	Excess from 2019						
d	Excess from 2020						
e	Excess from 2021						

Schedule A (Form 990) 2021

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CHADD / CHILDREN AND ADULTS WITH

132028 01-04-2	2		20	Schedule A (Form 990) 2
	Section D, lines 5, 6, and (See instructions.)	8; and Part V, Section E, lines 2, 5	o, and 6. Also complete this p	art for any additional information.
	Part IV, Section A, lines 1 line 1; Part IV, Section D,	, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9 lines 2 and 3; Part IV, Section E, I	c, 11a, 11b, and 11c; Part IV, ines 1c, 2a, 2b, 3a, and 3b; Pa	Section B, lines 1 and 2; Part IV, Section C, art V, line 1; Part V, Section B, line 1e; Part V,
Part VI	Supplemental Infor	mation. Provide the explanatio	ns required by Part II, line 10;	Part II, line 17a or 17b; Part III, line 12;
Schedule A	(Form 990) 2021	ATTENTION DEFICI	T/HYPERACTIVITY	DISORDER 59-2817697 Pag

Schedule B (Form 990)	Schedule of Contributors ► Attach to Form 990 or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		2021
	CHADD/ CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER	Employer identification numb
Organization type (chec	k one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule. See instructions.
General Rule		
-	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totali any one contributor. Complete Parts I and II. See instructions for determining a contributo	
Special Rules		
sections 509(a)(contributor, dur	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% suppo (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, a ing the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on EZ, line 1. Complete Parts I and II.	and that received from any one
-	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fror ing the year, total contributions of more than \$1,000 exclusively for religious, charitable,	•

literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Schedule	B (Form 990) (2021)		Page 2
	rganization / CHILDREN AND ADULTS WITH		Employer identification number
	TION DEFICIT/HYPERACTIVITY DISORDER		59-2817697
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributio	ns Type of contribution
1		- _ \$820,5	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
2		- _ \$ <u>190,0</u> -	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
3		- _ \$ <u>190,0</u>	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
4_		- _ \$ <u>108,3</u> -	Person X Payroll Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

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	3 (Form 990) (2021)		Page 3
Name of o			Employer identification number
	/ CHILDREN AND ADULTS WITH FION DEFICIT/HYPERACTIVITY DISORDER		59-2817697
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		\$	

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Schedule I	B (Form 990) (2021)		Pag				
			Employer identification numbe				
	/ CHILDREN AND ADULTS W TION DEFICIT/HYPERACTIV		59-2817697				
Part III	Exclusively religious, charitable, etc., contributor, Complete columns (tions to organizations described in se a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the yea				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of gift	ft				
	Transferee's name, address, a 	Ind ZIP + 4	Relationship of transferor to transferee				
(a) No. from	(b) Burpoco of sift	(c) Use of gift	(d) Description of how gift is hold				
Part I	(b) Purpose of gift	(c) use of gift	(d) Description of how gift is held				
		(e) Transfer of gift					
	Transferee's name, address, a		Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Transferee's name, address, a	(e) Transfer of gift	ft Relationship of transferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
·		(e) Transfer of gift					
	Transferee's name, address, a	Ind ZIP + 4	Relationship of transferor to transferee				
123454 11-11	1-21		Schedule B (Form 990) (20				

SCHEDULE C	Po	olitical Campaign	and Lobbyir	ng Activities	OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incor	ne Tax Under section	501(c) and section 527	2021
Department of the Treasury Internal Revenue Service	-	if the organization is describe Go to www.irs.gov/Form990 fo			Z. Open to Public Inspection
-		Form 990, Part IV, line 3, or F		ne 46 (Political Campaign /	Activities), then
	•	plete Parts I-A and B. Do not co	•	De net complete Det ID	
 Section 501(c) (other Section 527 organization 		01(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part I-B.	
•	•	Form 990, Part IV, line 4, or F	orm 990-EZ. Part VI. I	ine 47 (Lobbving Activities). then
		nave filed Form 5768 (election u			
 Section 501(c)(3) org 	anizations that h	nave NOT filed Form 5768 (elect	ion under section 501(h)): Complete Part II-B. Do n	ot complete Part II-A.
-		Form 990, Part IV, line 5 (Prox	ky Tax) (See separate	instructions) or Form 990-	EZ, Part V, line 35c (Proxy
Tax) (See separate inst		iana, Camplete Dart III			
Name of organization		ions: Complete Part III. CHILDREN AND ADU	ד. די אד אד אדי די ד	Emp	loyer identification number
laine er erganzatien	•	ON DEFICIT/HYPER			59-2817697
Part I-A Comple		anization is exempt und			
1 Provide a description	on of the organiz	ation's direct and indirect politic			
2 Political campaign					S
3 Volunteer hours for	political campai	gn activities			
Part I-B Comple	ete if the org	anization is exempt und	er section 501(c)((3).	
		incurred by the organization und			
		incurred by organization manag			
		n 4955 tax, did it file Form 4720			
					Yes No
b If "Yes," describe in Part I-C Completion		anization is exempt und	or contion 501(a)	avaant saation 501/a)(2)
	-				5)(5).
	•	I by the filing organization for se ization's funds contributed to ot			
exempt function ac			-		5
		. Add lines 1 and 2. Enter here a			
line 17b				► \$	
4 Did the filing organi	zation file Form	1120-POL for this year?			Yes No
		ployer identification number (El		-	
		tion listed, enter the amount pai omptly and directly delivered to			
		additional space is needed, prov			e segregated fund of a
(a) Name	•	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
		<u> </u>			

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

Schedule C (Form 990) 2021

132041 11-03-21

CHADD/ CHILDREN AND ADULTS WITH

Schedule C (Form 990) 2021 Part II-A Complete if the org				RACTIVITY DI		
section 501(h)).	anizatio		ipt under section		a Form 5700 (ele	
	tion belon	ns to an affil	iated aroup (and list in	Part IV each affiliated	aroup member's name	address FIN
expenses, and shar			• • •	1 art IV each anniated	group member s name	, address, Ein,
		, ,	id "limited control" pro	visions apply		
			•		(a) Filing	(b) Affiliated group
		oying Exper	nditures nts paid or incurred.)		organization's	totals
(The term expend	unures m		ints paid of incurred.)		totals	
1a Total lobbying expenditures to influ	lence pub	lic opinion (g	grassroots lobbying)		0.	
b Total lobbying expenditures to influ	uence a leg	gislative bod	y (direct lobbying)		0.	
c Total lobbying expenditures (add li	nes 1a and	d 1b)			0.	
d Other exempt purpose expenditure					2,041,277.	
e Total exempt purpose expenditure					2,041,277.	
f Lobbying nontaxable amount. Ente	er the amo	unt from the			252,064.	
If the amount on line 1e, column (a) o			bying nontaxable amo			
Not over \$500,000		20% of t	he amount on line 1e.			
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exce	ess over \$500,000.		
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exce	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,			0 plus 5% of the exces			
Over \$17,000,000	,	\$1,000,0		. , ,		
g Grassroots nontaxable amount (en	ter 25% of	line 1f)			63,016.	
h Subtract line 1g from line 1a. If zer	o or less, e	enter -0-			0.	
i Subtract line 1f from line 1c. If zero	o or less, e	nter -0-			0.	
j If there is an amount other than ze	ro on eithe	r line 1h or l				
reporting section 4911 tax for this						Yes No
			eraging Period Under			
(Some organizations the second s				•	of the five columns be	low.
	See	e the separa	ate instructions for lin	es 2a through 2f.)		
	Lobl	oying Exper	ditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a)	2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	27	1,986.	269,892.	252,729.	252,064.	1,046,671.
b Lobbying ceiling amount						
(150% of line 2a, column(e))						1,570,007.
c Total lobbying expenditures						
d Grassroots nontaxable amount	6	7,997.	67,473.	63,182.	63,016.	261,668.
e Grassroots ceiling amount						
(150% of line 2d, column (e))						392,502.
f Grassroots lobbving expenditures						

Schedule C (Form 990) 2021

132042 11-03-21

CHADD/ CHILDREN AND ADULTS WITH

Schedule C (Form 990) 2021 ATTENTION DEFICIT/HYPERACTIVITY DISORDE 59-2817697 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)
	e lobbying activity.	Yes	No	Amo	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
	Mailings to members, legislators, or the public?				
е	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 similar means?				
i	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
с	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5), or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from th		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."	'No" OR (b) Part I	II-A, line	3, IS
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political	al			
	expenses for which the section 527(f) tax was paid).				
а	Current year		. 2a		
b	Carryover from last year		2b		
С	Total		. 2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditure next year?				
5	Taxable amount of lobbying and political expenditures. See instructions		5		
Par	t IV Supplemental Information				
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-A	, lines 1 a	nd 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

	HEDULE D n 990)	Complete if the org	al Financial Statements anization answered "Yes" on Form 990,	F	OMB No. 1545-0047
	ment of the Treasury I Revenue Service		, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. 90 for instructions and the latest informatic	on .	Open to Public Inspection
	e of the organizatio				dentification number
	-	ATTENTION DEFICIT/1	HYPERACTIVITY DISORDER	59	-2817697
Pa		-	d Funds or Other Similar Funds or	Accounts. C	omplete if the
	organizatior	n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised funds	(b) Funds and	other accounts
1		d of year			
2		contributions to (during year)			
3 4		grants from (during year)			
4 5			vriting that the assets held in donor advised t	funds	
Ũ	-		exclusive legal control?	-	Yes No
6			dvisors in writing that grant funds can be use		
	•		r donor advisor, or for any other purpose con		
	impermissible priva	ate benefit?		[Yes No
Pa	rt II Conserva	ation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.	
1	Purpose(s) of conse	ervation easements held by the organization	on (check all that apply).		
	Preservation	of land for public use (for example, recrea	tion or education)	istorically importa	ant land area
		f natural habitat	Preservation of a c	ertified historic st	ructure
		of open space			
2		5 5	ied conservation contribution in the form of a		
	day of the tax year.				the End of the Tax Year
a					
b	-				
C d			ucture included in (a)	2c	
d				2d	
3			eased, extinguished, or terminated by the or		he tax
	year 🕨			,	
4	Number of states w	where property subject to conservation eas	ement is located		
5	Does the organizat	ion have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enfo	prcement of the conservation easements it	holds?	[Yes No
6	Staff and volunteer	hours devoted to monitoring, inspecting,	handling of violations, and enforcing conserv	ation easements of	during the year
	►				
7		es incurred in monitoring, inspecting, hanc	ling of violations, and enforcing conservation	easements durin	g the year
•	►\$				
8			e satisfy the requirements of section 170(h)(4	·····	Yes No
9			on easements in its revenue and expense sta		Yes No
9			ote to the organization's financial statements		
		punting for conservation easements.			
Pa	rt III Organiza	tions Maintaining Collections of	Art, Historical Treasures, or Othe	r Similar Asse	ets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization e	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and	balance sheet wo	rks
	of art, historical trea	asures, or other similar assets held for put	lic exhibition, education, or research in furthe	erance of public	
	service, provide in	Part XIII the text of the footnote to its finar	icial statements that describes these items.		
b	If the organization e	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet works	of
	art, historical treasu	ures, or other similar assets held for public	exhibition, education, or research in furthera	nce of public serv	vice,
	-	ng amounts relating to these items:			
2	e e		asures, or other similar assets for financial ga	in, provide	
-		Ints required to be reported under FASB A		► ↑	
-			for Form 990		ule D (Form 990) 2021
	For Paperworк не 1 10-28-21	eduction Act Notice, see the Instructions		Sched	ווישט) 2021 נויש ער פוויישט 2021
13205	1 10-20-21		28		

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Caba		CHILDREN AN ON DEFICIT				מססס	ГD	59-28	1760	7 -	
	dule D (Form 990) 2021 ATTENTI										Page 2
3	Using the organization's acquisition, accessi								(contil	iuea)	
3	collection items (check all that apply):	on, and other record	is, check	any or the r	ollowing that	make Si	grinicant t				
а	Public exhibition	c	•	l oan or exc	hange progra	m					
b	Scholarly research										
	b Scholarly research e Other c Preservation for future generations e Other										
4	Provide a description of the organization's co	lections and explain	n how th	ov furthor th	e organizatio	n'e ovon	ant nurnor	eo in Dart	YIII		
5	During the year, did the organization solicit o	-		-	-			sennan	A III.		
5	to be sold to raise funds rather than to be ma		-		•				Yes		No
Par	t IV Escrow and Custodial Arran										
	reported an amount on Form 990, Pa			organizatio	in anowered		1 0111 000	, i aiciv, i	110 0, 01		
1a	Is the organization an agent, trustee, custod		liarv for o	contributions	s or other ass	ets not i	ncluded				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII							······ —			
-									Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.										
	t V Endowment Funds. Complete										
		(a) Current year		rior year	(c) Two year			ears back	(e) Fou	r years	back
1a	Beginning of year balance									-	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
U											
f	Administrative expenses										
g 2	End of year balance Provide the estimated percentage of the curr) hold oo:						
			e (iii ie i c %	, column (a)	j fielu as.						
	Board designated or quasi-endowment ► Permanent endowment ►		70								
		⁷⁰									
C	The percentages on lines 2a, 2b, and 2c sho										
20	Are there endowment funds not in the posse		otion tha	t are hold an	dadministor	nd for th	o oraoniza	tion			
Ja		SSION OF THE OFGATILZ	allon lina	l are neiù ai			e organiza			Yes	No
	by:								20(1)	100	
	(i) Unrelated organizations								3a(i)		
L	(ii) Related organizations								3a(ii)		
									3b		
4 Par	t VI Land, Buildings, and Equipm	organization's endo	wment	unas.							
	Complete if the organization answere) Part IV	line 11a S	ee Form 990	Part X	line 10				
		(a) Cost or c								le volu	
	Description of property	basis (investr		basis	or other	• •	ccumulate preciation		(d) Boo	k vait	le
4.	Land		nong	04313		ue	J. COLAUOT				
	Land										
	Buildings				3,200.		2,02	27		1 1	73.
	Leasehold improvements				<u>3,200.</u> 3,715.		26,39				16.
d	Equipment				<u>3,715.</u> 0,433.		-				
	Other						25,82	44.			09.
Iota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colurr	<u>n (B), line 1</u>	0c.)						98.
								Schedule	D (Forr	n 990) 2021

132052 10-28-21

CHADD/ CHILDREN AND ADULTS WITH

Schedule D (Form 990) 2021	ATTENTION	DEFICIT/HYPERA	CTIVITY	DISORDER	59-2817697	Page 3
Part VII Investments - Of	ther Securities.					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security) (b) Book value (c) Method of valuation: Cost or end-of-year market value						

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)		

Other Assets. Part IX

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEPOSITS	73,500.
(2) OPERATING LEASE RIGHT-OF-USE ASSET	119,649.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	193,149.
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25	

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	124,674.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	124,674.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

132053 10-28-21

Caba	dule D (Form 990) 2021 CHADD/ CHILDREN AND ADULTS ATTENTION DEFICIT/HYPERACTI		ספרפטאדם	5Q_'	2817697 _{Page} 4
	dule D (Form 990) 2021 ATTENTION DEFICIT/HYPERACTI t XI Reconciliation of Revenue per Audited Financial Statemen				2817697 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		· · · · · · · · · · · · · · · · · · ·		
1	Total revenue, gains, and other support per audited financial statements			1	2,520,279.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-182,291.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	-182,291.
3	Subtract line 2e from line 1			3	2,702,570.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,875.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	11,875.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	2,714,445.
Pa	t XII Reconciliation of Expenses per Audited Financial Statemer	nts Wit	h Expenses per R	Returi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	2,048,107.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	2,048,107.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,875.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,875.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	2,059,982.
Pa	t XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

FOR THE YEARS ENDED JUNE 30, 2022 AND 2021, CHADD HAS DOCUMENTED ITS

CONSIDERATION OF FASB ASC 740-10, INCOME TAXES, THAT PROVIDES GUIDANCE FOR

REPORTING UNCERTAINTY IN INCOME TAXES AND HAS DETERMINED THAT NO MATERIAL

31

UNCERTAIN TAX POSITIONS QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN

THE FINANCIAL STATEMENTS.

132054 10-28-21

Schedule D (Form 990) 2021

SCHEDULE I	G	arants and Oth	er Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)	Go	vernments, an ete if the organization	d Individual	ls in the Ŭni [:]	ted States		2021
Department of the Treasury Internal Revenue Service				m 990. or the latest inform	nation.		Open to Public Inspection
5		D ADULTS WI' HYPERACTIVI'		ER			Employer identification number $59-2817697$
Part I General Information on Grants a							
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro- 	stance?	-					
2 Describe in Part IV the organization's pro Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	ations and Domestic	Governments.	Complete if the orga	anization answered "Y	es" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 	s listed in the line 1	table					▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2021

CHADD/ CHILDREN AND ADULTS WITH

ATTENTION DEFICIT/HYPERACTIVITY DISORDER

ISORDER 59

59-2817697

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	5	11,042.	0.		
Part IV Supplemental Information. Provide the information	required in Part I, lir	i ne 2: Part III, column	(b): and any other ac	l Iditional information	1

PART I, LINE 2:

CHADD GRANT MONITORING PROCESS INVOLVES 4 PROCEDURES: RISK ASSESSMENT,

ADMINISTRATIVE CONTROLS, BUDGET AND CASH MANAGEMENT CONTROLS, SERVICE AND

PERFORMANCE GOALS. RISK ASSESSMENT: THE ORGANIZATION EVALUATES THE

PARTNERSHIP, DELIVERABLES, STAFF TIMING, AND OTHER NON-COMPLIANCE RISKS.

ADMINISTRATIVE CONTROLS: CHADD ASSIGNS A SENIOR TEAM LEAD THAT WILL MONITOR

THE GRANT REPORTING, SERVE AS THE LIAISON BETWEEN CHADD AND THE GRANTOR,

AND ENSURES PROGRAM IMPLEMENTATION. BUDGET AND CASH CONTROLS: CHADD ENSURES

THERE IS A MONTHLY RECONCILIATION OF APPROVED EXPENSES AND THAT BOTH CHADD

Sign Envelope Schedule I (Fe	orm 990)		CHAI ATTI	DD/ C ENTIC	HILD	REN					DIS	ORDER	59-	28176	97 Page 2
AND THE	GRAN	FOR ARE	E COM	IPLIA	NT W	ITH	THE	GRAI	1T T	ERMS.	SEF	VICE	AND	PERFO	RMANCE
GOALS:	CHADD	ASSIG	NED S	SENIO	R TE.	AM I	EAD	ENSU	JRES	ISSU	IES A	ARE A	DDRES	SED,	
REPORTI	NG IS	SUBMIT	FTED	AND	THAT	THE	e ovi	ERALI	GR	ANTOR	IS	SATI	SFIED	WITH	THE
PROGRAM	GOALS	5.													
														Schedul	e I (Form 990)
132291 04-01-21														Concoun	

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	-EZ	OMB No. 1545-0047	
Name of the organization	► Go to www.irs.gov/Form990 for the latest information. CHADD/ CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER		r identification number

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED BY THE

CEO AND THE FINANCE/AUDIT COMMITTEE. A COPY WAS SHARED WITH THE ENTIRE

BOARD OF DIRECTORS PRIOR TO FILING WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

ANNUALLY, ALL DIRECTORS, OFFICERS, MEMBERS OF BOARD COMMITTEES, AND SENIOR MANAGERS SIGN A CONFLICT OF INTEREST DISCLOSURE FORM. IF A CONFLICT ARISES, THE INTERESTED PERSON DISCLOSES THE FINANCIAL INTEREST OR DUAL INTEREST AND ALL MATERIAL FACTS. AFTER DISCUSSION WITH THE INTERESTED PERSON AND THE BOARD OR COMMITTEE, THE INTERESTED PERSON LEAVES THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS CONSIDERED AND VOTED UPON. THE REMAINING DISINTERESTED DIRECTOR(S) DECIDE IF A CONFLICT OF INTEREST EXISTS. IF A CONFLICT OF INTEREST IS FOUND TO EXIST, IT IS ADDRESSED BY THE BOARD OR COMMITTEE. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT, OR A MITIGATION OF THE DUAL INTEREST, IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE DISINTERESTED DIRECTOR(S) DETERMINE WHETHER THE TRANSACTION OR ARRANGEMENT OR DUAL INTEREST IS FAIR AND REASONABLE AND IN CHADD'S BEST INTERESTS AND MAKE A DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT, OR PERMIT THE DUAL INTEREST TO CONTINUE, IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS EXECUTIVE COMMITTEE ANNUALLY REVIEWS CEO PERFORMANCE

 AND SALARY. MOST RECENTLY IN NOVEMBER 2022, THE EXECUTIVE COMMITTEE AND THE

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990) 2021

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ichedule O (Form 990) 2021 Iame of the organization CHADD/ CHILDREN AND ADULTS WITH	Page Employer identification numbe
ATTENTION DEFICIT/HYPERACTIVITY DISORDER	59-2817697
INANCE COMMITTEE DETERMINED A SALARY RANGE FOR THE NEXT C	EO AND ALSO
DECIDED TO HAVE AN INTERIM CEO TO REVIEW THE ORGANIZATION	PROCESSES, STAFF
ND PROGRAMS BEFORE HIRING A CEO. THE BOARD USES COMPENSAT	ION STUDIES
PUBLISHED ANNUALLY BY THE NATIONAL HEALTH COUNCIL. DELIBER	ATION AND
DECISION OF THE REVIEW IS DOCUMENTED IN THE EXECUTIVE COMM	IITTEE MEETING
IINUTES.	
ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
L, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, C	DR, PA, RI, SC, TN, UT
/A,WV,WI	
ORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT C	F INTEREST
OLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC C	ON ITS WEBSITE.
YORM 990, PART IX, LINE 11G, OTHER FEES:	
THER PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	142,640.
IANAGEMENT AND GENERAL EXPENSES	135,281.
UNDRAISING EXPENSES	11,225.
COTAL EXPENSES	289,146.
COTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	289,146.

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