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## 2007 Tax Return(s)

**Prepared for** NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.  
CLIENT CODE: 131912877

**Account Number** 808512  
**Release Number** 2007.07020

**Prepared by** WALSH & CO.  
632A MAIN STREET  
WINCHESTER, MA  
01890  
  
(781) 721-0295

**Processing** Date: 03/20/2009  
Time: 15:32:47

**Special  
Instructions**

**Messages**

## Return Information

### INFORMATIONAL

- Form 990. Page 9. The preparer's social security number and/or employer identification number have been left blank in accordance with the official IRS instructions. Only Section 4947(a)(1) nonexempt charitable trusts that are filing Form 990 in lieu of Form 1041 are instructed to complete this information. If desired, an entry on the Return Options worksheet, Miscellaneous Print Options section, Print preparer SSN & EIN field, may be used to force this information to print. Please note, however, that forcing this information to print when it is not required will disqualify the return from electronic filing. (30102)
- Schedule A. Page 4, Part IV. The entries to identify excess contributions on the Schedule A worksheet, Support Schedule section, Identification of Excess Contributors fields, contained 29 individual(s) whose contributions were not in excess of the amount calculated for line 26a and consequently has/have been excluded from the amount on line 26b. (30002)
- Form 8868. An entry has been made in one or more of the amount override fields on the Extensions worksheet, General Information section, but the entry in the Type of return to be filed field indicates that Form 8868 is being prepared for Form 990 or 990-EZ. The override entries are not applicable and have been ignored. (30039)
- Schedule A. Page 4, Part IV. The confidential large donor supporting statements have been produced in the accountant's and taxpayer's copy of the return. These are collated directly behind Schedule A and can be identified by the notation "Do Not File - Not Open to Public Inspection" that prints in the heading of each statement. Be sure that these confidential statements are not inadvertently included in any copy of the return that is being made available for public inspection. (30146)
- Form 8868. Form 8868, Part II has been prepared to request an additional extension of time to file Form 990. Form 8868 must be mailed by February 15, 2009.

Mail Form 8868 to: Internal Revenue Service Center  
Ogden, UT 84201-0012

Note that specific extension filing instructions may be prepared by making the appropriate entry on the Letters and Filing Instructions worksheet, Filing Instructions and Cover Letter section, Extension filing instructions field and/or the Letters and Filing Instructions worksheet, Transmittal Letter section, Extension transmittal letter field. (30124)

Worksheet: Form 990 Return of Organization Exempt from Income Tax

Section: Balance Sheet Assets

End of year equip basis.....	23,264
End of year accum depr.....	22,767

## 2007 Return Summary

NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.

13-1912877

FORM 990:

TOTAL REVENUE	856,710.
TOTAL EXPENSES	743,825.
EXCESS <DEFICIT>	112,885.
BEGINNING NET ASSETS	338,781.
CHANGES IN NET ASSETS	<2.>
ENDING NET ASSETS (PAGE 1)	451,664.

BALANCE SHEET ANALYSIS

ENDING TOTAL ASSETS	543,490.
ENDING TOTAL LIABILITIES	91,826.
ENDING TOTAL NET ASSETS OR FUND BALANCES (PAGE 3)	451,664.
ENDING TOTAL ASSETS MINUS LIABILITIES AND NET ASSETS	0.
ENDING NET ASSETS DIFFERENCE BETWEEN PAGE 1 AND PAGE 3	0.

WALSH & CO.  
ACCOUNTANTS & CONSULTANTS  
632A MAIN STREET  
WINCHESTER, MA 01890

MARCH 20, 2009

NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.  
2001 BEACON ST NO. 204  
BRIGHTON, MA 02135-7772

NATIONAL TAY-SACHS & ALLIED DISEASES ASSOCIATION, INC.:

ENCLOSED IS THE ORGANIZATION'S 2007 EXEMPT ORGANIZATION  
RETURN. THE RETURN SHOULD BE SIGNED, DATED, AND MAILED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

PLEASE SIGN AND MAIL AS SOON AS POSSIBLE.

MAIL TO - DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0027

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST  
THAT YOU RETAIN THIS COPY INDEFINITELY.

VERY TRULY YOURS,

MICHAEL J. WALSH, CPA

**Return of Organization Exempt From Income Tax**

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

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning **JUL 1, 2007** and ending **JUN 30, 2008**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C</b> Name of organization <b>NATIONAL TAY-SACHS &amp; ALLIED DISEASES ASSOCIATION, INC.</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2001 BEACON ST 204</b> City or town, state or country, and ZIP + 4 <b>BRIGHTON, MA 02135-7772</b>	<b>D</b> Employer identification number <b>13-1912877</b> <b>E</b> Telephone number <b>617.277.4463</b> <b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

Hand I are not applicable to section 527 organizations.

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates ▶ **N/A**

**H(c)** Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: ▶ **WWW.NTSAD.ORG**

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

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**I** Group Exemption Number ▶ **N/A**

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **856,710.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
	<b>a</b>		<b>1a</b>				
	<b>b</b>		<b>1b</b>				
	<b>c</b>		<b>1c</b>				
	<b>d</b>		<b>1d</b>				
	<b>e</b>		<b>Total</b> (add lines 1a through 1d) (cash \$ <b>678,461.</b> noncash \$ ) ...		<b>1e</b>		<b>678,461.</b>
		<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93) .....		<b>2</b>		<b>151,383.</b>
		<b>3</b>	Membership dues and assessments .....		<b>3</b>		<b>12,485.</b>
		<b>4</b>	Interest on savings and temporary cash investments .....		<b>4</b>		<b>14,381.</b>
		<b>5</b>	Dividends and interest from securities .....		<b>5</b>		
<b>Revenue</b>	<b>6 a</b>		<b>6a</b>				
	<b>b</b>		<b>6b</b>				
	<b>c</b>		Net rental income or (loss). Subtract line 6b from line 6a .....		<b>6c</b>		
	<b>7</b>		Other investment income (describe ▶ ) .....		<b>7</b>		
	<b>8 a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>		Net gain or (loss). Combine line 8c, columns (A) and (B) .....		<b>8d</b>		
	<b>9</b>		Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
	<b>a</b>		<b>9a</b>				
	<b>b</b>		<b>9b</b>				
	<b>c</b>		Net income or (loss) from special events. Subtract line 9b from line 9a .....		<b>9c</b>		
	<b>10 a</b>		<b>10a</b>				
	<b>b</b>		<b>10b</b>				
	<b>c</b>		Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a .....		<b>10c</b>		
		<b>11</b>	Other revenue (from Part VII, line 103) .....		<b>11</b>		
		<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 .....		<b>12</b>		<b>856,710.</b>
<b>Expenses</b>		<b>13</b>	Program services (from line 44, column (B)) .....		<b>13</b>		<b>648,783.</b>
		<b>14</b>	Management and general (from line 44, column (C)) .....		<b>14</b>		<b>51,891.</b>
		<b>15</b>	Fundraising (from line 44, column (D)) .....		<b>15</b>		<b>43,151.</b>
		<b>16</b>	Payments to affiliates (attach schedule) .....		<b>16</b>		
		<b>17</b>	<b>Total expenses.</b> Add lines 16 and 44, column (A) .....		<b>17</b>		<b>743,825.</b>
<b>Net Assets</b>		<b>18</b>	Excess or (deficit) for the year. Subtract line 17 from line 12 .....		<b>18</b>		<b>112,885.</b>
		<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A)) .....		<b>19</b>		<b>338,781.</b>
		<b>20</b>	Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 1</b> .....		<b>20</b>		<b>&lt;2.&gt;</b>
		<b>21</b>	Net assets or fund balances at end of year. Combine lines 18, 19, and 20 .....		<b>21</b>		<b>451,664.</b>

NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.

Form 990 (2007)

13-1912877 Page 2

**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>STATEMENT 3</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ 314938 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	314,938.	314,938.		
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	74,850.	59,670.	11,438.	3,742.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	87,258.	60,744.	12,726.	13,788.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	1,508.	1,327.	121.	60.
<b>28</b> Employee benefits not included on lines 25a - 27	4,225.	3,738.	338.	149.
<b>29</b> Payroll taxes	13,525.	10,245.	1,784.	1,496.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	11,500.	7,705.	2,415.	1,380.
<b>32</b> Legal fees				
<b>33</b> Supplies				
<b>34</b> Telephone	2,388.	1,895.	227.	266.
<b>35</b> Postage and shipping	10,494.	4,526.	616.	5,352.
<b>36</b> Occupancy	18,360.	13,770.	1,876.	2,714.
<b>37</b> Equipment rental and maintenance	5,234.	3,891.	592.	751.
<b>38</b> Printing and publications	26,151.	15,949.	1,246.	8,956.
<b>39</b> Travel	13,719.	7,766.	3,650.	2,303.
<b>40</b> Conferences, conventions, and meetings	130,248.	130,248.		
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc. (attach schedule)	1,476.	1,181.	118.	177.
<b>43</b> Other expenses not covered above (itemize):				
a				
b				
c				
d				
e				
f				
g <b>SEE STATEMENT 2</b>	27,951.	11,190.	14,744.	2,017.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	743,825.	648,783.	51,891.	43,151.

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A;

(iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

723011  
12-27-07

Form 990 (2007)

**NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.**

Form 990 (2007)

13-1912877 Page **3**

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <b>SEE STATEMENT 4</b>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a PREVENTION &amp; QUALITY CONTROL: PROVIDE TECHNICAL ASSISTANCE TO GROUPS WANTING TO PERFORM SCREENINGS &amp; PUBLISH AND DISSEMINATE LISTS OF INTERNATIONAL QUALITY CONTROL LABS AND CENTERS</b>	
(Grants and allocations \$ <b>44,300.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>44,300.</b>
<b>b FAMILY SERVICES: CO-ORDINATE PARENT PEER COUNSELING PROGRAMS FOR MORE THAN 420 FAMILIES, REFERRALS AND ADVOCACY SERVICE, CRISIS INTERVENTION, COUNSELING, &amp; CONSULTATION TO HEALTH WORKERS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>230,680.</b>
<b>c EDUCATION: PUBLISH AND DISSEMINATE EDUCATIONAL LITERATURE TO PROFESSIONALS AND LAY PERSONS, RESPOND TO REQUESTS FOR INFORMATION, PARTICIPATE IN CONFERENCES AND PROVIDE PUBLIC SPEAKERS.</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>40,198.</b>
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e Other program services (attach schedule) SEE STATEMENT 5</b>	
(Grants and allocations \$ <b>270,638.</b> ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>333,605.</b>
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) ►	<b>648,783.</b>

Form **990** (2007)

**NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.**

Form 990 (2007)

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**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing .....		45	
	46 Savings and temporary cash investments .....	448,628.	46	510,724.
	47 a Accounts receivable .....	47a 2,050.		
	b Less: allowance for doubtful accounts .....	47b	2,700.	47c 2,050.
	48 a Pledges receivable .....	48a 25,000.		
	b Less: allowance for doubtful accounts .....	48b	6,787.	48c 25,000.
	49 Grants receivable .....		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees .....			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....			50b
	51 a Other notes and loans receivable .....	51a		
	b Less: allowance for doubtful accounts .....	51b		51c
	52 Inventories for sale or use .....			52
	53 Prepaid expenses and deferred charges .....		33,630.	53 3,276.
	54 a Investments - publicly-traded securities <b>STMT 7</b> <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV .....		1,040.	54a 1,043.
	b Investments - other securities .....			54b
	55 a Investments - land, buildings, and equipment: basis .....	55a		
	b Less: accumulated depreciation .....	55b		55c
	56 Investments - other .....		0.	56 0.
	57 a Land, buildings, and equipment: basis .....	57a 23,264.		
b Less: accumulated depreciation <b>STMT 6</b> .....	57b 22,767.	1,973.	57c 497.	
58 Other assets, including program-related investments (describe <b>▶ SECURITY DEPOSIT</b> ) .....		900.	58 900.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		495,658.	59 543,490.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....		9,873.	60 27,740.
	61 Grants payable .....			61
	62 Deferred revenue .....		10,000.	62
	63 Loans from officers, directors, trustees, and key employees .....			63
	64 a Tax-exempt bond liabilities .....			64a
	b Mortgages and other notes payable .....			64b
	65 Other liabilities (describe <b>▶ TRUSTEE OBLIGATION</b> ) .....		137,004.	65 64,086.
	66 <b>Total liabilities.</b> Add lines 60 through 65 .....		156,877.	66 91,826.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted .....		311.	67 <2,627.>
	68 Temporarily restricted .....		338,470.	68 454,291.
	69 Permanently restricted .....			69
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds .....			70
	71 Paid-in or capital surplus, or land, building, and equipment fund .....			71
	72 Retained earnings, endowment, accumulated income, or other funds .....			72
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) .....		338,781.	73 451,664.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		495,658.	74 543,490.

Form 990 (2007)





**NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.**

Form 990 (2007)

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<b>Part VI Other Information</b> <i>(continued)</i>		Yes	No
<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? .....	<b>82a</b>	<b>X</b>
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) .....		
	<b>82b</b> <u>4,500.</u>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>83a</b>	<b>X</b>
<b>b</b>	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? .....	<b>83b</b>	<b>X</b>
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....	<b>84a</b>	<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....	<b>84b</b>	
	<b>N/A</b>		
<b>85 a</b>	<b>501(c)(4), (5), or (6).</b> Were substantially all dues nondeductible by members? .....	<b>85a</b>	
	<b>N/A</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....	<b>85b</b>	
	<b>N/A</b>		
	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
<b>c</b>	Dues, assessments, and similar amounts from members .....	<b>85c</b>	<b>N/A</b>
<b>d</b>	Section 162(e) lobbying and political expenditures .....	<b>85d</b>	<b>N/A</b>
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....	<b>85e</b>	<b>N/A</b>
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....	<b>85f</b>	<b>N/A</b>
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....	<b>85g</b>	
	<b>N/A</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? .....	<b>85h</b>	
	<b>N/A</b>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12 .....	<b>86a</b>	<b>N/A</b>
	<b>N/A</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....	<b>86b</b>	<b>N/A</b>
	<b>N/A</b>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....	<b>87a</b>	<b>N/A</b>
	<b>N/A</b>		
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) .....	<b>87b</b>	<b>N/A</b>
	<b>N/A</b>		
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX .....	<b>88a</b>	<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI .....	<b>88b</b>	<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u> .....		
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction .....	<b>89b</b>	<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 .....		
	<u>0.</u>		
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization .....		
	<u>0.</u>		
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? .....	<b>89e</b>	<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....	<b>89f</b>	<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? .....	<b>89g</b>	<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed <b>MA</b> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 .....	<b>90b</b>	<b>3</b>
<b>91 a</b>	The books are in care of <b>THE ORGANIZATION</b> Telephone no. <u>617.277.4463</u> Located at <u>2001 BEACON ST, BRIGHTON, MA</u> ZIP + 4 <u>02135-7772</u>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? .....	<b>91b</b>	<b>X</b>
	If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank and Financial Accounts.		

Form **990** (2007)

**NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.**

Form 990 (2007)

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<b>Part VI</b>	<b>Other Information</b> (continued)		<b>Yes</b>	<b>No</b>
c At any time during the calendar year, did the organization maintain an office outside of the United States?		91c	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," enter the name of the foreign country <span style="float:right">N/A</span>				
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/>				
and enter the amount of tax-exempt interest received or accrued during the tax year <span style="float:right">92</span>		N/A		

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
<b>93</b> Program service revenue:					
a <u>QUALITY CONTROL</u>					40,500.
b <u>SALES</u>					1,631.
c <u>ANNUAL CONFERENCE</u>					109,252.
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
<b>94</b> Membership dues and assessments .....					12,485.
<b>95</b> Interest on savings and temporary cash investments ...					14,381.
<b>96</b> Dividends and interest from securities .....					
<b>97</b> Net rental income or (loss) from real estate:					
a debt-financed property .....					
b not debt-financed property .....					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income .....					
<b>100</b> Gain or (loss) from sales of assets other than inventory .....					
<b>101</b> Net income or (loss) from special events .....					
<b>102</b> Gross profit or (loss) from sales of inventory .....					
<b>103</b> Other revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		0.		0.	178,249.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					178,249.

**Note:** Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

<b>Part VIII</b>	<b>Relationship of Activities to the Accomplishment of Exempt Purposes</b> (See the instructions.)
<b>Line No.</b>	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	<b>SEE STATEMENT 9</b>

<b>Part IX</b>	<b>Information Regarding Taxable Subsidiaries and Disregarded Entities</b> (See the instructions.)			
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

<b>Part X</b>	<b>Information Regarding Transfers Associated with Personal Benefit Contracts</b> (See the instructions.)
(a)	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Note:</b> If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).	

Form **990** (2007)

NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.

Form 990 (2007)

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**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

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

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

Yes	No

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

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

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please Sign Here**

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_

Type or print name and title \_\_\_\_\_

---

**Paid Preparer's Use Only**

Preparer's signature \_\_\_\_\_ Date 03/20/09 Check if self-employed  Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4  
**WALSH & CO.**  
**632A MAIN STREET**  
**WINCHESTER, MA 01890**

EIN \_\_\_\_\_ Phone no. (781) 721-0295

Form 990 (2007)

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

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2007**

Name of the organization **NATIONAL TAY-SACHS & ALLIED DISEASES ASSOCIATION, INC.** Employer identification number **13 1912877**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

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

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

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

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

NATIONAL TAY-SACHS & ALLIED DISEASES

**Part III** Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property? .....	2a	X
b	Lending of money or other extension of credit? .....	2b	X
c	Furnishing of goods, services, or facilities? .....	2c	X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .....	2d	X
e	Transfer of any part of its income or assets? .....	2e	X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.) ..... <b>SEE STATEMENT 10</b>	3a	X
b	Did the organization have a section 403(b) annuity plan for its employees? .....	3b	X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement .....	3c	X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .....	3d	X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g .....	4a	X
b	Did the organization make any taxable distributions under section 4966? .....	4b	X
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	X
d	Enter the total number of donor advised funds owned at the end of the tax year .....	10	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	454,291.	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts .....	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year .....	0.	

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I       Type II       Type III-Functionally Integrated       Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b> .....					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

NATIONAL TAY-SACHS & ALLIED DISEASES

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

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

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	463,595.	406,340.	440,733.	325,469.	1,636,137.
<b>16</b> Membership fees received	15,513.	14,869.	10,891.	16,002.	57,275.
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	52,288.	18,348.	32,289.	46,357.	149,282.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	12,199.	11,692.	3,196.	744.	27,831.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
<b>23</b> Total of lines 15 through 22	543,595.	451,249.	487,109.	388,572.	1,870,525.
<b>24</b> Line 23 minus line 17	491,307.	432,901.	454,820.	342,215.	1,721,243.
<b>25</b> Enter 1% of line 23	5,436.	4,512.	4,871.	3,886.	
<b>26 Organizations described on lines 10 or 11:</b> a Enter 2% of amount in column (e), line 24 ▶					<b>26a</b> 34,425.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					<b>26b</b> 238,525.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					<b>26c</b> 1,721,243.
d Add: Amounts from column (e) for lines: 18 <u>27,831.</u> 19 _____ 22 _____ 26b <u>238,525.</u> ▶					<b>26d</b> 266,356.
e Public support (line 26c minus line 26d total) ▶					<b>26e</b> 1,454,887.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					<b>26f</b> 84.5254%
<b>27 Organizations described on line 12:</b> a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: <b>N/A</b> (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: <b>N/A</b> (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total) ▶					<b>27e</b> N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶	<b>27f</b> N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					<b>27h</b> N/A %

**28 Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.**

Schedule A (Form 990 or 990-EZ) 2007

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**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? .....		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? .....		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? .....		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
_____			
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff? .....	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? .....	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? .....	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? .....	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges? .....	33a	
b	Admissions policies? .....	33b	
c	Employment of faculty or administrative staff? .....	33c	
d	Scholarships or other financial assistance? .....	33d	
e	Educational policies? .....	33e	
f	Use of facilities? .....	33f	
g	Athletic programs? .....	33g	
h	Other extracurricular activities? .....	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
_____			
_____			
34 a	Does the organization receive any financial aid or assistance from a governmental agency? .....	34a	
b	Has the organization's right to such aid ever been revoked or suspended? .....	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation .....	35	

Schedule A (Form 990 or 990-EZ) 2007

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37) .....	<b>38</b>		
<b>39</b> Other exempt purpose expenditures .....	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) .....	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000 .....	20% of the amount on line 40 .....		
Over \$500,000 but not over \$1,000,000 .....	\$100,000 plus 15% of the excess over \$500,000 .....		
Over \$1,000,000 but not over \$1,500,000 .....	\$175,000 plus 10% of the excess over \$1,000,000 .....	<b>41</b>	
Over \$1,500,000 but not over \$17,000,000 .....	\$225,000 plus 5% of the excess over \$1,500,000 .....		
Over \$17,000,000 .....	\$1,000,000 .....		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) .....	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount .....					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) .....					0.
<b>47</b> Total lobbying expenditures .....					0.
<b>48</b> Grassroots nontaxable amount .....					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) .....					0.
<b>50</b> Grassroots lobbying expenditures .....					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
	<b>a</b> Volunteers .....		
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines <b>c</b> through <b>h</b> .) .....			
<b>c</b> Media advertisements .....			
<b>d</b> Mailings to members, legislators, or the public .....			
<b>e</b> Publications, or published or broadcast statements .....			
<b>f</b> Grants to other organizations for lobbying purposes .....			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body .....			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
<b>i</b> Total lobbying expenditures (Add lines <b>c</b> through <b>h</b> .) .....			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.





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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2007**

Name of organization

NATIONAL TAY-SACHS & ALLIED DISEASES  
ASSOCIATION, INC.

Employer identification number

13-1912877

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

**General Rule-**

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

**Special Rules-**

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ..... ► \$ \_\_\_\_\_

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

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

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

Name of organization <b>NATIONAL TAY-SACHS &amp; ALLIED DISEASES ASSOCIATION, INC.</b>	Employer identification number <b>13-1912877</b>
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	CAMERON & HAYDEN LORD FOUNDATION 110 RIVERSIDE DR #12C NEW YORK, NY 10024	\$ 70,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	BAIN CAPITAL CHILDREN'S CHARITY 111 HUNTINGTON AVENUE BOSTON, MA 02199	\$ 20,000.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	GENZYME ONE KENDALL SQUARE CAMBRIDGE, MA 02139	\$ 18,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	MATHEW FORBES ROMER FOUNDATION 9858 GLADES ROAD 191 BOCA RATON, FL 33496	\$ 56,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	NTSAD - NEW YORK 1202 LEXINGTON AVENUE NEW YORK, NY 10028	\$ 90,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	SOPHIA PESOTCHINSKY 12755 ALTA VERDE LANE LOS ALTOS HILLS, CA 94022	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

<b>Name of organization</b> NATIONAL TAY-SACHS & ALLIED DISEASES ASSOCIATION, INC.	<b>Employer identification number</b> 13-1912877
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	CURE TAY-SACHS FOUNDATION  12730 TRISKETT ROAD  CLEVELAND, OH 44111	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____  _____  _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	1
DESCRIPTION		AMOUNT	
UNREALIZED LOSSES IN INVESTMENTS			<2.>
TOTAL TO FORM 990, PART I, LINE 20			<2.>

FORM 990	OTHER EXPENSES			STATEMENT	2
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
BANK SERVICE CHARGES	4,442.		4,442.		
DUES & SUBSCRIPTIONS	878.	402.	367.	109.	
INSURANCE	3,629.	468.	3,067.	94.	
OFFICE & MISCELLANEOUS	3,913.	1,684.	1,210.	1,019.	
REPAIRS & MAINTENANCE	199.	144.	22.	33.	
UTILITIES	1,230.	332.	835.	63.	
COMPUTER SERVICES	4,064.	700.	3,284.	80.	
LICENSE & FEES	433.		433.		
SCHOLARSHIP AWARDS	4,000.	4,000.			
CONSULTING	3,152.	2,112.	662.	378.	
PAYROLL PROCESSING	2,011.	1,348.	422.	241.	
TOTAL TO FM 990, LN 43	27,951.	11,190.	14,744.	2,017.	

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 3

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
TEST SITE QUALITY CONTROL TESTING UNIVERSITY OF MARYLAND AT BALTIMORE 655 W. BALTIMORE ST, BRB11-047 BALTIMORE, MD 21201	44,300.
RESEARCH INITIATIVE LYSOSOMAL STORAGE DISEASE RESEARCH C/O NTSAD, 2001 BEACON ST, STE 204 BRIGHTON, MA 02135	270,638.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	314,938.

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

EXPLANATION

TO DETECT, PREVENT AND RESEARCH TAY-SACHS AND ALLIED DISEASES. THE ORGANIZATION ALSO PROVIDES SERVICES TO FAMILIES AND CHILDREN THAT ARE LIVING WITH THE DISEASES.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 5

DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES
LEGISLATIVE ADVOCACY	0.	20,313.
RESEARCH	270,638.	313,292.
TOTAL TO FORM 990, PART III, LINE E	270,638.	333,605.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 6

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
COMPUTERS	12,109.	11,612.	497.
COMPUTER SOFTWARE	971.	971.	0.
FURNITURE	10,184.	10,184.	0.
TOTAL TO FORM 990, PART IV, LN 57	23,264.	22,767.	497.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES	COST			1,043.	1,043.
TO FORM 990, LINE 54A, COL B				1,043.	1,043.

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FORM 990      PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,      STATEMENT      8  
TRUSTEES AND KEY EMPLOYEES

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
SUSAN KAHN 2001 BEACON ST STE 204 BRIGHTON, MA 02135	EXECUTIVE DIRECTOR 40.00	74,250.	600.	0.
BRADLEY CAMPBELL 2001 BEACON ST STE 204 BRIGHTON, MA 02135	PRESIDENT 2.50	0.	0.	0.
TIM LORD 2001 BEACON ST STE 204 BRIGHTON, MA 02135	EXECUTIVE VICE PRESIDENT 2.50	0.	0.	0.
NIKKI J BORMAN 2001 BEACON ST STE 204 BRIGHTON, MA 02135	FINANCE VICE PRESIDENT 2.50	0.	0.	0.
PAULA GREGORY 2001 BEACON ST STE 204 BRIGHTON, MA 02135	EDUCATION VICE PRESIDENT 2.50	0.	0.	0.
MONICA GETTLEMAN 2001 BEACON ST STE 204 BRIGHTON, MA 02135	FAMILY SERVICES VICE PRESIDENT 2.50	0.	0.	0.
RISA ASNEN 2001 BEACON ST STE 204 BRIGHTON, MA 02135	ANNUAL CONFERENCE VICE PRESIDENT 2.50	0.	0.	0.
STEWART ALTMAN 2001 BEACON ST STE 204 BRIGHTON, MA 02135	CHAPTER RELATIONS 2.50	0.	0.	0.
RON WELLS 2001 BEACON ST STE 204 BRIGHTON, MA 02135	CHAPTER RELATIONS 2.50	0.	0.	0.
SUSAN RILEY KEYES 2001 BEACON ST STE 204 BRIGHTON, MA 02135	DIRECTOR 2.50	0.	0.	0.
JOHN GORDON 2001 BEACON ST STE 204 BRIGHTON, MA 02135	DIRECTOR 2.50	0.	0.	0.



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> You must file original and one copy.		
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization <b>NATIONAL TAY-SACHS &amp; ALLIED DISEASES ASSOCIATION, INC.</b>	Employer identification number <b>13-1912877</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2001 BEACON ST, NO. 204</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>BRIGHTON, MA 02135-7772</b>	

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

- Form 990     Form 990-EZ     Form 990-T (sec. 401(a) or 408(a) trust)     Form 1041-A     Form 5227     Form 8870
- Form 990-BL     Form 990-PF     Form 990-T (trust other than above)     Form 4720     Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in the care of **THE ORGANIZATION**  
Telephone No. **617.277.4463**    FAX No. \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**4** I request an additional 3-month extension of time until **MAY 15, 2009**.

**5** For calendar year \_\_\_\_\_, or other tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**.

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

**7** State in detail why you need the extension  
**ADDITIONAL TIME IS REQUIRED TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date