

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)

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 _____, and ending _____

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

C Name of organization
National Lipid Association, Inc.
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6816 Southpoint Parkway, Bldg. 1000
 City or town, state or country, and ZIP + 4
Jacksonville FL 32216

D Employer identification number
59-3727483

E Telephone number
904-998-0853

F Accounting method: Cash Accrual Other (specify) _____

G Website: **n/a**

J Organization type (check only one) 501(c) (**6**) (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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **5,664,567**

H and **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 **▶** _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number **▶** _____
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 (See the instructions.)				
Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Contributions to donor advised funds	1a	
	b	Direct public support (not included on line 1a)	1b	5,050,589
	c	Indirect public support (not included on line 1a)	1c	
	d	Government contributions (grants) (not included on line 1a)	1d	
	e	Total (add lines 1a through 1d) (cash \$ 5,050,589 noncash \$ _____)	1e	5,050,589
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	413,775
	3	Membership dues and assessments	3	90,965
	4	Interest on savings and temporary cash investments	4	109,238
	5	Dividends and interest from securities	5	
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		
7	Other investment income (describe _____)	7		
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
	b	Less: cost or other basis and sales expenses	8a	
	c	Gain or (loss) (attach schedule)	8b	
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	
Revenue	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a	
	b	Less: direct expenses other than fundraising expenses	9b	
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
Revenue	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	5,664,567	
Expenses	13	Program services (from line 44, column (B))	13	3,432,813
	14	Management and general (from line 44, column (C))	14	492,814
	15	Fundraising (from line 44, column (D))	15	584,458
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses. Add lines 16 and 44, column (A)	17	4,510,085
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	1,154,482
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	1,834,915
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	2,989,397

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a			
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c 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)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26			
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28			
29 Payroll taxes	29			
30 Professional fundraising fees	30	584,458		584,458
31 Accounting fees	31	6,072	6,072	
32 Legal fees	32	2,147	2,147	
33 Supplies	33	3,484	3,484	
34 Telephone	34	648	648	
35 Postage and shipping	35	1,965	1,965	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38	7,647	7,647	
39 Travel	39	4,582	4,582	
40 Conferences, conventions, and meetings	40	3,238,510	3,238,510	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42			
43 Other expenses not covered above (itemize):				
a See Statement 2	43a	660,572	167,758	492,814
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	4,510,085	3,432,813	492,814

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ ; (ii) the amount allocated to Program services \$ _____ ;
 (iii) the amount allocated to Management and general \$ _____ ; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose?

▶ **Promote the study of lipid medicine.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a Organization conducts an annual meeting to educate the members in the medical specialty of lipid medicine.

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

3,432,813

b

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

c

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

d

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ▶

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶

3,432,813

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	376,747	45	604,648	
	46 Savings and temporary cash investments	2,067,661	46	2,224,393	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b		47c	
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b		48c	
	49 Grants receivable		169,207	49	349,640
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)			50b	
	51a Other notes and loans receivable (attach schedule)	51a			
	b Less: allowance for doubtful accounts	51b			51c
	52 Inventories for sale or use				52
	53 Prepaid expenses and deferred charges				53
	54a Investments—publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			54a
	b Investments—other securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b
	55a Investments—land, buildings, and equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b			55c
	56 Investments—other (attach schedule)				56
	57a Land, buildings, and equipment: basis	57a			
	b Less: accumulated depreciation (attach schedule)	57b			57c
	58 Other assets, including program-related investments (describe)				58
	59 Total assets (must equal line 74). Add lines 45 through 58		2,613,615	59	3,178,681
	Liabilities	60 Accounts payable and accrued expenses		60	999
		61 Grants payable		61	
		62 Deferred revenue See Statement 3	778,700	62	188,285
		63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a Tax-exempt bond liabilities (attach schedule)			64a		
b Mortgages and other notes payable (attach schedule)			64b		
65 Other liabilities (describe)			65		
66 Total liabilities. Add lines 60 through 65		778,700	66	189,284	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	1,834,915	67	2,989,397	
	68 Temporarily restricted		68		
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		1,834,915	73	2,989,397	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		2,613,615	74	3,178,681	

Part VI Other Information (continued)		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	N/A		
84b			
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?		X
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		X
c	Dues, assessments, and similar amounts from members		
	85c	90,965	
d	Section 162(e) lobbying and political expenditures		
	85d	0	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
	85e	0	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
	85f	0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
	N/A		
85g			
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
	N/A		
85h			
86a	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86b	Gross receipts, included on line 12, for public use of club facilities		
87a	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
88b			
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		
89b			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed <input type="checkbox"/> None		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	0
91a	The books are in care of <input type="checkbox"/> Chris Seymour 6816 Southpoint Parkway, Bldg. 1000 Located at <input type="checkbox"/> Jacksonville, FL	Telephone no. <input type="checkbox"/> 904-998-0853	ZIP + 4 <input type="checkbox"/> 32216
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b		Yes	No
			X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c Yes No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Meeting registration					413,775
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					90,965
95 Interest on savings and temporary cash investments					109,238
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0		0	613,978
105 Total (add line 104, columns (B), (D), and (E))					613,978

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	The funds provided to the National Lipid Association were used to promote the study of lipid medicine throughout the United States.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (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	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

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 **7/29/08** Check if self-employed
Firm's name (or yours if self-employed), address, and ZIP + 4 **Cornelius Schou Leone & Matteson, LLC**
4496 Southside Boulevard
Jacksonville, FL 32216 EIN _____
Phone no **904-642-1794** Preparer's SSN or PTIN (See Gen. Instr. X) _____

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

Employer identification number

National Lipid Association, Inc.**59-3727483**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(**6**) (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).

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)

**National Lipid Association
Contributions Lead Schedule
January through December 2007**

Name	Address	Amount
Abbott Laboratories Abbott Laboratories	200 Abbott Park Rd Abbott Park, IL 60064-6183	664,863.00
Access Medical Group Access Medical Group	8420 W Bryn Mawr Ave Chicago, IL 60631-3443	88,347.55
AstraZeneca AstraZeneca	PO Box 15250 Wilmington, DE 19850-5250	644,500.00
Atherotech Atherotech	201 London Parkway Birmingham, AL 35211	27,200.00
B. Braun Medical, Inc. B. Braun Medical, Inc.	824 12th Avenue Bethlehem, PA 18018	5,500.00
Berkeley Heartlab, Inc. Berkeley Heartlab, Inc.	839 Mitten Rd Burlingame, CA 94010	75,000.00
CardioChek CardioChek	7736 Zionsville Rd Indianapolis, IN 46268	5,500.00
Center for Collaborative and Interactive Center for Collaborative and Interactive	Studies, Baylor Office of CME Houston, TX 77030	47,810.00
Daiichi Sankyo, Inc. Daiichi Sankyo, Inc.	2 Hillon Court Persippany, NJ 07054	312,500.00
diaDexus, Inc. diaDexus, Inc.	343 Oyster Point Blvd S San Francisco, CA 94080	43,200.00
Elsevier, Inc. Elsevier, Inc.	PO Box 6274-7684 Philadelphia, PA 19170-7684	62,000.00
Kaneka Pharma America Corp Kaneka Pharma America Corp	546 Fifth Av, 21st Floor New York, NY 10036	5,500.00
Liberty Communications Network Liberty Communications Network	50 Millstone Rd, Bldg 400 East Windsor, NJ 08520	187,750.00
LipoScience LipoScience	2500 Sumner Blvd Raleigh, NC 27616	21,500.00
Merck & Company, Inc. Merck & Company, Inc.	PO Box 1700 Whitehouse Station, NJ 08889-1700	486,375.00
Merck Schering-Plough Merck Schering-Plough	PtP Shared Services Box 1700 Whitehouse Station, NJ 08889-1700	235,000.00
Pfizer Pharmaceuticals Pfizer Pharmaceuticals	235 East 42nd St New York, NY 10017	361,500.00

National Lipid Association
Contributions Lead Schedule
January through December 2007

<u>Name</u>	<u>Address</u>	<u>Amount</u>
Pollack Communications	665 Broadway	
Pollack Communications	New York, NY 10012	202,350.00
Professional Evaluation and Publication	1114 Harrogate Way	
Professional Evaluation and Publication	Ambler, PA 19002	20,000.00
Quintiles Medical Education	8 Skyline Dr	
Quintiles Medical Education	Hawthorne, NY 10532	70,500.00
Reliant Pharmaceuticals, Inc.	110 Allen Rd	
Reliant Pharmaceuticals, Inc.	Liberty Corner, NJ 07938	198,500.00
Sanofi-Aventis U.S., Inc.	PO Box 6944	
Sanofi-Aventis U.S., Inc.	Bridgewater, NJ 08807-0944	349,585.00
Takeda Pharmaceuticals	475 Half Day Rd, #500	
Takeda Pharmaceuticals	Lincolnshire, IL 60069	161,800.00
Upsher-Smith	6701 Evenstad Dr	
Upsher-Smith	Maple Grove, MN 55369	12,500.00
Vindico Medical Education	6900 Grove Rd	
Vindico Medical Education	Thorofare, NJ 08086	68,223.58

Federal Statements

Statement 1 - Form 990, Part I, Line 3 - Membership Dues and Assessments

<u>Description</u>	<u>Amount</u>
Membership dues	\$ 90,965
Total	\$ <u>90,965</u>

Federal Statements

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt & General</u>	<u>Fund-Raising</u>
Expenses	\$	\$	\$	\$
Accreditation	101,528	101,528		
BOD Insurance	3,788	3,788		
Management fees	492,814		492,814	
Membership development	43,721	43,721		
Service charges	18,315	18,315		
Taxes and licenses	123	123		
Website	283	283		
Total	<u>\$ 660,572</u>	<u>\$ 167,758</u>	<u>\$ 492,814</u>	<u>\$ 0</u>

Federal Statements**Statement 3 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
Deferred dues	\$	\$ 38,285
Deferred grants		150,000
Deferred revenues	778,700	
Total	<u>\$ 778,700</u>	<u>\$ 188,285</u>

