

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the **2023** calendar year, or tax year beginning **JUL 1, 2023** and ending **JUN 30, 2024**

B Check if applicable:	C Name of organization CHADD INC. CHILDREN AND ADULTS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDER Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4221 FORBES BLVD 270 City or town, state or province, country, and ZIP or foreign postal code LANHAM, MD 20706 F Name and address of principal officer: LAUREL KULIKOSKY SAME AS C ABOVE	D Employer identification number 59-2817697 E Telephone number (301) 306-7070 G Gross receipts \$ 2,822,758. H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? Yes No If "No," attach a list. See instructions H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527		
J Website: WWW.CHADD.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other		
L Year of formation: 1987 M State of legal domicile: MD		

Part I Summary

1	Briefly describe the organization's mission or most significant activities: CHADD PROVIDES SUPPORT FOR INDIVIDUALS WITH ATTENTION DEFICIT/HYPERACTIVITY DISORDERS.		
2	Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	17
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	15
6	Total number of volunteers (estimate if necessary)	6	500
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	58,457.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
8	Contributions and grants (Part VIII, line 1h)	8	1,500,797.
9	Program service revenue (Part VIII, line 2g)	9	1,200,958.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10	36,338.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11	7,358.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12	2,745,451.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13	12,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	14	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	15	1,056,234.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	16a	0.
16b	Total fundraising expenses (Part IX, column (D), line 25)	16b	65,408.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	17	1,853,581.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18	2,921,815.
19	Revenue less expenses. Subtract line 18 from line 12	19	-176,364.
20	Total assets (Part X, line 16)	20	2,103,619.
21	Total liabilities (Part X, line 26)	21	305,017.
22	Net assets or fund balances. Subtract line 21 from line 20	22	1,798,602.

Part II Signature Block

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.

Sign Here	Signature of officer LAUREL KULIKOSKY, CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name ELIZABETH W. HELLER	Preparer's signature <i>Elizabeth Heller</i>	Date 02/19/25	Check if self-employed <input type="checkbox"/>	PTIN P00397829
	Firm's name GELMAN, ROSENBERG & FREEDMAN	Firm's EIN 52-1392008			
	Firm's address 4550 MONTGOMERY AVE SUITE 800N BETHESDA, MD 20814-2930	Phone no. 301-951-9090			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No