

Form 990

Return of Organization Exempt From Income Tax

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

2006

Open to Public Inspection

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 2006 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: Resolve, Inc., t/a Resolve: The National Infertility Association. D Employer identification number: 23-7413696. E Telephone number: (703) 556-7172.

G Website: resolve.org. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates: N/A. H(c) Are all affiliates included? N/A. H(d) Is this a separate return filed by an organization covered by a group ruling? No.

I Group Exemption Number: N/A. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

J Organization type: 501(c)(3). 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 2,009,373.

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

1 Contributions, gifts, grants, and similar amounts received: 1a Contributions to donor advised funds, 1b Direct public support (not included on line 1a), 1c Indirect public support (not included on line 1a), 1d Government contributions (grants) (not included on line 1a), 1e Total (add lines 1a through 1d) (cash \$ 1,284,751. noncash \$ ) ... 1,284,751.

2 Program service revenue including government fees and contracts (from Part VII, line 93) 425,257. 3 Membership dues and assessments 274,007. 4 Interest on savings and temporary cash investments 2,107. 5 Dividends and interest from securities

6 a Gross rents, b Less: rental expenses, 6c Net rental income or (loss). Subtract line 6b from line 6a. 7 Other investment income (describe )

8 a Gross amount from sales of assets other than inventory (A) Securities, (B) Other, 8a, 8b, 8c, 8d Net gain or (loss). Combine line 8c, columns (A) and (B)

9 Special events and activities (attach schedule). If any amount is from gaming, check here. 9a Gross revenue (not including \$ of contributions reported on line 1b), 9b Less: direct expenses other than fundraising expenses, 9c Net income or (loss) from special events. Subtract line 9b from line 9a

10 a Gross sales of inventory, less returns and allowances, 10a, 10b Less: cost of goods sold, 10c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a

11 Other revenue (from Part VII, line 103) 23,251. 12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 2,009,373.

13 Program services (from line 44, column (B)) 1,524,045. 14 Management and general (from line 44, column (C)) 287,853. 15 Fundraising (from line 44, column (D)) 106,735. 16 Payments to affiliates (attach schedule)

17 Total expenses. Add lines 16 and 44, column (A) 1,918,633. 18 Excess or (deficit) for the year. Subtract line 17 from line 12 90,740.

19 Net assets or fund balances at beginning of year (from line 73, column (A)) <157,507.> 20 Other changes in net assets or fund balances (attach explanation) 0.

21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20 <66,767.>

623001 01-18-07 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2006)

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12271130 739466 Resolve 2006.06010 Resolve, Inc., t/a Resolve: RESOLVE1

**Resolve, Inc., t/a Resolve: The National  
Infertility Association**

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**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 \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>			<b>Statement 2</b>	
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>9,250</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	9,250.	9,250.		
<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	192,082.	159,428.	17,288.	15,366.
<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	551,629.	459,405.	51,224.	41,000.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	38,594.	22,707.	14,815.	1,072.
<b>29</b> Payroll taxes	59,814.	58,369.	<3,344.>	4,789.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	54,868.	12,610.	42,258.	
<b>32</b> Legal fees				
<b>33</b> Supplies	29,722.	25,012.	4,710.	
<b>34</b> Telephone	37,887.	25,566.	12,321.	
<b>35</b> Postage and shipping	70,467.	45,829.	5,458.	19,180.
<b>36</b> Occupancy	66,900.	2,167.	64,173.	560.
<b>37</b> Equipment rental and maintenance	12,918.		12,918.	
<b>38</b> Printing and publications	193,973.	189,962.	1,933.	2,078.
<b>39</b> Travel	53,530.	51,856.	1,589.	85.
<b>40</b> Conferences, conventions, and meetings	192,522.	191,571.	941.	10.
<b>41</b> Interest	13,522.		13,522.	
<b>42</b> Depreciation, depletion, etc. (attach schedule)	9,570.		9,570.	
<b>43</b> Other expenses not covered above (itemize):				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>See Statement 1</b>	331,385.	270,313.	38,477.	22,595.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,918,633.	1,524,045.	287,853.	106,735.

**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

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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>Education and advocacy on infertility.</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 Provide timely, compassionate support to people who are experiencing infertility and to increase awareness of infertility issues through advocacy and public education.</b>  (Grants and allocations \$ <b>9,250.</b> ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>1,524,045.</b>
<b>b</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b>  (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e Other program services (attach schedule)</b> (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)	<b>1,524,045.</b>

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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 .....	117,727.	45	159,619.	
	46 Savings and temporary cash investments .....	7,586.	46	70,937.	
	47 a Accounts receivable .....	70,651.			
	b Less: allowance for doubtful accounts .....				
			7,332.	47c	70,651.
	48 a Pledges receivable .....				
	b Less: allowance for doubtful accounts .....				
			50,000.	48c	
	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 Stmt 3 .....	12,552.			
	b Less: allowance for doubtful accounts .....				
			18,552.	51c	12,552.
	52 Inventories for sale or use .....			52	
	53 Prepaid expenses and deferred charges .....		7,554.	53	21,955.
	54 a Investments - publicly-traded securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
b Investments - other securities .....	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
55 a Investments - land, buildings, and equipment: basis .....					
b Less: accumulated depreciation .....					
56 Investments - other .....			56		
57 a Land, buildings, and equipment: basis .....	53,169.				
b Less: accumulated depreciation Stmt 4 .....	27,650.				
		35,089.	57c	25,519.	
58 Other assets, including program-related investments (describe ► <u>Security deposits</u> ) .....		6,079.	58	4,875.	
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58 .....		249,919.	59	366,108.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses .....	304,854.	60	280,246.	
	61 Grants payable .....		61		
	62 Deferred revenue .....	79,742.	62	91,211.	
	63 Loans from officers, directors, trustees, and key employees .....		63		
	64 a Tax-exempt bond liabilities .....		64a		
	b Mortgages and other notes payable .....		64b	60,000.	
	65 Other liabilities (describe ► <u>Deferred rent</u> ) .....	22,830.	65	1,418.	
66 <b>Total liabilities.</b> Add lines 60 through 65 .....		407,426.	66	432,875.	
<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 .....	<207,507.>	67	<66,767.>	
	68 Temporarily restricted .....	50,000.	68	0.	
	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) .....	<157,507.>	73	<66,767.>	
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 .....		249,919.	74	366,108.

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**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	2,009,373.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	2,009,373.
<b>d</b>	Amounts included on Part I, line 12, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total revenue</b> (Part I, line 12). Add lines <b>c</b> and <b>d</b>	<b>e</b>	2,009,373.

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	1,918,633.
<b>b</b>	Amounts included on line <b>a</b> but not on Part I, line 17:		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify):	b4	
	Add lines <b>b1</b> through <b>b4</b>	<b>b</b>	0.
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>	<b>c</b>	1,918,633.
<b>d</b>	Amounts included on Part I, line 17, but not on line <b>a</b> :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines <b>d1</b> and <b>d2</b>	<b>d</b>	0.
<b>e</b>	<b>Total expenses</b> (Part I, line 17). Add lines <b>c</b> and <b>d</b>	<b>e</b>	1,918,633.

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See Statement 5		192,082.	0.	0.

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)	Yes	No
75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ..... <span style="float: right;"><b>21</b></span>	<input type="checkbox"/>	<input type="checkbox"/>
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach a statement that includes the information described in the instructions.	<input type="checkbox"/>	<input type="checkbox"/>
d Does the organization have a written conflict of interest policy? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address <b>None</b>	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
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<b>Part VI Other Information</b> (See the instructions.)	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
77 Were any changes made in the organizing or governing documents but not reported to the IRS? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If "Yes," attach a conformed copy of the changes.	<input type="checkbox"/>	<input type="checkbox"/>
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," enter the name of the organization <b>N/A</b> .....	<input type="checkbox"/>	<input type="checkbox"/>
_____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	<input type="checkbox"/>	<input type="checkbox"/>
81 a Enter direct or indirect political expenditures. (See line 81 instructions.) .....	<input type="checkbox"/>	<input type="checkbox"/>
81a   0.	<input type="checkbox"/>	<input type="checkbox"/>
b Did the organization file <b>Form 1120-POL</b> for this year? .....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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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>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>N/A</u>		
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications? .....	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? .....	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible? .....		
	<b>84a</b> <u>N/A</u>		
<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> <u>N/A</u>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members? .....		
	<b>85a</b> <u>N/A</u>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....		
	<b>85b</b> <u>N/A</u>		
	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> <u>N/A</u>		
<b>d</b>	Section 162(e) lobbying and political expenditures .....		
	<b>85d</b> <u>N/A</u>		
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices .....		
	<b>85e</b> <u>N/A</u>		
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e) .....		
	<b>85f</b> <u>N/A</u>		
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? .....		
	<b>85g</b> <u>N/A</u>		
<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> <u>N/A</u>		
<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> <u>N/A</u>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities .....		
	<b>86b</b> <u>N/A</u>		
<b>87</b>	<b>501(c)(12) organizations.</b> Enter: <b>a</b> Gross income from members or shareholders .....		
	<b>87a</b> <u>N/A</u>		
<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> <u>N/A</u>		
<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>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>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>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>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract? .....		<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>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed <b>CA, CT, KS, MD, MN, MO, VA, NJ, NY, PA</b> .....		
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006 .....	<b>90b</b>	<b>16</b>
<b>91 a</b>	The books are in care of <b>The Organization</b> Telephone no. <b>(703) 556-7172</b> .....		
	Located at <b>8405 Greensboro Drive, Suite 800, McLean, VA</b> ZIP + 4 <b>22102</b> .....		
<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)? .....		
	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.		

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**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

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 N/A

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

	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>Publications</u>	541800	113,089.			216,384.
b <u>Meetings &amp; events</u>					95,784.
c _____					
d _____					
e _____					
f Medicare/Medicaid payments .....					
g Fees and contracts from government agencies ...					
<b>94</b> Membership dues and assessments .....					274,007.
<b>95</b> Interest on savings and temporary cash investments ...			14	2,107.	
<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 <u>Miscellaneous</u>					23,251.
b _____					
c _____					
d _____					
e _____					
<b>104</b> Subtotal (add columns (B), (D), and (E)) .....		113,089.		2,107.	609,426.
<b>105</b> Total (add line 104, columns (B), (D), and (E)) .....					724,622.

**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).
▼	<u>See Statement 6</u>

**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).

Form **990** (2006)



**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.

<b>Yes</b>	<b>No</b>

	(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.

<b>Yes</b>	<b>No</b>

	(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?

<b>Yes</b>	<b>No</b>

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 **11/30/07** Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4 **Rogers & Company PLLC  
8300 Boone Boulevard, Suite 600  
Vienna VA 22182** Preparer's SSN or PTIN (See Gen. Inst. X) \_\_\_\_\_

EIN \_\_\_\_\_ Phone no. **(703) 893-0300**

**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

**2006**

Name of the organization **Resolve, Inc., t/a Resolve: The National Infertility Association** Employer identification number **23 7413696**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 2 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
Jennifer Jones, 8405 Greensboro Dr Suite 800, McLean, VA 22102	Develop. Dir. 30.00	84,419.		
Julie Greenstein, 8405 Greensboro Dr Suite 800, McLean, VA 22102	Dir. Govt. Relations 22.50	69,371.		
Barbara Collura, 8405 Greensboro Dr Suite 800, McLean, VA 22102	Dir. Chapt. Serv. 37.50	69,011.		
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
Bedwick & Jones Printing, Inc. 425 Commerce Boulevard, Wilkes-Barre, PA 18706	Printing services	93,186.
Total number of other contractors receiving over \$50,000 for other services	0	

**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 ▶ \$ _____ \$ <u>9,178.</u> (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.	1	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)? <b>See Part V-A, Form 990</b> .....	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.) .....	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	N/A
c	Did the organization make a distribution to a donor, donor advisor, or related person? .....	4c	N/A
d	Enter the total number of donor advised funds owned at the end of the tax year .....	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year .....	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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 7 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 7 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 7 of the instructions.)

Resolve, Inc., t/a Resolve: The National

**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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,083,124.	273,883.	849,139.	858,801.	3,064,947.
16 Membership fees received	197,174.	68,839.	186,678.	208,940.	661,631.
17 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	13,497.	154.	14,025.	47,760.	75,436.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	2,184.	0.	785.	975.	3,944.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	140,102.		See Statement 7 17,412.	27,344.	184,858.
23 Total of lines 15 through 22	1,436,081.	342,876.	1,068,039.	1,143,820.	3,990,816.
24 Line 23 minus line 17	1,422,584.	342,722.	1,054,014.	1,096,060.	3,915,380.
25 Enter 1% of line 23	14,361.	3,429.	10,680.	11,438.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 78,308.
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 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 958,585.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 3,915,380.
d Add: Amounts from column (e) for lines: 18 3,944. 19 22 184,858. 26b 958,585.					26d 1,147,387.
e Public support (line 26c minus line 26d total)					26e 2,767,993.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 70.6954%
27 Organizations described on line 12: 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: N/A					
(2005) (2004) (2003) (2002)					
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: N/A					
(2005) (2004) (2003) (2002)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c N/A
d Add: Line 27a total and line 27b total					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, 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

**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	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions.)  
 (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
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	36	9,178.
37	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	37	0.
38	Total lobbying expenditures (add lines 36 and 37) .....	38	9,178.
39	Other exempt purpose expenditures .....	39	1,909,455.
40	Total exempt purpose expenditures (add lines 38 and 39) .....	40	1,918,633.
41	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 .....
	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 .....
41		41	245,932.
42	Grassroots nontaxable amount (enter 25% of line 41) .....	42	61,483.
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 .....	43	0.
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 .....	44	0.

**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				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	245,932.	229,079.	75,435.	195,791.	746,237.
46					1,119,356.
47	9,178.	44,639.	11,674.	49,669.	115,160.
48	61,483.	57,270.	18,859.	48,948.	186,560.
49					279,840.
50	9,178.	44,639.	11,674.	49,669.	115,160.

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

(For reporting only by organizations that did not complete Part VI-A) (See page 13 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
	a Volunteers .....		
b Paid staff or management (Include compensation in expenses reported on lines c through h.) .....			
c Media advertisements .....			
d Mailings to members, legislators, or the public .....			
e Publications, or published or broadcast statements .....			
f Grants to other organizations for lobbying purposes .....			
g Direct contact with legislators, their staffs, government officials, or a legislative body .....			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means .....			
i Total lobbying expenditures (Add lines c through h.) .....			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

**2006**

**Name of organization**

Resolve, Inc., t/a Resolve: The National  
Infertility Association

**Employer identification number**

23-7413696

**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) (2006)

<b>Name of organization</b> Resolve, Inc., t/a Resolve: The National Infertility Association	<b>Employer identification number</b> 23-7413696
---	---

**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 117,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	_____	\$ 132,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	_____	\$ 150,900.	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.)



Form 990	Other Expenses			Statement 1
Description	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Advertising	13,517.	12,713.	391.	413.
Dues and subscription	13,019.	5,800.	915.	6,304.
Professional fees	178,651.	147,207.	16,178.	15,266.
Bank and credit card fees	15,481.	2,103.	13,378.	
Insurance	3,469.		3,469.	
Miscellaneous	21,302.	19,580.	1,110.	612.
License	25,597.	22,561.	3,036.	
Website	4,651.	4,651.		
Graphics	55,698.	55,698.		
Total to Fm 990, ln 43	331,385.	270,313.	38,477.	22,595.

Form 990	Cash Grants and Allocations to Others	Statement	2
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Class of Activity/Donee's Name and Address	Amount
Chapter grants Various chapters 7910 Woodmont Avenue, #1350 Bethesda, MD 20814	9,250.
Total Included on Form 990, Part II, line 22b	9,250.

Form 990 Other Notes and Loans Reported Separately Statement 3

Borrower's Name		Terms of Repayment		
Stephanie Brandt		Monthly		
Date of Note	Maturity Date	Original Loan Amount	Interest Rate	FMV of Consideration
02/01/05	02/01/09	24,171.	.00%	0.

Security Provided by Borrower	Purpose of Loan
None	N/A-Receive transferred from affiliate.

Relationship of Borrower	Description of Consideration	Doubtful Acct Allowance	Balance Due
None	N/A	0.	12,552.
Totals included on Form 990, Part IV, line 51		0.	12,552.

Form 990 Depreciation of Assets Not Held for Investment Statement 4

Description	Cost or Other Basis	Accumulated Depreciation	Book Value
Furniture and equipment	53,169.	27,650.	25,519.
Total to Form 990, Part IV, ln 57	53,169.	27,650.	25,519.

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Form 990      Part V-A - List of Current Officers, Directors, Trustees and Key Employees      Statement 5

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Name and Address	Title and Avg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	Expense Account
Leigh Boston 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Chair 10.00	0.	0.	0.
Michael Alper, MD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Vice Chair 1.00	0.	0.	0.
Dwight Ryan 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Treasurer 10.00	0.	0.	0.
Susan Slotnick 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Clerk 1.00	0.	0.	0.
Vicki Baldwin 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Past Chair 1.00	0.	0.	0.
Linda Hammer Burns, PhD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Susan Caughman 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Peter Wiernicki, Esq 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Bob Lederer 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Marcelle I. Cedars, MD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Lee Rubin Collins 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.

Michelle Fryatt, CPA 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Nancy Turett 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Steven Spandorfer 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Karen Howard Dolan 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Theodore H. Johnson, MD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Alice D. Domar, PhD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Frank R. Dunau 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
David Keefe 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Richard T. Scott, Jr., MD 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	Director 1.00	0.	0.	0.
Joseph Isaacs 8405 Greensboro Drvie, Suite 800 McLean, VA 22102	President & CEO 37.50	192,082.	0.	0.
Totals Included on Form 990, Part V-A		<u>192,082.</u>	<u>0.</u>	<u>0.</u>

Form 990                      Part VIII - Relationship of Activities to                      Statement      6  
    Accomplishment of Exempt Purposes

Line	Explanation of Relationship of Activities
93a	For lines 93a, 93b, 94, 103a, each activity contributed importantly to the accomplishment of the organization's goal to provide timely, compassionate support and information to people who are experiencing infertility and to increase awareness of infertility issues with the general public.
93b	
94	
103a	



Schedule A	Other Income			Statement	7
Description	2005 Amount	2004 Amount	2003 Amount	2002 Amount	
Miscellaneous revenue	140,102.	0.	17,412.	27,344.	
Total to Schedule A, line 22	<u>140,102.</u>	<u>0.</u>	<u>17,412.</u>	<u>27,344.</u>	

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2006

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

For calendar year 2006 or other tax year beginning , and ending

A [X] Check box if address changed

Name of organization ( ) Check box if name changed and see instructions. Resolve, Inc., t/a Resolve: The National Infertility Association

D Employer identification number (Employees' trust, see instructions for Block D on page 9.) 23-7413696

B Exempt under section [X] 501(c)(3) 408(e) 220(e) 408A 530(a) 529(a)

Print or Type

Number, street, and room or suite no. If a P.O. box, see page 9 of instructions. 8405 Greensboro Drive, No. 800 City or town, state, and ZIP code McLean, VA 22102

E Unrelated business activity codes (See instructions for Block E on page 9.) 541800

C Book value of all assets at end of year 366,108.

F Group exemption number (see instructions for Block F.)

G Check organization type [X] 501(c) corporation 501(c) trust 401(a) trust Other trust

H Describe the organization's primary unrelated business activity. See Statement 8

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of The Organization Telephone number (703) 556-7172

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1a-13 showing various income and expense items with totals.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Line number, Description, Sub-column, Total. Rows 14-34 showing various deduction items and their impact on taxable income.

**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 **35c** 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) **36**  
**37 Proxy tax.** See instructions **37**  
**38 Alternative minimum tax** **38**  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies **39** 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) **40a**  
**b** Other credits (see instructions) **40b**  
**c** General business credit. Check here and indicate which forms are attached:  
 Form 3800  Form(s) (specify) **40c**  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) **40d**  
**e Total credits.** Add lines 40a through 40d **40e**  
**41** Subtract line 40e from line 39 **41** 0.  
**42** Other taxes. Check if from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) **42**  
**43 Total tax.** Add lines 41 and 42 **43** 0.  
**44a** Payments: A 2005 overpayment credited to 2006 **44a**  
**b** 2006 estimated tax payments **44b**  
**c** Tax deposited with Form 8868 **44c**  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) **44d**  
**e** Backup withholding (see instructions) **44e**  
**f** Credit for federal telephone excise tax paid (attach Form 8913) **44f**  
**g** Other credits and payments:  Form 2439  Form 4136  Other Total **44g**  
**45 Total payments.** Add lines 44a through 44g **45**  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  **46**  
**47 Tax due.** If line 45 is less than the total of lines 43 and 46, enter amount owed **47** 0.  
**48 Overpayment.** If line 45 is larger than the total of lines 43 and 46, enter amount overpaid **48** 0.  
**49** Enter the amount of line 48 you want: **Credited to 2007 estimated tax** **49** **Refunded**

**Part V Statements Regarding Certain Activities and Other Information** (See instructions on page 18)

**1** At any time during the 2006 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1. If YES, enter the name of the foreign country here **Yes** **No**  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see page 5 of the instructions for other forms the organization may have to file. **Yes** **No**  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year **\$**

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

<b>1</b> Inventory at beginning of year	<b>1</b>	<b>6</b> Inventory at end of year	<b>6</b>
<b>2</b> Purchases	<b>2</b>	<b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	<b>7</b>
<b>3</b> Cost of labor	<b>3</b>	<b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<b>Yes</b> <b>No</b>
<b>4a</b> Additional section 263A costs	<b>4a</b>		<b>X</b>
<b>b</b> Other costs (attach schedule)	<b>4b</b>		
<b>5</b> Total. Add lines 1 through 4b	<b>5</b>		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  **Yes**  **No**

**Paid Preparer's Use Only**  
 Preparer's signature \_\_\_\_\_ Date **11/30/07** Check if self-employed   
 Firm's name (or yours if self-employed), address, and ZIP code **Rogers & Company PLLC**  
**8300 Boone Boulevard, Suite 600**  
**Vienna VA 22182**  
 Preparer's SSN or PTIN \_\_\_\_\_ EIN **58-2676261**  
 Phone no. **(703) 893-0300**  
 Form **990-T** (2006)

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instr. on pg 20)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)			
(1)				
(2)				
(3)				
(4)				
Total	0.	Total	0.	
<b>Total income.</b> Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....				<b>Total deductions.</b> Enter here and on page 1, Part I, line 6, column (B) ...
				0.

**Schedule E - Unrelated Debt-Financed Income** (See instructions on page 20)

1 Description of debt-financed property	2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property		4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
		(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)					
(1)						%		
(2)						%		
(3)						%		
(4)						%		
<b>Totals</b> .....							0.	0.
<b>Total dividends-received deductions</b> included in column 8 .....							0.	0.

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (See instructions on page 21)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column (5)
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations				
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions on page 22)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....	<b>0.</b>			<b>0.</b>

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions on page 22)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Schedule J - Advertising Income** (see instructions on page 23)

<b>Part I Income From Periodicals Reported on a Consolidated Basis</b>						
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	<b>0.</b>	<b>0.</b>				<b>0.</b>

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) <b>Family Building</b>						
(2) <b>Magazine</b>	113,089.	21,539.	91,550.	39,363.	136,967.	91,550.
(3)						
(4)						
(5) <b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II</b> (lines 1-5) .....	<b>113,089.</b>	<b>21,539.</b>				<b>91,550.</b>

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions on page 23)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
		%	
		%	
		%	
		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14 .....			<b>0.</b>

Form 990-T	Description of Organization's Primary Unrelated Business Activity	Statement	8
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Solicitation of advertising revenue to defray the organization's publication costs and expenses.

To Form 990-T, Page 1

	Footnotes	Statement	9
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Unused NOL carryforwards:

Year ended October 31, 2004	9,012.
2 months ended December 31, 2004 (short period)	26,218.
Year ended December 31, 2005	7,272.

NOL available for year ended December 31, 2006	42,502.
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• 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>Resolve, Inc., t/a Resolve: The National Infertility Association</b>	Employer identification number <b>23-7413696</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>8405 Greensboro Drive, No. 800</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>McLean, VA 22102</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. **(703) 556-7172**    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 **November 15, 2007.**

**5** For calendar year **2006**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

**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 needed to compile third party information necessary to file a complete and accurate 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 **8-10-07**

**Notice to Applicant. (To Be Completed by the IRS)**

- We **have** approved this application. Please attach this form to the organization's return.
- We **have not** approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We **have not** approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- We **cannot consider** this application because it was filed after the extended due date of the return for which an extension was requested.
- Other \_\_\_\_\_

Director \_\_\_\_\_ By: \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address.** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print  623832 05-01-07	Name <b>Rogers &amp; Company PLLC</b>
	Number and street (include suite, room, or apt. no.) or a P.O. box number <b>8300 Boone Boulevard, Suite 600</b>
	City or town, province or state, and country (including postal or ZIP code) <b>Vienna, VA 22182</b>