Form **990**

Return of Organization Exempt from Income Tax

OMB No. 1545-0047 2004

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 black lung benefit trust or private foundation)

A For the 2004 calendary year, or tax year beginning	Inte	rnal Ře	evenue Service	► The c	organization may ha	ve to use	a copy of this return	to satisfy	state reporting	requirements.	Inspection
	Α	For	the 2004 calen								. 2005
Name change The Name chang	В	Check	k if applicable:		C Name of organization	n				D Employer Ide	
Number and steek (or P.O. Not make in of delivered to strok 240) Room/walle Trief Price number Fairle Habilitation Fairle			Address change	IRS label	THE NATIONAL	HEMOP	HILIA FOUNDA	TION			
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Name		F	inal return								
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Check here	J	Orga	anization type		[v] _				1		· · · · · · · · · · · · · · · · · · ·
S25, 0.00. The organization need not life a return with the IRSs, but if the organization received a form 990 Package in the mail. It should file a return without financial data.											•
Corresponding Correspondin	n	\$25	CK nere ► ∐ II	rtne organ	ilzation's gross rece	n	organizatio	n covered by a group	ruling? Y vac N		
Constructions Machine Constructions Machine Constructions Machine Constructions Contributions, girls, grants, and similar amounts received:		rece	eived a Form 99	30 Packago	e in the mail, it sho	with the in uld file a re	ા but if the organiza eturn without financia	ation al data			
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions) Contributions, girls, grants, and similar amounts received: a Direct public support	L	Gros	s receipts: Add	l lines 6b,	8b, 9b, and 10b to	line 12 ►	9,990,573.				
Contributions, gifts, grants, and similar amounts received: a Direct public support		ias la	Revenue	, Expen	ses, and Chang	es in Ne	t Assets or Fun	d Balar			,
b Indirect public support b Indirect public support c Government contributions (grants) d Total local lines and activities (altan schedule) in any amount is from gaming, check here reported on line 1a) b Less: direct expenses other than fundraising expenses a Gross revenue (not including \$ 67,634. of contributions expenses of inventory, less returns and allowances select of Payments to 6 inventory, less returns and allowances select of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory, less returns and allowances of Payments to 6 inventory (allowances) of Payments to 6 invento			Contributions	, gifts, gra	nts, and similar am	ounts rece	ived:		(000 11131	MEST	
b Indirect public support		a						1:	3 394	1 879	
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Total Cook Cook Second			Government of	contributio	ns (grants)			10	3 038	0.86	
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3 Membership dues and assessments 3 66,025		2	Program serv	ice revenu	e including governr	nent fees a	and contracts (from F	/. Part VII li	ine 93)	2	
A Interest on savings and temporary cash investments 5 179,136.		3	Membership o	dues and a	ssessments			Care 111, 11	557	3	
5 Dividends and interest from securities 6a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe		4	Interest on sa	vings and	temporary cash inv	estments				3	00,023.
Best contributions 6a Gross rents b Less: rental expenses c Net rental income or (loss) (subtract line 6b from line 6a) 7 Other investment income (describe		5	Dividends and	d interest f	rom securities	· · · · · · · · · · · ·				5	179 136
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the control of the co	E N	"	than inventory	/				51. 8a			
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13	_		Total revenue	(add lines	1d, 2, 3, 4, 5, 6c,	7, 8d, 9c, 1	Oc, and 11)	. .			
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1 21 Net assets of fulfid balances at end of year (combine lines 18, 19, and 20)	턴	20	Other changes	in net ass	sets or fund balance	es (attach e	explanation)			20	
PAA For Private And and Private And		21	Net assets or f	fund balan	ces at end of year (combine li	nes 18, 19, and 20)	<u></u>	<u></u>	21	6,781,500.

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.

C	o 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			
22	Grants and allocations (att sch)								
	(cash \$ 1,168,018.	20	1 160 010	1 160 010		on British Advertising			
23	non-cash \$) Specific assistance to individuals (att sch)	22 23	1,168,018.	1,168,018.					
24	Benefits paid to or for members (att sch)	24							
25	Compensation of officers, directors, etc	25	88,685.	62,080.	17,737.	8,868.			
26	Other salaries and wages	26	2,566,868.	1,719,602.	339,297.	507,969.			
27	Pension plan contributions	27	153,385.	102,910.	20,622.	29,853.			
28	Other employee benefits	28	313,604.	210,406.	42,163.	61,035.			
29	Payroll taxes	29	209,981.	140,882.	28,232.	40,867.			
30	Professional fundraising fees	30							
31	Accounting fees	31	44,306.	34,616.	4,033.	5,657.			
32	Legal fees	32	31,193.	22,250.	3,921.	5,022.			
33	Supplies	33	76,854.	69,355.	3,680.	3,819.			
34	Telephone	34	69,070.	58,689.	3,983.	6,398.			
35 36	Postage and shipping Occupancy	35 36	126,561. 300,391.	111,512.	3,623.	11,426.			
37	Equipment rental and maintenance	37	262,445.	218,429. 219,505.	44,055. 17,513.	37,907.			
38	Printing and publications	38	666,907.	612,907.	5,724.	25,427. 48,276.			
39	Travel	39	1,326,147.	1,286,224.	5,236.	34,687.			
40	Conferences, conventions, and meetings	40	2/320/2171	1,200,221.	3,250.	34,007.			
41	Interest	41	··· <u>·</u> ·	<u> </u>		·			
42	Depreciation, depletion, etc (attach schedule)	42	194,135.	139,392.	24,001.	30,742.			
43	Other expenses not covered above (itemize):		,						
а	INSURANCE	43 a	43,053.	33,161.	3,780.	6,112.			
b	MEMBERSHIP DUES	43b	36,057.	18,474.	3,255.	14,328.			
c	CONSULTING AND PROFESSIONAL FEES	43c	797,637.	694,305.	2,294.	101,038.			
d	EMPLOYMENT RECRUITING	43 d	21,020.	14,994.	2,642.	3,384.			
	See Other Expenses Stmt	43e	290,975.	266,327.	1,718.	22,930.			
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	8,787,292.	7,204,038.	577,509.	1,005,745.			
	Costs. Check . Dif you are following:	SOP 9			-6,,,	, ,			
Are a	iny joint costs from a combined educationa	l cam	paign and fundraising so	licitation reported in (B)	Program services?	► Yes X No			
If 'Ye	s,' enter (i) the aggregate amount of these	joint d	costs \$; (ii) the ar	mount allocated to Prog				
\$; (iii) the amount allo	ocated	to Management and ger	neral \$; and (iv) th	e amount allocated			
	ndraising \$.								
	Statement of Program Serv								
What	is the organization's primary exempt purpo	ose? '	Incorporated in the	State of N.Y. in 1948. T	he Foundation is dedic	Program Service Expenses (Required for 501(c)(3) and			
client	ganizations must describe their exempt puss served, publications issued, etc. Discuss ns and 4947(a)(1) nonexempt charitable tr	achie	achievements in a clear vements that are not me	and concise manner, S asurable. (Section 501)	tate the number of c)(3) & (4) organ-	(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)			
		usts n	iust also enter the amou	int of grants & allocation	s to others.)	optional for others.)			
d	SEE STATEMENT 1								
				-					
				allocations \$	949,443.)	1 540 550			
b				unoutions p) () () () () () () () () () (1,542,552.			
			-	-					
					~				
			Grants and	allocations \$	218,575.)	3,592,714.			
С						0/052//11/			
					~				
			(Grants and	allocations \$)	2,068,772.			
d	· · · · · · · · · · · · · · · · · · ·								
				- -					
	(Grants and allocations \$)								
	e Other program services (Grants and allocations \$								
1	Total of Program Service Expenses (shou	ıld equ	ial line 44, column (B), F	Program services)	, <u>\</u>	7,204,038.			

Balance Sheets (See Instructions)

ote: Whe	ere required, attached schedules and amounts within the description mn should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	3,258,250.	45	2,368,942.
46	Savings and temporary cash investments	1,561,829.	46	1,069,829
47 a	Accounts receivable			
b	Less: allowance for doubtful accounts	1,612,340.	47 c	1,166,433
3	Pledges receivable			
1	Less: allowance for doubtful accounts	2,174,245.	48 c	1,252,225
49	Grants receivable	362,775.	49	720,312
	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51 a	Other notes & loans receivable (attach sch)			
	Less: allowance for doubtful accounts		51 c	
1	Inventories for sale or use		52	
	Prepaid expenses and deferred charges	284,210.	53	196,635
	Investments — securities (attach schedule) L54 . Stmt ► Cost X FMV	3,588,921.	54	4,030,600
1	Investments – land, buildings, & equipment: basis . 55a	3,300,921.		4,030,000
1	Less: accumulated depreciation			
	(attach schedule)	.	55 c	
	Investments – other (attach schedule)	· · · · · · · · · · · · · · · · · · ·	56	
57a	Land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)	399,963.	57 c	263,562
1	Other assets (describe)		58	
59	Total assets (add lines 45 through 58) (must equal line 74)	13,242,533.	59	11,068,538
	Accounts payable and accrued expenses	4,578,689.	60	3,568,153
61	Grants payable		61	
62	Deferred revenue	954,463.	62	718,885
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
64a	Tax-exempt bond liabilities (attach schedule)		64a	
	Mortgages and other notes payable (attach schedule)		64 b	
	Other liabilities (describe ►) [65	
66	Total liabilities (add lines 60 through 65)	5,533,152.	66	4,287,038
Organia	zations that follow SFAS 117, check here X and complete lines 67			
	through 69 and lines 73 and 74.			
67	Unrestricted	2,280,056.	67	1,522,053
68	Temporarily restricted	5,429,325.	68	5,259,447
69	Permanently restricted		69	
	zations that do not follow SFAS 117, check here and complete lines			
1	70 through 74.			
	Capital stock, trust principal, or current funds		70	
1 /1	Paid-in or capital surplus, or land, building, and equipment fund		71	
72	Retained earnings, endowment, accumulated income, or other funds	··········	72	
72 73	Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	7,709,381.	73	6,781,500
	Total liabilities and net assets/fund balances (add lines 66 and 73)	13,242,533.	74	11,068,538

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.

BAA

**************************************	Reconciliation of Reven Financial Statements wi per Return (See instruct	th Revenue	0:3-1	Reconcilia Financial per Return	ation of Expense Statements with 1	es p i Ex	er Audited penses
а	Total revenue, gains, and other support per audited financial statements	a 8,198,607.	a	Total expenses and financial statements	losses per audited	a	9,126,488.
b	Amounts included on line a but not on line 12, Form 990:		b	Amounts included or on line 17, Form 990			
(1)	Net unrealized gains on investments \$ 56,089.		(1)	Donated services and use of facilities \$			
(2)	Donated services and use of facilities \$		(2)	Prior year adjust- ments reported on line 20, Form 990 \$			
(3)	Recoveries of prior year grants \$		(3)	Losses reported on line 20, Form 990 \$			
(4)	Other (specify): <u>ATTACHED</u> \$339,196.		(4)	Other (specify): ATTACHED	339,196.		
	Add amounts on lines (1) through (4)	b 395,285.	1	Add amounts on lines (1)			339,196.
C	Line a minus line b	c 7,803,322.	7	Line a minus line b		С	8,787,292.
d	Amounts included on line 12, Form 990 but not on line a:		d	Amounts included or Form 990 but not on	r line 17, line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		(1)	Investment expenses not included on line 6b, Form 990 \$			
(2)	Other (specify):		(2)	Other (specify):			
	Add amounts on lines (1) and (2)	d d		Add amounts on line	s (1) and (2)	d	
е	Total revenue per line 12, Form 990 (line c plus line d)▶	e 7,803,322.	е	Total expenses per l 990 (line c plus line	d) ▶]	e	8,787,292.
	List of Officers, Directors,	, Trustees, and Key E	mplo		e even if not compen	sate	d; see instructions.)
	(A) Name and address	(B) Title and average ho per week devoted to position	ours	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation		(E) Expense account and other allowances
SEE	STATEMENT 2				,		
		_	Ī				
		attached	42.	88,685.	11,96	1.	0.
		-					
	•						
					····		****
		_					
		-				+	
		-				İ	
		_					
		-					
			+			+	
	·						
		100					
75	Did any officer, director, trustee, or key than \$100,000 from your organization \$10,000 was provided by the related o	and all related organization rganization	ns of	which more than		- 🔲	Yes 🗓 No
	If 'Yes,' attach schedule - see instruct	uoris.					

	against amounts due or received from them.)			, ; ; ; ;
88	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	88		х
89	a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:		10.33	Y.
	section 4911 ► none ; section 4912 ► none ; section 4955 ► none			
١	b 501(c)(3) and 501(c)(4) organizations. 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	89 b		x
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	•		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization	-		0.
90	a List the states with which a copy of this return is filed NEW YORK			
	b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)			41
91	The books are in care of ► THE ORGANIZATION Telephone number ► (212) 328-3	700		
	Located at ► 116 WEST 32ND STREET 11TH FLOOR NEW YORK N.Y. ZIP + 4 ► 10001	-321	.2	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here			<u>- T-T</u>
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92			ш
AΑ		Form :	990 (2004)
	TEEA0105 01/07/05		(-	,

	Analysis o	of Income-Produci	ng Activit	ies (See instructions.))	20_0011	.O.D. i tago		
				d business income	T	ction 512, 513, or 514	(E)		
otherwise	er gross amoun indicated.		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	. (E) Related or exempt function income		
	rogram service i								
a_P	UBLICATION	is					24,024.		
b_									
	-, .								
d									
e	15 44 47 17				ļ				
		d payments							
		government agencies			<u> </u>				
	•	and assessments					66,025.		
		temporary cash invmnts .							
		est from securities	tukketik (6. v (6. augustus)	- 20 July Says of Control Name Spiles	14	179,136.			
	-	loss) from real estate:			nicionicistic i di descrita				
		perty		·					
		property		 .					
		loss) from pers prop	· · ·						
		income							
		m sales of assets			18	14,306.			
		rom special events			01	-60,411.			
		om sales of inventory			01	-00,411.			
	her revenue: a								
	DV. IN EDU	JC PUB	541800	747,484.	08 183 KO 60 70 TA 158 PAR	er er a dalla der gelengen greichet in 2			
	RIOR YR. A			72777021	01	244,195.			
	ISCELLANEC		-		01	2,738.			
е			**	"	"	2,730.			
104 Şul	btotal (add columns	(B), (D), and (E))	MILTER TO	747,484.		379,964.	90,049.		
		4, columns (B), (D), an			Burn day a papellary 1 about a shirt and	<u> </u>	1,217,497.		
		ld, Part I, should equal							
旅馆馆道	Relationsh	nip of Activities to	the Accor	nplishment of Exe	empt Purpose	S (See instructions)			
Line No. ▼	Explain how e	each activity for which zation's exempt purpos	income is rer	norted in column (F) of	Part VII contribut	ted importantly to the s	accomplishment		
	SEE STATI	EMENT 3		··• · · · · · · · · · · · · · · · · · ·					
						**···			
		***	.						
						·			
	Informatio	n Regarding Taxa	hle Subcie	liaries and Distor	arded Entities	- (C it)			
10.00 A.	(A)						N/A		
			(B)	(C)	(D)	(E)		
Name	e, address, and l ertnership, or dis	EIN of corporation,	Percentage		activities	_. Total	End-of-year		
μa	rthership, or this	sregarded entity	ownership int			income	assets		
				<u> </u>	<u> </u> .				
			 	₹					
				8					
gen Kott bowyte	4	 _	<u> </u>	8					
	Informatio	n Regarding Tran	sters Asso	ociated with Perso	onal Benefit C	ontracts (See instru	ctions.)		
		ng the year, receive any fund					Yes X No		
b Did t	he organization	, during the year, pay p	oremiums, di	rectly or indirectly, on a	a personal benefit	contract?	. Yes X No		
		le Form 8870 and Form							
	Under penalties of	f perjury, I declare that I have complete. Declaration of prepare	examined this re	turn, including accompanying	schedules and stateme	nts, and to the best of my kno	wledge and belief, it is		
Diana	moo, contect, and	complete. Decidization of prepa	arer (ourer man)	nncer) is based on all informa	tion of which preparer i	nas any knowledge.			
Please	0:								
Sign Here	Signature of o	officer				Date			
HEIE	 								
	Type or print	name and title.							
Paid	Preparer's	· · · · ·			Date	Check if Pro	eparer's SSN or PTIN (See eneral Instruction W)		
Pre-	signature -	•				self- employed	neral instruction W)		
parer's	Firm's name (or	NATIONAL HEMO	PHILTA	'OUNTATION	<u> </u>	omployed .	- <u></u>		
Üse	yours if self-					EIAL D			
Only	employed), address, and ZIP + 4 NEW YORK		<u> </u>	NY 10	001-3212		EIN ►		
BAA	<u> </u>		-	NI IU	001-2717	Phone no. ►	F 446		
_,						TEEA0106 10/03/03	3 Form 990 (2004)		

SCHEDULE A (Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

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

2004

Employer identification number

13-5641857

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE NATIONAL HEMOPHILIA FOUNDATION

MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

(a) Name and address of each employee paid more hours per week devoted to position (c) Compensation					(e) Expense account and other allowances		
GLENN_MONES				*			
C/O NHF 116 W32ND ST.NY NY 10001	V.P. COMMUNICATIONS & INFO.SE	RV 42.5	150,361.	15,395.	0.		
EDWIN_PELTO							
C/O NHF 116 W32ND ST.NY NY 10001	DEVELOPMENT	42.5	81,591.	8,422.	0.		
ANN-MARIE NAZZARO							
C/O NHF 116 W32ND ST.NY NY 10001	VP EDUCATION	42.5	117,771.	17,978.	0.		
STEVEN HOLMES		i	-	-			
C/O NHF 116 W32ND ST.NY NY 10001	VP RESEARCH	42.5	104,831.	16,588.	0.		
PATRICIA POLLOK							
C/O NHF 116 W32ND ST.NY NY 10001	VP DEVELOPMENT	42.5	190,451.	9,831.	0.		
Total number of other employees paid over \$50,000	20						
Compensation of the Five Higher (See instructions. List each one (whether	est Paid Independent	Con	tractors for Prof	essional Servi	ces		
(a) Name and address of each independent contract	-		(b) Type of service (c) Compensation				
MARC ASSOCIATES INC.			7	· · · · · · · · · · · · · · · · · · ·			
1101 17TH ST. NW, WASHINGTON, DC 2	0036		GOVERNMENT RELATIONS 250.0				
THIRD GUGDING GOVERNMENT			COVERENT K	BHAITONS	250,017.		
24 JEAN ROAD, EAST BRUNSWICK, NJ 0		ł	WEBSITE DEVE	ODMENTE	105 010		
MACRO INTERNATIONAL INC.	3010		WEBSITE DEVE	POSMENT	185,319.		
11785 BELTSVILLE DR., CALVERTON, M				- -			
MYERBERG SHAIN & ASSC.	D 20705		PROGRAM CURR	ICOTOW	72,429.		
2336 AHA MAKA WAY, HONOLULU, HI 96	851		FUNDRAISING	<u>-</u>	60,000.		
SUSAN_ZIMMERMAN							
17 STUYVESANT OVAL, 4H, NEW YORK, 1 Total number of others receiving over \$50,000 for professional services	NY 10009]	MARKETING & (COMM.	51,000.		

Sche	dule	A (Form 990 or 990-EZ) 2004 THE NATIONAL HEMOPHILIA FOUNDATION 13-564185	7		⊃age
		Statements About Activities (See instructions.)		Yes	No
1	to i	ring the year, has the organization attempted to influence national, state, or local legislation, including any attempt influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid			
	(Mu	ncurred in connection with the lobbying activities \$ 250,017. 250,017.	1	х	
	Org org lobl	panizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other anizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the bying activities.			
2	ber	ring the year, has the organization, either directly or indirectly, engaged in any of the following acts with any ostantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any able organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal leficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)			
ā	Sal	e, exchange, or leasing of property?	2a		х
ŀ	Ler	nding of money or other extension of credit?	2 b		x
ď	: Fur	nishing of goods, services, or facilities?	2c		х
C	l Pay	See Part V, Form 990 ment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2 d	x	
•	Tra	nsfer of any part of its income or assets?	2e	ļ	х
	exp	you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an lanation of how you determine that recipients qualify to receive payments.)	3a	х	
		you have a section 403(b) annuity plan for your employees?		Х	
		you maintain any separate account for participating donors where donors have the right to provide advice the use or distribution of funds?			X
Barret.	טע נ	you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	i	X
5 6 7 8 9		A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school. Section 170(b)(1)(A)(ii). (Also complete Part V.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's nand state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 17 (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general pul Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and of from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired longanization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organic described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Section 509(a)(3).	70(b)(blic. gross its sup	1)(A)(receip	
		Provide the following information about the supported organizations. (See instructions.)			
		(a) Name(s) of supported organization(s)		ne nur n abo	
14	Г	An organization organized and operated to test for multiple asfat. Scatter 500(1)(4) (0)			
DAA	_L_L	An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)		<u> </u>	

Note	You may use the worksheet in the					
begi	ndar year (or fiscal year nning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,448,443.	9,647,969.	7,215,776.	7,744,474.	31,056,662
16	Membership fees received	78,845.	76,125.	92,635.	146,245.	393,850
	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	31,318.	36,580.	47,496.	44,338.	159,732
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	145,860.	169,333.	231,158.	245,391.	791,742
19	Net income from unrelated business activities not included in line 18				7/3/2	
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		1001			***.
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	1,417,982.	1,688,346.	1,176,183.	952,305.	5,234,816.
	Total of lines 15 through 22	8,122,448.	11,618,353.	8,763,248.	9,132,753.	37,636,802.
24	Line 23 minus line 17	8,091,130.	11,581,773.	8,715,752.	9,088,415.	37,477,070.
25	Enter 1% of line 23	81,224.	116,184.	87,632.	91,328.	
26	Organizations described on lines	10 or 11: a Ente	r 2% of amount in co	lumn (e), line 24	▶ 26a	749,541.
t	Prepare a list for your records to show the supported organization) whose total gifts for return. Enter the total of all these excess a	or 2000 through 2003 exceed	ed the amount shown in tid	ne 26a. Do not file this list :	with your	2,217,011.
c	: Total support for section 509(a)(1)					37,477,070.
	Add: Amounts from column (e) for		791,742.	19	Pakata	
		22	5,234,816.	26b 2,217,0	11 ► 26d	8,243,569.
e	Public support (line 26c minus line	e 26d total)			▶ 26e	29.233.501
f	Public support percentage (line 2	6e (numerator) divide	d by line 26c (denom	inator))	► 26f	78.00 %
27	Organizations described on line 1 For amounts included in lines 15, name of, and total amounts receiv such amounts for each year:	2: 16, and 17 that were r red in each year from,	eceived from a 'disqueach 'disqueach 'disqualified pe	ualified person,' prepar rson.' Do not file this l	e a list for your recor ist with your return. E	ds to show the Enter the sum of
	(2003)	(2002)	(2001)		(2000)	
ŀ	For any amount included in line 13 show the name of, and amount res \$5,000. (Include in the list organiz computing the difference between (the excess amounts) for each year	7 that was received fro ceived for each year, t ations described in lin the amount received a ar:	m each person (othe hat was more than th es 5 through 11, as w and the larger amoun	r than 'disqualified per le larger of (1) the amo vell as individuals.) Do t described in (1) or (2)	sons'), prepare a list bunt on line 25 for the not file this list with , enter the sum of the	for your records to year or (2) your return. After ese differences
c	(2003) Add: Amounts from column (e) for 17 Add: Line 27a total	(2002) lines: 15	(2001)	 16	(2000)	
	17	20		21	► 27c	
d	Add: Line 27a total	and	l line 27b total		▶ 27d	
е	Public support (line 27c total minu	s line 27d total)			► 27e	
f	Public support (line 27c total minu Total support for section 509(a)(2)	test: Enter amount fro	om line 23, column (e	e) ▶ 27f		
9	Public support percentage (line 2)	/e (numerator) divided	d by line 27f (denomi	nator))		8
<u>n</u>	Investment income percentage (li	ne 18, column (e) (nur	nerator) divided by li	ne 27f (denominator))		ક્ષ
28	Unusual Grants: For an organizati list for your records to show, for eanature of the grant. Do not file this				s during 2000 through grant, and a brief des	n 2003, prepare a scription of the

	(10 be completed ONLY by schools that checked the box on line 6 in Part IV)	N/A		
			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?	29		
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?	30		
31	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?	31		
	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?	32 a		
i	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?		-	
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	and any with respect to.			
	a Students' rights or privileges?	33a		F.S.S.
ŀ	Admissions policies?	33b	 	
(Employment of faculty or administrative staff?	33 c		
•	Scholarships or other financial assistance?	33 d		
6	Educational policies?	33e		
f	Use of facilities?	33 f		
ç	Athletic programs?	33 g		
h	Other extracurricular activities?	33 h	21. 1 31. 7 10 W	- Distance
	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?	34 a	\downarrow	
b	Has the organization's right to such aid ever been revoked or suspended?	34 b		
35	If you answered 'Yes' to either 34a or b, please explain using an attached statement. Does the organization certify that it has complied with the applicable requirements of			
	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		

	Lobbying E (To be complet	xpenditures by Ele ted ONLY by an eligible	ecting Public Char organization that filed I	ties (See instruc Form 5768)	tions.)			N/A				
Che	ck ► a if the organi	ization belongs to an aff	iliated group. Checl	⟨► b if you	checked 'a	a' and 'limit	ed cont	rol' provisions apply.				
		Limits on Lobbying	•		İ	(a) Affiliated gr totals		(b) To be completed for ALL electing				
		n 'expenditures' means			r			organizations				
36		ures to influence public			36	_						
37	Total lobbying expendit	ures to influence a legis	lative body (direct lobb	/ing)	37	-						
38		ures (add lines 36 and 3			38							
39		expenditures			39							
40		expenditures (add lines 3			40	****						
41	Lobbying nontaxable ar											
	If the amount on line 40	• •	lobbying nontaxable a									
	Not over \$500,000											
		,000,000 \$100,										
	Over \$1,000,000 but not over	\$1,500,000 \$175,	41									
	Over \$1,500,000 but not over !	\$17,000,000 \$225,	,000 plus 5% of the excess o	/er \$1,500,000								
42	Over \$17,000,000						1 2 2					
42 43	Grassroots nontaxable a				42 43							
43	Subtract line 42 from line		-									
	Subtract line 41 from lin				44	130.3 11 1 1 1 1 1 1 1	ogen Nagaria	The action of the Control of State (1974) and the support of				
	Caution: If there is an a						i Xir					
	(Some orga	nizations that made a se	Averaging Period ection 501(h) election ce the instructions for li	o not have to con	nolete all o	f the five co	olumns	below.				
	Lobbying Expenditures During 4 -Year Averaging Period											
	Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2003	(c) 2002		(d) 2001		(e) Total				
45	Lobbying nontaxable amount											
46	Lobbying ceiling amount (150% of line 45(e))											
47	Total lobbying expenditures					· · ·						
48	Grassroots non- taxable amount											
49	Grassroots ceiling amount (150% of line 48(e))											
50	Grassroots lobbying expenditures											
	Lobbying Ac (For reporting o	ctivity by Nonelecti nly by organizations tha	i ng Public Charitie t did not complete Part	s VI-A) (See instru	ctions.)							
Durir	g the year, did the organ	ization attempt to influe	nce national state or k	scal logiclation in	-	v		<u> </u>				
atten	npt to influence public op	inion on a legislative ma	atter or referendum, thro	ough the use of:		Yes	No	Amount				
а	Volunteers	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					х					
b	Paid staff or manageme	nt (Include compensatio	n in expenses reported	on lines c throug	h h.)		X					
C	Media advertisements			- • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·		X					
d	Mailings to members, le		X									
е	Publications, or published		х	-								
f	Grants to other organiza	tions for lobbying purpor	ses	· - · <i>· • • • • • • • • • • • • • • • • • </i>			х					
9	Direct contact with legisl	ators, their staffs, gover	nment officials, or a leg	jislative body		<u>x</u>		250,017.				
h	Rallies, demonstrations,	seminars, conventions,	speeches, lectures, or	any other means			х					
i	Total lobbying expenditu	res (add lines c through	h.)					250,017.				
	If 'Yes' to any of the abo	ve, also attach a statem	ent giving a detailed de	escription of the lo	bbying act	ivities.						

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the	ne reporting organization o e Code (other than section	directly or in i 501(c)(3) o	directly engage in any of the following rganizations) or in section 527, relatii	g with any other organization described ng to political organizations?	in section	501(d	:)
			o a noncharitable exempt organization			Yes	No
	· · · · · · · · · · · · · · · · · · ·	_	· -		51a (i)		х
					a (ii)		Х
	transactions:						
(i)S	ales or exchanges of asse	ets with a no	oncharitable exempt organization		b (i)		х
							X
							x
							X
							X
							X
							x
d If the	answer to any of the above	ve is 'Yes,'	complete the following schedule. Colu	mn (b) should always show the fair ma	rket value	of	
the go	oods, other assets, or serv	vices given l	by the reporting organization. If the or	mn (b) should always show the fair ma ganization received less than fair mark ods, other assets, or services received:	et value ir	1	
(a) Line no.	(b) Amount involved		(c) noncharitable exempt organization	(d) Description of transfers, transactions, and			ts
							
_ .							
			 .				

		<u> </u>					
descr	organization directly or in ibed in section 501(c) of t s,' complete the following	he Code (ot	liated with, or related to, one or more her than section 501(c)(3)) or in section	tax-exempt organizations on 527?	► 🗌 Ye	s X	No
WII IC	(a)	scriedule.	(1)	(-)			
··	Name of organization		(b) Type of organization	(c) Description of relation	ship		
			7				
	100		1				*

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				· · · = · · ·			
		·········					
•							
	_			· · · · · · · · · · · · · · · · · · ·			
	·	· · · · ·					

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

2004

Name of organization		Employer identification number
THE NATIONAL HEMOPHILIA FOUND	13-5641857	
Organization type (check one):		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)(<u>3</u>) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated a 527 political organization	s a private foundation
Form 990-PF	501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a 501(c)(3) taxable private foundation	private foundation
Check if your organization is covered by the Ge boxes for both the General Rule and a Special I	neral Rule or a Special Rule. (Note: Only a section 501(Rule — see instructions.)	c)(7), (8), or (10) organization can check
General Rule – For organizations filing Form 990, 990-EZ, contributor. (Complete Parts I and II.)	or 990-PF that received, during the year, \$5,000 or more	(in money or property) from any one
Special Rules —		
X For a section 501(c)(3) organization filing For 509(a)(1)/170(b)(1)(A)(vi) and received from amount on line 1 of these forms. (Complete	orm 990, or Form 990-EZ, that met the 33-1/3% support to any one contributor, during the year, a contribution of the Parts I and II.)	est of the regulations under sections ne greater of \$5,000 or 2% of the
addiedate contributions of Deduesis of More	ation filing Form 990, or Form 990-EZ, that received from than \$1,000 for use <i>exclusively</i> for religious, charitable, dren or animals. (Complete Parts I, II, and III.)	any one contributor, during the year, scientific, literary, or educational
\$1,000. (If this box is checked, enter here the etc, purpose. Do not complete any of the Pa	ation filing Form 990, or Form 990-EZ, that received from ligious, charitable, etc, purposes, but these contributions e total contributions that were received during the year for rts unless the General Rule applies to this organization be 000 or more during the year.)	did not aggregate to more than or an <i>exclusively</i> religious, charitable, pecause it received nonexclusively
Caution: Organizations that are not covered by	the General Rule and/or the Special Rules do not file Sch	gedule R (Form 990, 990, EZ, or

BAA 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) (2004)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2004)	Page 1	of 1 of Part I
Name of org.	anization TIONAL HEMOPHILIA FOUNDATION		er identification number
	Contributors (See Specific Instructions.)	113-3	641857
(a)			1 4.6
Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	· !		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number			(d) Type of contribution
2	1 !		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number			(d) Type of contribution
<u>3</u>	 		Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number			(d) Type of contribution
4			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number			(d) Type of contribution
5			Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number			(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
BAA	•), 990-EZ, or 990-PF) (2004)

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GALA	137,650.	1,763.	135,887.	64,078.	71,809.
GENES FOR JEANS	35,487.	22,813.	12,674.	19,082.	-6,408.
ALL STAR BASEBALL	0.	0.	0.	23,975.	-23,975.
GET OUT THE SONG	63,388.	12,388.	51,000.	220,639.	-169,639.
ALPINE SNOW SHOE WALK	40,894.	30,670.	10,224.	8,580.	1,644.
NHF JR. GOLF CLASSIC	69,000.	0.	69,000.	2,842.	66,158.

Total <u>346,419.</u> <u>67,634.</u> <u>278,785.</u> <u>339,196.</u> <u>-60,411.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BAD DEBTS	206,825.	198,492.	0.	8,333.
		0.	0.	0.
MISC	84,150.	67,835.	1,718.	14,597.
Total	290,975.	266.327.	1.718.	22.930.

Form 990, Page 3, Part IV, Line 54 Investments - Securities Statement

Line 54 — Investments - Securities:	Beginning of Year	End of Year	
equity securities	3,588,921.	4,030,600.	
			

Total 3,588,921. 4,030,600.

Form 990, Page 3, Part IV, Lines 57a & 57b Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
furniture fixturers & equipment	179,409.	165,394.	14,015.
computers	984,775.	780,524.	204,251.
leasehold improvements	150,982.	105,686.	45,296.

Total <u>1,315,166.</u> 1,051,604. 263,562.