

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning 07/01, 2003, and ending 06/30/2004

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization THE NATIONAL HEMOPHILIA FOUNDATION Number and street (or P.O. box if mail is not delivered to street address) Room/suite 116 WEST 32ND STREET 11TH City or town, state or country, and ZIP + 4 NEW YORK, NY 10001-3212	D Employer identification number 13-5641857 E Telephone number (212) 328-3700 Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: ▶ WWW.HEMOPHILIA.ORG

J Organization type (check only one) ▶ 501(c) (03) ◀ (insert no.) 4947(a)(1) or 527

K Check here ▶ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ _____
H(c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Group Exemption Number ▶ 1248

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 10,215,852.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	3,285,137.
	b	Indirect public support	1b	538,092.
	c	Government contributions (grants)	1c	2,625,214.
	d	Total (add lines 1a through 1c) (cash \$ <u>6,448,443.</u> noncash \$ _____)	1d	6,448,443.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	31,318.
	3	Membership dues and assessments	3	78,845.
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	145,860.
	6a	Gross rents	6a	
	b	Less: rental expenses	6b	
	c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	
7	Other investment income (describe ▶ _____)	7		
8a	a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other
			1,901,219.	8a
		Less: cost or other basis and sales expenses	2,045,930.	8b
		Gain or (loss) (attach schedule)	-144,711.	8c
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	-144,711.	
9a	a	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>		
		Gross revenue (not including \$ <u>65,940.</u> of STMT 1 contributions reported on line 1a)	STMT 2.	456,850.
		Less: direct expenses other than fundraising expenses	9b	192,185.
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c	198,725.	
10a	a	Gross sales of inventory, less returns and allowances	10a	
		Less: cost of goods sold	10b	
		Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c	
11	Other revenue (from Part VII, line 103)	11	1,219,257.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,977,737.	
Expenses	13	Program services (from line 44, column (B))	13	6,875,250.
	14	Management and general (from line 44, column (C))	14	535,101.
	15	Fundraising (from line 44, column (D))	15	1,085,044.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	8,495,395.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-517,658.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,937,297.
	20	Other changes in net assets or fund balances (attach explanation)	STMT 3.	289,742.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	7,709,381.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See page 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22 Grants and allocations, 23 Specific assistance, 24 Benefits paid, 25 Compensation of officers, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc., 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See page 25 of the instructions.)

What is the organization's primary exempt purpose? STMT 6

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

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

Table with 2 columns: Description, Program Service Expenses. Rows include a STMT 7, b (Grants and allocations \$ 1,223,913.), c (Grants and allocations \$ 244,698.), d (Grants and allocations \$), e Other program services, f Total of Program Service Expenses (should equal line 44, column (B), Program services) 6,875,250.

Part IV Balance Sheets (See page 25 of the instructions.)

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

		(A) Beginning of year		(B) End of year		
Assets	45 Cash - non-interest-bearing		1,912,856	45	3,258,250	
	46 Savings and temporary cash investments		1,359,000	46	1,561,829	
	47a Accounts receivable	47a	1,644,723			
	b Less: allowance for doubtful accounts	47b	32,383			
				2,376,456	47c	1,612,340
	48a Pledges receivable	48a	2,388,788			
	b Less: allowance for doubtful accounts	48b	214,543			
				3,044,299	48c	2,174,245
	49 Grants receivable			380,342	49	362,775
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)				50	
	51a Other notes and loans receivable (attach schedule)	51a				
	b Less: allowance for doubtful accounts	51b				
					51c	
	52 Inventories for sale or use				52	
53 Prepaid expenses and deferred charges			246,577	53	284,210	
54 Investments - securities (attach schedule) STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			3,692,649	54	3,588,921	
55a Investments - land, buildings, and equipment: basis	55a					
b Less: accumulated depreciation (attach schedule)	55b					
				55c		
56 Investments - other (attach schedule)				56		
57a Land, buildings, and equipment: basis STMT 9	57a	1,257,600				
b Less: accumulated depreciation (attach schedule)	57b	857,637				
			496,871	57c	399,963	
58 Other assets (describe _____)				58		
59 Total assets (add lines 45 through 58) (must equal line 74)			13,509,050	59	13,242,533	
Liabilities	60 Accounts payable and accrued expenses		4,690,204	60	4,578,689	
	61 Grants payable			61		
	62 Deferred revenue		881,549	62	954,463	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)				63	
	64a Tax-exempt bond liabilities (attach schedule)				64a	
	b Mortgages and other notes payable (attach schedule)				64b	
	65 Other liabilities (describe _____)				65	
66 Total liabilities (add lines 60 through 65)			5,571,753	66	5,533,152	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted		2,838,660	67	2,280,056	
	68 Temporarily restricted		5,098,637	68	5,429,325	
	69 Permanently restricted			69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			7,937,297	73	7,709,381	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			13,509,050	74	13,242,533	

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.

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
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?	80a	X
b If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions. 81a	81a	
b Did the organization file Form 1120-POL for this year?	81b	X
82 a 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?	82a	X
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b N/A	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	N/A
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A
c Dues, assessments, and similar amounts from members 85c N/A	85c	N/A
d Section 162(e) lobbying and political expenditures 85d N/A	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a N/A	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A	86b	N/A
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders 87a N/A	87a	N/A
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A	87b	N/A
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	X
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 NONE; section 4912 NONE; section 4955 NONE		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 NONE		NONE
d Enter: Amount of tax on line 89c, above, reimbursed by the organization NONE		NONE
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, 2003 (See instructions) 90b 40	90b	40
91 The books are in care of THE ORGANIZATION Telephone no. (212) 328-3700		
Located at 116 WEST 32ND ST, 11TH FL, NEW YORK, NY ZIP + 4 10001-3212		
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	92	N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions.)

Table with 2 columns: 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). Entry: STMT 17.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions.)

Table with 5 columns: (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. Entry: N/A.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

Please Sign Here 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 and correct. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: Alan S. Kinniburgh, PhD, Chief Executive Officer, Date: 1/27/05.

Paid Preparer's Use Only Preparer's signature: [Signature], Date: 1/21/05, Check if self-employed: [], Preparer's SSN or PTIN: 900037219, Firm's name (or yours if self-employed), address, and ZIP + 4: BDO SEIDMAN, LLP, 330 MADISON AVENUE, NEW YORK, NY 10017-5001, EIN: 13-5381590, Phone no.: 212-885-8000.

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization THE NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
	Number, street, and room or suite no. If a P.O. box, see instructions. 116 WEST 32ND STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10001-3212	

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

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T(sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- 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 will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 02/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning 07/01, 2003, and ending 06/30, 2004.

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

3a 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 If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c Balance Due. Subtract line 3b from line 3a. 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 \$ _____

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 ▶ _____ Date ▶ _____

For Paperwork Reduction Act Notice, see instruction

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 Section 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

2003

Name of the organization

THE NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

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

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
<u>GLENN MONES</u> C/O NHF, 116 W 32ND ST NEW YORK, NY 10001	DIR COMM & INFO SVCS 42.5	135,423.	10,983.	NONE
<u>ZENA SANTA CATALINA</u> C/O NHF, 116 W 32ND ST NEW YORK, NY 10001	DIR FIN & ADMIN 42.5	116,375.	18,178.	NONE
<u>ANN-MARIE NAZZARO</u> C/O NHF, 116 W 32ND ST NEW YORK, NY 10001	DIR EDUCATION 42.5	109,700.	15,819.	NONE
<u>STEVEN HUMES</u> C/O NHF, 116 W 32ND ST NEW YORK, NY 10001	DIR RESEARCH 42.5	109,400.	16,122.	NONE
<u>PATRICIA POLLOK</u> C/O NHF, 116 W 32ND ST NEW YORK, NY 10001	DIR DEVELOPMENT 42.5	177,107.	7,935.	NONE
Total number of other employees paid over \$50,000	21			

Part II 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
<u>MARC ASSOCIATES INC.</u> 1101 17TH ST. NW, WASHINGTON, DC 20036	GOVERNMENT RELATIONS	310,324.
<u>SPHERION CORPORATION</u> 4259 COLLECTIONS CNTR DR, CHICAGO, IL	RECRUITING & TEMP	60,474.
Total number of others receiving over \$50,000 for professional services	NONE	

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

Table with 3 columns: Question, Yes, No. Rows include: 1. During the year, has the organization attempted to influence national, state, or local legislation... 2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts... 3a. Do you make grants for scholarships, fellowships, student loans, etc.? 3b. Do you have a section 403(b) annuity plan for your employees? 4. Did you maintain any separate account for participating donors...

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)

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 [X] 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 supports organizations 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). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

Table with 2 columns: (a) Name(s) of supported organization(s), (b) Line number from above

14 [] An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2002, (b) 2001, (c) 2000, (d) 1999, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities loans; 19 Net income from unrelated business activities not included in line 18; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add: Amounts from column (e) for lines: 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)); 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: (2002) (2001) (2000) NOT APPLICABLE (1999); 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 11, 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: (2002) (2001) (2000) (1999); c Add: Amounts from column (e) for lines: 15, 16, 17, 20, 21; d Add: Line 27a total and line 27b total; e Public support (line 27c total minus line 27d total); f Total support for section 509(a)(2) test: Enter amount from line 23, column (e); g Public support percentage (line 27e (numerator) divided by line 27f (denominator)); h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)); 28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV) **NOT APPLICABLE**

		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?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
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?		
	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?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? 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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500,000 20% of the amount on line 40	} 41		
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			
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

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 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions.)

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		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		310,324.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			310,324.

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

Schedule of Contributors

2003

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

Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

501(c)(03) (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 box(es) 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 1 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).

Name of organization **THE NATIONAL HEMOPHILIA FOUNDATION**

Employer identification number
13-5641857

Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
8			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
13			Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART I - EXCLUDED CONTRIBUTIONS

=====

DESCRIPTION

AMOUNT

GOLF OUTINGS

NONE

GALA

7,190.

GENES FOR JEANS

43,230.

ALLSTAR BASEBALL

NONE

BROADWAY

15,520.

TOTAL

65,940.

=====

FORM 990, PART I - SPECIAL FUNDRAISING EVENTS AND ACTIVITIES

DESCRIPTION	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
GOLF OUTINGS	202,897.	47,518.	155,379.
WALK	188,290.	77,803.	103,297.
JEANS FOR JEANS	45,981.	16,470.	-13,719.
BLISTAR BASEBALL	2,362.	21,937.	-19,575.
ROADWAY	17,320.	28,457.	-26,657.
TOTALS	456,850.	192,185.	198,725.

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

=====

DESCRIPTION

AMOUNT

NET UNREALIZED GAIN ON INVESTMENTS

289,742.

TOTAL

289,742.

=====

4 990, PART II - GRANTS AND ALLOCATIONS PAID DURING THE YEAR

DONOR NAME AND ADDRESS NTS PAID	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT		PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT

ATTACHED SCHEDULE A

1,468,611.

TOTAL CONTRIBUTIONS PAID

1,468,611.

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
UBCONTRACT FOR CLINICAL STUDY	12,218.	12,218.		
INSURANCE	30,768.	19,409.	4,021.	7,338.
CONSULTING FEES	639,971.	560,072.	11,830.	68,069.
MEMBERSHIP DUES	41,452.	21,042.	4,360.	16,050.
EMPLOYMENT FEES	121,037.	76,350.	15,820.	28,867.
AD DEBT EXPENSE	3,013.			3,013.
MISCELLANEOUS	52,252.	41,242.	686.	10,324.
TOTALS	900,711.	730,333.	36,717.	133,661.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

THE FOUNDATION IS DEDICATED TO THE TREATMENT AND THE CURE OF
HEMOPHILIA AND
RELATED BLEEDING DISORDERS THROUGH SUPPORT OF RESEARCH, EDUCATION &
SERVICE.

CRM 990, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION

GRANTS AND ALLOCATIONS

EXPENSES

RESEARCH - PROVIDE FELLOWSHIP GRANTS TO FUND RESEARCHERS IN THE FIELD OF HEMOPHILIA AND TO FUND CLINICAL RESEARCH IN HIV INFECTED HEMOPHILIC INDIVIDUALS AT VARIOUS HEMOPHILIA TREATMENT CENTERS.	1,223,913.	1,664,902.
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HEALTH EDUCATION TRAINING - PROVIDE COMPREHENSIVE EDUCATION TO BOTH HEMOPHILIA PATIENTS, FAMILIES AND TREATMENT PROVIDERS PROVIDE WORKSHOPS & CONFERENCES TO ADDRESS THE NEEDS OF THE PATIENTS AND TREATMENT PROVIDERS.	244,698.	3,204,877.
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COMMUNITY SERVICE - PROVIDES COMMUNICATION TO THE HEMOPHILIA COMMUNITY THROUGH WEB, PUBLICATIONS, AND TELEPHONE SERVICE ENTER. ADDITIONALLY NHF WORKS IN CONJUNCTION WITH THE GOVERNMENT IN THE AREAS OF BLOOD SAFETY.		2,005,471.
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TOTAL	1,468,611.	6,875,250.
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FORM 990, PART IV - INVESTMENTS - SECURITIES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
EQUITY SECURITIES	3,588,921.
GOVERNMENT DEBT SECURITIES	NONE
TOTALS	----- 3,588,921. =====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

FIXED ASSET DETAIL

ACCUMULATED DEPRECIATION DETAIL

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL		ACCUMULATED DEPRECIATION DETAIL		
		ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	DISPOSALS	ENDING BALANCE
FURN, FIXT & EQUIP	M7	175,387.	126,370.	24,184.		150,554.
LEASEHOLD IMPROV	M10	150,982.	75,856.	15,098.		90,954.
COMPUTERS	M5	845,594.	452,981.	128,893.		581,874.
DONATED SOFTWARE	M3	85,637.	17,127.	17,128.		34,255.
TOTALS		1,257,600.	672,334.			857,637.

FORM 990, PART IV-A - OTHER REVENUE ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSES

192,185.

TOTAL

192,185.
=====

FORM 990, PART IV-B - OTHER EXPENSES ON BOOKS BUT NOT ON RETURN

=====

DESCRIPTION

AMOUNT

SPECIAL EVENT EXPENSES

192,185.

TOTAL

192,185.
=====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
RICHARD HELNER 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	EXECUTIVE DIRECTOR 42.5	93,898.	6,480.	NONE
RICHARD METZ, MD 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	PRESIDENT 4.5	NONE	NONE	NONE
BRUCE P. KING 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	TREASURER 4.5	NONE	NONE	NONE
ANDRA JAMES, MD, MPH 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	SECRETARY 4.5	NONE	NONE	NONE
STEPHEN BENDER 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
D. THOMAS BILLS 2/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
MICHAEL BROWN	DIRECTOR 4.5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
/O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212				
LIZABETH FUNG, MSW & PHD /O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
KATHLEEN GERUS-DARBISON /O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
ITA R. GONZALES /O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
ETER F. HAAS, PHD /O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
THUR HERMAN /O NHF, 116 WEST 32ND ST., 1TH FLOOR 3W YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
ARK HOMONOFF, MD /O NHF, 116 WEST 32ND ST., 1TH FLOOR	DIRECTOR 4.5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EW YORK, NY 10001-3212				
EITH HOOTS, MD /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
BAROL KASPER, MD /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
HILIP KUCAB /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
JEANNE LUSHER, MD /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
ENNETH G. MANN, PHD, MD /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
MICHAEL O'CONNOR /O NHF, 116 WEST 32ND ST., 1TH FLOOR EW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GLENN PIERCE, PHD & MD C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
CALVIN PRICE C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
MICHAEL C. SELF C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
GINA SHREVE, PHD C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
RAY STANHOPE C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
RICHARD TRAUSELEN C/O NHF, 116 WEST 32ND ST., 11TH FLOOR NEW YORK, NY 10001-3212	DIRECTOR 4.5	NONE	NONE	NONE
SHIRLEY WILSON-OSLUND	DIRECTOR 4.5	NONE	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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93A } 94 }	SALE OF PUBLICATIONS PROMOTING HEMOPHILIA AWARENESS PARTICIPATION FEES FROM AFFILIATED CHAPTERS 31,318; MEMBERSHIP FEES 78,845; ALL MEMBERSHIP FEES ARE RECEIVED IN CONNECTION WITH THE ORGANIZATION'S PURPOSE OF EDUCATION, ADVOCACY AND RESEARCH.
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SCHEDULE A, PART III - EXPLANATION FOR LINE 3A

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DISBURSEMENTS ARE MADE FROM THE ORGANIZATION TO THOSE THAT ARE EXEMPT AND PUBLICLY SUPPORTED FOR A CHARITABLE PURPOSE AND TO INDIVIDUALS FOR SCHOLARSHIPS AND GRANTS MEETING ALL QUALIFICATIONS FOR WHICH IT IS GIVEN CONSISTENT WITH THIS ORGANIZATION'S PURPOSES. ACCOUNTABILITY IS REQUIRED.

SCHEDULE A, PART IV-A - OTHER INCOME

DESCRIPTION	2002	2001	2000	1999	TOTAL
MISCELLANEOUS	213,938.	53,417.	114,555.	109,614.	491,524.
NET INCOME FROM SPECIAL EVENTS	584,599.	441,071.	233,292.	261,685.	1,520,647.
ADV IN EDUCATIONAL PUBLICATION	889,809.	681,695.	604,458.		2,175,962.
TOTALS	1,688,346.	1,176,183.	952,305.	371,299.	4,188,133.

SCHEDULE A, PART VI-B - DIRECT CONTACT WITH LEGISLATORS

=====

THE FOUNDATION INCURRED EXPENSES DEALING WITH APPROPRIATION FUNDING FOR HEMOPHILIA RELATED SERVICES, RESEARCH, EDUCATION AND AIDS MATTERS.

