

Return of Organization Exempt From Income Tax

2005

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

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 2005 calendar year, or tax year beginning Jul 1, 2005, and ending Jun 30, 2006

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization THE NATIONAL HEMOPHILIA FOUNDATION
Number and street (or P.O. box if mail is not delivered to street addr) Room/suite
116 WEST 32ND STREET 11TH FLOOR
City, town or country State ZIP code + 4
NEW YORK NY 10001-3212

D Employer Identification Number 13-5641857
E Telephone number (212) 328-3700
F Accounting method: Cash [X] Accrual [] Other (specify) []

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... [] Yes [X] 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? [X] Yes [] No

I Group Exemption Number ... 1248

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

G Web site: WWW.HEMOPHILIA.ORG

J Organization type (check only one) [X] 501(c) 3 (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 chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 10,675,496.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for public support, program revenue, membership, interest, dividends, rental income, asset sales, special events, and inventory. Total revenue is 9,512,866 and total expenses is 8,220,011.

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.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) (cash \$ 760,717. non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	760,717.	760,717.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	259,852.	0.	259,852.	0.
26	Other salaries and wages	2,343,934.	1,859,318.	264,221.	220,395.
27	Pension plan contributions	173,099.	136,321.	17,015.	19,763.
28	Other employee benefits	316,345.	260,743.	9,720.	45,882.
29	Payroll taxes	212,413.	172,833.	10,977.	28,603.
30	Professional fundraising fees				
31	Accounting fees	32,287.	30,883.	230.	1,174.
32	Legal fees	21,038.	15,023.	3,523.	2,492.
33	Supplies	63,310.	53,410.	4,259.	5,641.
34	Telephone	60,725.	49,542.	4,689.	6,494.
35	Postage and shipping	121,819.	115,233.	3,256.	3,330.
36	Occupancy	285,562.	186,716.	68,999.	29,847.
37	Equipment rental and maintenance	299,050.	212,348.	48,395.	38,307.
38	Printing and publications	502,371.	495,856.	4,201.	2,314.
39	Travel	1,490,747.	1,451,352.	5,074.	34,321.
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	153,298.	103,596.	29,108.	20,594.
43	Other expenses not covered above (itemize):				
a	INSURANCE	29,777.	21,174.	3,172.	5,431.
b	MEMBERSHIP DUES	40,236.	23,160.	5,482.	11,594.
c	CONSULTING AND PROFESSIONAL FEES	615,188.	608,886.	4,605.	1,697.
d	EMPLOYMENT RECRUITING	3,445.	2,420.	600.	425.
e	BAD DEBTS	350,000.	350,000.	0.	0.
f	in kind expenses	58,931.	58,931.	0.	0.
g	MISC	25,867.	16,911.	2,292.	6,664.
44	Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	8,220,011.	6,985,373.	749,670.	484,968.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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Part III Statement of Program Service Accomplishments

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? ▶ <u>Incorporated in the State of N.Y. in 1948. The Foundation is</u> 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) organizations and 4947(a)(1) trusts; but optional for others.)
a 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. ----- (Grants and allocations \$ <u>201,430.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	4,075,887.
b Community Services - Provide communication to the hemophilia community through web, publications, and telephone service center. Additionally NHF works in conjunction with the government in the areas of blood safety. ----- (Grants and allocations \$ <u>17,315.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,683,418.
c Research - Provide Fellowship Grants to fund researchers in the field of Hemophilia and to fund Clinical Research in HIV-Infected Hemophiliac individuals at various Hemophilia Treatment Centers. ----- (Grants and allocations \$ <u>541,972.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	1,226,068.
d ----- (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (Grants and allocations \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶	6,985,373.

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Part IV Balance Sheets (See Instructions)

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

		(A)		(B)
		Beginning of year		End of year
ASSETS	45 Cash — non-interest-bearing	2,368,942.	45	4,207,581.
	46 Savings and temporary cash investments	1,069,829.	46	293,829.
	47a Accounts receivable	47a 2,094,028.		
	b Less: allowance for doubtful accounts	47b	47c	2,094,028.
	48a Pledges receivable	48a 240,000.		
	b Less: allowance for doubtful accounts	48b	48c	240,000.
	49 Grants receivable	720,312.	49	416,916.
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	196,635.	53	118,811.
	54 Investments — securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input type="checkbox"/> FMV	4,030,600.	54	4,081,575.
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b	55c	
	56 Investments — other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 1,320,991.		
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 1,210,727.	263,562.	57c 110,264.
	58 Other assets (describe ▶		58	
59 Total assets (must equal line 74). Add lines 45 through 58	11,068,538.	59	11,563,004.	
LIABILITIES	60 Accounts payable and accrued expenses	3,568,153.	60	2,457,068.
	61 Grants payable		61	
	62 Deferred revenue	718,885.	62	1,031,581.
	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	4,287,038.	66	3,488,649.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,522,053.	67	1,581,063.
	68 Temporarily restricted	5,259,447.	68	6,493,292.
	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)	6,781,500.	73	8,074,355.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	11,068,538.	74	11,563,004.	

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

a	Total revenue, gains, and other support per audited financial statements		a	9,512,866.
b	Amounts included on line a 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 b1 through b4		b	
c	Subtract line b from line a		c	9,512,866.
d	Amounts included on Part I, line 12, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	9,512,866.

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

a	Total expenses and losses per audited financial statements		a	8,220,011.
b	Amounts included on line a 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 b1 through b4		b	
c	Subtract line b from line a		c	8,220,011.
d	Amounts included on Part I, line 17, but not on line a :			
	1 Investment expenses not included on Part I, line 6b	d1		
	2 Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	8,220,011.

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 and deferred compensation plans	(E) Expense account and other allowances
<u>ALAN KINNIBURGH PHD</u> <u>C/O NHF116 W 32 ST. NY NY 10001</u>	CHIEF EXECUTIVE OFFICER 42.	230,537.	29,315.	0.
<u>PAUL F. HAAS PHD</u> <u>C/O NHF116 W 32 ST. NY NY 10001</u>	CHAIR OF THE BOARD 5	0.	0.	0.
<u>RAY STANHOPE</u> <u>C/O NHF116 W 32 ST. NY NY 10001</u>	VICE CHAIR OF THE BOARD 4.5	0.	0.	0.
<u>RITA GONZALES</u> <u>C/O NHF116 W 32 ST. NY NY 10001</u>	DIRECTOR 4.5	0.	0.	0.
<u>MICHAEL C. SELF</u> <u>C/O NHF116 W 32 ST. NY NY 10001</u>	TREASURER 4.5	0.	0.	0.
See List of Officers, Etc. Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

75 a Enter the total number of officers, directors, and trustees permitted to vote on organization business as board meetings .. ▶ 15		Yes	No
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)	75 b		X
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 this organization through common supervision or common control?	75 c		X
Note. Related organizations include section 509(a)(3) supporting organizations. If 'Yes,' attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization			
d Does the organization have a written conflict of interest policy?	75 d	X	

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) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
n/a				

Part VI Other Information (See the instructions.)

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?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78 a	X	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	78 b	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?	80 a		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.)	81 a		
b Did the organization file Form 1120-POL for this year?	81 b		X

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Part VI Other Information (continued)

		Yes	No
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?		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.)		
	82 b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
	b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	84 b		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.		
	c Dues, assessments, and similar amounts from members	85 c	n/a
	d Section 162(e) lobbying and political expenditures	85 d	n/a
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85 e	n/a
	f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85 f	n/a
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85 g	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?	85 h	n/a
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86 a	n/a
	b Gross receipts, included on line 12, for public use of club facilities	86 b	n/a
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87 a	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.)	87 b	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		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) 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		
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, 2005 (See instructions.)	90 b	41
91 a	The books are in care of ▶ THE ORGANIZATION Telephone number ▶ (212) 328-3700		
	Located at ▶ 116 WEST 32ND STREET 11TH FLOOR NEW YORK N.Y. ZIP + 4 ▶ 10001-3212		
	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)?	91 b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Statements		
	c At any time during the calendar year, did the organization maintain an office outside of the United States?	91 c	X
	If 'Yes,' enter the name of the foreign country ▶		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 – Check here		<input type="checkbox"/>
	and enter the amount of tax-exempt interest received or accrued during the tax year	92	

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					31,104.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					80,155.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			18	-25,139.	
102 Gross profit or (loss) from sales of inventory			01	136,859.	
103 Other revenue: a					
b ADV. IN EDUC PUB	541800	975,352.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		975,352.		376,735.	111,259.
105 Total (add line 104, columns (B), (D), and (E))					1,463,346.

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 the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	Sale of publications promoting Hemophilia awareness participation
94	fees from affiliated chapters \$31,104; membership fees \$80,155
	all membership fees are received in connection with the organization's purpose of Education, Advocacy and Research.

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
	0				
	0				
	0				
	0				

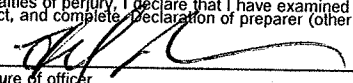
Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- 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).

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, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 12/16/06

Type or print name and title: **Howard Balsam, CPA, Chief Operating Officer**

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **NATIONAL HEMOPHILIA FOUNDATION**
116 W 32ND ST FL 11
NEW YORK NY 10001

EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under
Section 501(c)(3)

OMB No. 1545-0047

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

2005

Department of the Treasury
Internal Revenue Service

Supplementary Information — (See separate instructions.)

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

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 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 and deferred compensation	(e) Expense account and other allowances
GLENN MONES C/O NHF 116 W32ND ST.NY NY 10001	vp public policy 42.5	176,538.	20,290.	0.
Howard Balsam C/O NHF 116 W32ND ST.NY NY 10001	COO 42.5	186,923.	17,396.	0.
ANN-MARIE NAZZARO C/O NHF 116 W32ND ST.NY NY 10001	VP EDUCATION 42.5	145,526.	21,192.	0.
Suzy Zimmerman C/O NHF 116 W32ND ST.NY NY 10001	VP COMMUNICATIONS&INFO. SVCS 42.5	115,041.	5,919.	0.
NEIL FRICK C/O NHF 116 W32ND ST.NY NY 10001	VP MEDICAL RESEARCH 42.5	93,688.	15,539.	0.

Total number of other employees paid over \$50,000 ▶

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Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See 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
MARC ASSOCIATES INC. 1101 17TH ST. NW, WASHINGTON, DC 20036	GOVERNMENT RELATIONS	152,110.
UNITED SYSTEMS CONSULTANTS INC. 24 JEAN ROAD, EAST BRUNSWICK, NJ 08816	WEBSITE DEVELOPMENT	124,579.
MACRO INTERNATIONAL INC. 11785 BELTSVILLE DR., CALVERTON, MD 20705	PROGRAM CURRICULUM	83,068.
THE MAGAZINE GROUP 1707 L ST. NW WASHINGTON DC 20036	PUBLICATIONS	150,000.
THE McCORMICK GROUP 448 TARPON BLVD FRIPP IS. SC 29920	ORGANIZATIONAL STRUCTURE CONSULTING	109,892.

Total number of others receiving over \$50,000 for professional services ▶

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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 instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INTEGRATED PUBLISHING SALES 280 Manor Brook Drive, Chagrin Falls, OH 44022	SALES	157,931.
THE STANFORD GROUP 211 W. 56th St., NY, NY 10019	DIRECT MAIL	179,997.
INTERGRAPHICS LITHO 352 Seventh Ave., 10th Fl., NY, NY 10001	PRINTING	52,030.
FORT ORANGE PRESS 11 Sand Creek Rd, PO Box 828, Albany, NY 12201	PRINTING	103,147.

Total number of other contractors receiving over \$50,000 for other services ▶

None

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See 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>188,487.</u> <u>188,487.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
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.		
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)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
3b Do you have a section 403(b) annuity plan for your employees?	3b	X
3c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
4b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

Part IV Reason for Non-Private Foundation Status (See 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.)
- 11 a 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.)
- 11 b 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). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

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

(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 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.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,585,825.	6,448,443.	9,647,969.	7,215,776.	29,898,013.
16 Membership fees received	66,025.	78,845.	76,125.	92,635.	313,630.
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	24,024.	31,318.	36,580.	47,496.	139,418.
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	179,136.	145,860.	169,333.	231,158.	725,487.
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		1,417,982.	1,688,346.	1,176,183.	4,282,511.
23 Total of lines 15 through 22	6,855,010.	8,122,448.	11,618,353.	8,763,248.	35,359,059.
24 Line 23 minus line 17	6,830,986.	8,091,130.	11,581,773.	8,715,752.	35,219,641.
25 Enter 1% of line 23	68,550.	81,224.	116,184.	87,632.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 704,393.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 35,219,641.
d Add: Amounts from column (e) for lines:	18 725,487.	19	22 4,282,511.	26b	26d 5,007,998.
e Public support (line 26c minus line 26d total)					26e 30,211,643.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 85.78 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____	17 _____	20 _____	21 _____
d Add: Line 27a total					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h _____ %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 instructions.)
 (To 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?		
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 instructions.)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

n/a

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 –			
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	41	
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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See 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	0.
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		188,487.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			188,487.

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

2005

Name of organization

Employer identification number

THE NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 under Regulations sections 1.509(a)-3/1.170A-9(e) 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).

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) (2005)

Name of organization

Employer identification number

THE NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Part I Contributors (See Specific Instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person <input 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.)
		\$	Person <input 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.)
		\$	Person <input 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.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(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 and deferred compensation	(E) Expense account and other allowances
RICHARD METZ MD C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
KATHLEEN GERUS-DARBISON C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
BRIAN ANDREW C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
MICHAEL J. BORNHORST C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
PHILLIP KUCAB C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
KENNETH G. MANN PHD C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
MICHAEL O'CONNOR C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
CLIFFORD COHEN C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
EILEEN BOSTWICK C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
JEFFREY DAVIES C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.
STEVEN P. FAUST C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR 4.5	0.	0.	0.

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)
conference events	233,920.	0.	233,920.	0.	233,920.
GENES FOR JEANS	239,278.	0.	239,278.	244,943.	-5,665.
game night	121,700.	0.	121,700.	125,617.	-3,917.
racing for hemophilia	2,500.	0.	2,500.	21,276.	-18,776.
leadership weekend	104,500.	0.	104,500.	88,899.	15,601.
NHF JR. GOLF CLASSIC	45,000.	0.	45,000.	16,357.	28,643.

Form 990, Page 1, Part I, Line 9

Continued

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)
direct mail	69,955.	0.	69,955.	184,800.	-114,845.
kick for a cure	21,954.	0.	21,954.	2,121.	19,833.
walkathon	0.	0.	0.	17,935.	-17,935.
Total	<u>838,807.</u>	<u>0.</u>	<u>838,807.</u>	<u>701,948.</u>	<u>136,859.</u>

Form 990, Page 4, Part IV, Line 54

Investments - Securities Statement

Line 54 – Investments - Securities:	Beginning of Year	End of Year
equity securities	4,030,600.	
Total	<u>4,030,600.</u>	

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
furniture fixturers & equipment	185,234.	185,234.	0.
computers	984,775.	874,511.	110,264.
leasehold improvements	150,982.	150,982.	0.
Total	<u>1,320,991.</u>	<u>1,210,727.</u>	<u>110,264.</u>

Explanation Statement

Form/Line: Schedule A, Page 2, Part III Line 3aExplanation of: How We Determine Which Recipients Qualify to Receive Payments

Disbursements are made from the organization to those that are exempt and publicly supported 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.

Supporting Statement of:

Form 990 p 4/Line 60, column (A)

Description	Amount
accounts payable	552,483.
accrued expenses	326,693.
accrued payroll and accrued vacation	166,647.
grants payable	1,544,482.
long term grants payable	977,848.
Total	<u>3,568,153.</u>

Supporting Statement of:

Form 990 p 4/Line 47a

Description	Amount
grants and other	1,094,028.
grants	1,000,000.
Total	<u>2,094,028.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (B)

Description	Amount
accounts payable	372,140.
accrued expenses	478,438.
accrued payroll & accrued vacation	163,769.
grants payable	1,085,646.
grants payable	357,075.
Total	<u>2,457,068.</u>

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ 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).

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)

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.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization	Employer identification number
	THE NATIONAL HEMOPHILIA FOUNDATION	13-5641857
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	116 WEST 32ND STREET , #11TH FLOOR	
	City, town or post office. For a foreign address, see instructions.	state ZIP code
	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 (section 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

• The books are in the care of ▶ THE ORGANIZATION -----

Telephone No. ▶ (212) 328-3700 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) 1248. 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.

- I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until Feb 15, 20 07, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - calendar year 20__ or
 - tax year beginning Jul 1, 20 05, and ending Jun 30, 20 06.
- 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 \$ 0.
- 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 \$ 0.
- 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 \$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

8868 p1- 990: Application for Extension of Time to File (1st Ext) -990/990-EZ

Filing Address Smart Worksheet

Send Form 8868 to: Internal Revenue Service Center
Ogden, UT 84201-0012