

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning Jul 1, 2004, and ending Jun 30, 2005

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	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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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).**

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 Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶ WWW.HEMOPHILIA.ORG

J Organization type (check only one) ▶ 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 received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **9,990,573.**

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

	1	Contributions, gifts, grants, and similar amounts received:		
	a	Direct public support	1a	3,394,879.
	b	Indirect public support	1b	152,860.
	c	Government contributions (grants)	1c	3,038,086.
	d	Total (add lines 1a through 1c) (cash \$ <u>6,585,825.</u> noncash \$ _____)	1d	6,585,825.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	24,024.
	3	Membership dues and assessments	3	66,025.
	4	Interest on savings and temporary cash investments	4	
	5	Dividends and interest from securities	5	179,136.
	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	
REVENUE	8a	Gross amount from sales of assets other than inventory	(A) Securities	1,862,361.
			(B) Other	
	b	Less: cost or other basis and sales expenses	8a	
	c	Gain or (loss) (attach schedule) ... See L-8 Stmt	8b	1,848,055.
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c	14,306.
	8d		8d	14,306.
	9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ <u>67,634.</u> of contributions reported on line 1a)	9a	278,785.
	b	Less: direct expenses other than fundraising expenses	9b	339,196.
	c	Net income or (loss) from special events (subtract line 9b from line 9a) ... See L-9 Stmt	9c	-60,411.
	10a	Gross sales of inventory, less returns and allowances	10a	
	b	Less: cost of goods sold	10b	
	c	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	994,417.
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	7,803,322.
EXPENSES	13	Program services (from line 44, column (B))	13	7,204,038.
	14	Management and general (from line 44, column (C))	14	577,509.
	15	Fundraising (from line 44, column (D))	15	1,005,745.
	16	Payments to affiliates (attach schedule)	16	
	17	Total expenses (add lines 16 and 44, column (A))	17	8,787,292.
NET ASSETS	18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	-983,970.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	7,709,381.
	20	Other changes in net assets or fund balances (attach explanation)	20	56,089.
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	6,781,500.

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

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 \$ <u>1,168,018.</u> non-cash \$ _____)	22 1,168,018.	1,168,018.		
23	Specific assistance to individuals (att sch)	23			
24	Benefits paid to or for members (att sch)	24			
25	Compensation of officers, directors, etc	25 88,685.	62,080.	17,737.	8,868.
26	Other salaries and wages	26 2,566,868.	1,719,602.	339,297.	507,969.
27	Pension plan contributions	27 153,385.	102,910.	20,622.	29,853.
28	Other employee benefits	28 313,604.	210,406.	42,163.	61,035.
29	Payroll taxes	29 209,981.	140,882.	28,232.	40,867.
30	Professional fundraising fees	30			
31	Accounting fees	31 44,306.	34,616.	4,033.	5,657.
32	Legal fees	32 31,193.	22,250.	3,921.	5,022.
33	Supplies	33 76,854.	69,355.	3,680.	3,819.
34	Telephone	34 69,070.	58,689.	3,983.	6,398.
35	Postage and shipping	35 126,561.	111,512.	3,623.	11,426.
36	Occupancy	36 300,391.	218,429.	44,055.	37,907.
37	Equipment rental and maintenance	37 262,445.	219,505.	17,513.	25,427.
38	Printing and publications	38 666,907.	612,907.	5,724.	48,276.
39	Travel	39 1,326,147.	1,286,224.	5,236.	34,687.
40	Conferences, conventions, and meetings	40			
41	Interest	41			
42	Depreciation, depletion, etc (attach schedule)	42 194,135.	139,392.	24,001.	30,742.
43	Other expenses not covered above (itemize):				
a	<u>INSURANCE</u>	43a 43,053.	33,161.	3,780.	6,112.
b	<u>MEMBERSHIP DUES</u>	43b 36,057.	18,474.	3,255.	14,328.
c	<u>CONSULTING AND PROFESSIONAL FEES</u>	43c 797,637.	694,305.	2,294.	101,038.
d	<u>EMPLOYMENT RECRUITING</u>	43d 21,020.	14,994.	2,642.	3,384.
e	See Other Expenses Stmt	43e 290,975.	266,327.	1,718.	22,930.
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44 8,787,292.	7,204,038.	577,509.	1,005,745.

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 \$ _____

Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? 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) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; but optional for others.)
a <u>SEE STATEMENT 1</u> ----- ----- ----- (Grants and allocations \$ 949,443.)	1,542,552.
b ----- ----- ----- (Grants and allocations \$ 218,575.)	3,592,714.
c ----- ----- ----- (Grants and allocations \$)	2,068,772.
d ----- ----- ----- (Grants and allocations \$)	
e Other program services (Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	7,204,038.

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	3,258,250.	45	2,368,942.	
	46 Savings and temporary cash investments	1,561,829.	46	1,069,829.	
	47a Accounts receivable	47a 1,355,426.			
	b Less: allowance for doubtful accounts	47b 188,993.	1,612,340.	47c 1,166,433.	
	48a Pledges receivable	48a 1,506,983.			
	b Less: allowance for doubtful accounts	48b 254,758.	2,174,245.	48c 1,252,225.	
	49 Grants receivable		362,775.	49 720,312.	
	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		284,210.	53 196,635.	
	54 Investments – securities (attach schedule) L-54 Stmt <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		3,588,921.	54 4,030,600.	
	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 1,315,166.			
	b Less: accumulated depreciation (attach schedule) L-57 Stmt	57b 1,051,604.	399,963.	57c 263,562.	
	58 Other assets (describe <input type="checkbox"/>			58	
59 Total assets (add lines 45 through 58) (must equal line 74)		13,242,533.	59 11,068,538.		
LIABILITIES	60 Accounts payable and accrued expenses	4,578,689.	60	3,568,153.	
	61 Grants payable		61		
	62 Deferred revenue	954,463.	62	718,885.	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule)		64b		
	65 Other liabilities (describe <input type="checkbox"/>		65		
	66 Total liabilities (add lines 60 through 65)		5,533,152.	66 4,287,038.	
ORGANIZATIONS THAT FOLLOW SFAS 117, CHECK HERE <input checked="" type="checkbox"/> AND COMPLETE LINES 67 THROUGH 69 AND LINES 73 AND 74.	67 Unrestricted	2,280,056.	67	1,522,053.	
	68 Temporarily restricted	5,429,325.	68	5,259,447.	
	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)		7,709,381.	73 6,781,500.
	74 Total liabilities and net assets/fund balances (add lines 66 and 73)		13,242,533.	74 11,068,538.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total revenue, gains, and other support per audited financial statements	a	8,198,607.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments		\$ 56,089.
(2)	Donated services and use of facilities		\$
(3)	Recoveries of prior year grants		\$
(4)	Other (specify): ATTACHED		\$ 339,196.
	Add amounts on lines (1) through (4)	b	395,285.
c	Line a minus line b	c	7,803,322.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		\$
	Add amounts on lines (1) and (2)	d	
e	Total revenue per line 12, Form 990 (line c plus line d)	e	7,803,322.

a	Total expenses and losses per audited financial statements	a	9,126,488.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities		\$
(2)	Prior year adjustments reported on line 20, Form 990		\$
(3)	Losses reported on line 20, Form 990		\$
(4)	Other (specify): ATTACHED		\$ 339,196.
	Add amounts on lines (1) through (4)	b	339,196.
c	Line a minus line b	c	8,787,292.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990		\$
(2)	Other (specify):		\$
	Add amounts on lines (1) and (2)	d	
e	Total expenses per line 17, Form 990 (line c plus line d)	e	8,787,292.

List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see 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	(E) Expense account and other allowances
SEE STATEMENT 2	attached 42.	88,685.	11,961.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No
 If 'Yes,' attach schedule - see instructions.

Other Information (See 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		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.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	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? If 'Yes,' enter the name of the organization		X
----- and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.			
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	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.)			
82b		82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	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			
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	n/a	
85b	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.		
85c	Dues, assessments, and similar amounts from members	n/a	
85d	Section 162(e) lobbying and political expenditures	n/a	
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	n/a	
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	n/a	
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	n/a	
85h	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?	n/a	
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	n/a	
86b	Gross receipts, included on line 12, for public use of club facilities	n/a	
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	n/a	
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	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
89a	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		
89b	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		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d Enter: Amount of tax on line 89c, above, reimbursed by the organization			
90a List the states with which a copy of this return is filed NEW YORK			
90b	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)	90b	41
91	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		
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			

Analysis of Income-Producing Activities (See 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					24,024.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					66,025.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	179,136.	
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			18	14,306.	
101 Net income or (loss) from special events			01	-60,411.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ADV. IN EDUC PUB	541800	747,484.			
c PRIOR YR. ADJ.			01	244,195.	
d MISCELLANEOUS			01	2,738.	
e					
104 Subtotal (add columns (B), (D), and (E))		747,484.		379,964.	90,049.
105 Total (add line 104, columns (B), (D), and (E))					1,217,497.

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

Relationship of Activities to the Accomplishment of Exempt Purposes (See 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).
▼	SEE STATEMENT 3

Information Regarding Taxable Subsidiaries and Disregarded Entities (See 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
	%				
	%				
	%				
	%				

Information Regarding Transfers Associated with Personal Benefit Contracts (See 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 _____

Type or print name and title _____

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: NATIONAL HEMOPHILIA FOUNDATION
116 W 32ND ST FL 11
NEW YORK NY 10001-3212

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

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 Section 4947(a)(1) Nonexempt Charitable Trust

2004

Department of the Treasury
Internal Revenue Service

▶ **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

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	V. P. COMMUNICATIONS & INFO. SERV 42.5	150,361.	15,395.	0.
EDWIN PELTO ----- C/O NHF 116 W32ND ST.NY NY 10001	DEVELOPMENT 42.5	81,591.	8,422.	0.
ANN-MARIE NAZZARO ----- C/O NHF 116 W32ND ST.NY NY 10001	VP EDUCATION 42.5	117,771.	17,978.	0.
STEVEN HOLMES ----- C/O NHF 116 W32ND ST.NY NY 10001	VP RESEARCH 42.5	104,831.	16,588.	0.
PATRICIA POLLOK ----- C/O NHF 116 W32ND ST.NY NY 10001	VP DEVELOPMENT 42.5	190,451.	9,831.	0.
Total number of other employees paid over \$50,000	▶ 20			

Compensation of the Five 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	250,017.
UNITED SYSTEMS CONSULTANTS INC. ----- 24 JEAN ROAD, EAST BRUNSWICK, NJ 08816	WEBSITE DEVELOPMENT	185,319.
MACRO INTERNATIONAL INC. ----- 11785 BELTSVILLE DR., CALVERTON, MD 20705	PROGRAM CURRICULUM	72,429.
MYERBERG SHAIN & ASSC. ----- 2336 AHA MAKI WAY, HONOLULU, HI 96821	FUNDRAISING	60,000.
SUSAN ZIMMERMAN ----- 17 STUYVESANT OVAL, 4H, NEW YORK, NY 10009	MARKETING & COMM.	51,000.
Total number of others receiving over \$50,000 for professional 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) 2004

Statements About Activities (See instructions.)

Table with 3 columns: Question, Yes, No. Contains questions 1 through 4b regarding lobbying, property, lending, and grants.

Reason for Non-Private Foundation Status (See instructions.)

The organization is not a private foundation because it is: (Please check only ONE applicable box.)

- List of reasons for non-private foundation status, including church, school, hospital, government unit, medical research, college, public support, community trust, and investment income.

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

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.		

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 –			
The lobbying nontaxable amount 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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Lobbying 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	
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		250,017.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			250,017.

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

BAA

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2004

Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

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 of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule **B** (Form 990, 990-EZ, or 990-PF) (2004)

Name of organization

Employer identification number

THE NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Contributors (See Specific Instructions.)

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

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
GALA	137,650.	1,763.	135,887.	64,078.	71,809.
GENES FOR JEANS	35,487.	22,813.	12,674.	19,082.	-6,408.
ALL STAR BASEBALL	0.	0.	0.	23,975.	-23,975.
GET OUT THE SONG	63,388.	12,388.	51,000.	220,639.	-169,639.
ALPINE SNOW SHOE WALK	40,894.	30,670.	10,224.	8,580.	1,644.
NHF JR. GOLF CLASSIC	69,000.	0.	69,000.	2,842.	66,158.
Total	<u>346,419.</u>	<u>67,634.</u>	<u>278,785.</u>	<u>339,196.</u>	<u>-60,411.</u>

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

Other expenses not covered above (itemize):	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
BAD DEBTS	206,825.	198,492.	0.	8,333.
		0.	0.	0.
MISC	84,150.	67,835.	1,718.	14,597.
Total	<u>290,975.</u>	<u>266,327.</u>	<u>1,718.</u>	<u>22,930.</u>

Form 990, Page 3, Part IV, Line 54

Investments - Securities Statement

Line 54 -- Investments - Securities:	Beginning of Year	End of Year
equity securities	3,588,921.	4,030,600.
Total	<u>3,588,921.</u>	<u>4,030,600.</u>

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
furniture fixturers & equipment	179,409.	165,394.	14,015.
computers	984,775.	780,524.	204,251.
leasehold improvements	150,982.	105,686.	45,296.
Total	<u>1,315,166.</u>	<u>1,051,604.</u>	<u>263,562.</u>