

Return of Organization Exempt From Income Tax

2001

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning and ending

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 FANCONI ANEMIA RESEARCH FUND, INC		D Employer identification number 93-0995453
		Number and street (or P O box if mail is not delivered to street address) 1801 WILLAMETTE STREET	Room/suite 200	E Telephone number 541-687-4658
		City or town, state or country, and ZIP + 4 EUGENE, OR 97401		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)

Hand 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? **N/A** Yes No (If "No," attach a list)

G Web site

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.

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **3,284,927.**

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

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

Revenue	1 Contributions, gifts, grants, and similar amounts received				
	a Direct public support	1a	2,813,322.		
	b Indirect public support	1b			
	c Government contributions (grants)	1c			
	d Total (add lines 1a through 1c) (cash \$ 2,813,322. noncash \$ _____)	1d		2,813,322.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		24,153.	
	3 Membership dues and assessments	3			
	4 Interest on savings and temporary cash investments	4		198,640.	
	5 Dividends and interest from securities	5			
	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 Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
		8a			
		8b			
		8c			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d				
	9 Special events and activities (attach schedule)	a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	210,510.	
		b Less direct expenses other than fundraising expenses	9b	48,146.	
		c Net income or (loss) from special events (subtract line 9b from line 9a)	9c	SEE STATEMENT 1	162,364.
	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		38,302.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		3,236,781.		
Expenses	13 Program services (from line 44, column (B))	13		860,801.	
	14 Management and general (from line 44, column (C))	14		81,119.	
	15 Fundraising (from line 44, column (D))	15		30,523.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses (add lines 13, 14, 15, and 16)	17		972,443.	
	18 Excess of (or deficit) for the year (subtract line 17 from line 12)	18		2,264,338.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		2,760,080.	
	20 Other changes in net assets or fund balances (attach explanation)	20		SEE STATEMENT 2	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		5,037,950.	

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

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 (attach schedule) cash \$ 520,658. noncash \$	22 520,658.	520,658.	STATEMENT 6 STATEMENT 5	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 51,115.	32,225.	12,779.	6,111.
26 Other salaries and wages	26 79,130.	60,815.	9,933.	8,382.
27 Pension plan contributions	27			
28 Other employee benefits	28 17,111.	12,081.	3,394.	1,636.
29 Payroll taxes	29			
30 Professional fundraising fees	30			
31 Accounting fees	31 4,199.		4,199.	
32 Legal fees	32 2,859.	2,859.		
33 Supplies	33 5,847.	5,847.		
34 Telephone	34 5,002.	5,002.		
35 Postage and shipping	35 9,911.	6,212.	3,699.	
36 Occupancy	36 16,871.		16,871.	
37 Equipment rental and maintenance	37 978.		978.	
38 Printing and publications	38 23,579.	22,129.	1,450.	
39 Travel	39			
40 Conferences, conventions, and meetings	40 174,120.	171,886.	2,234.	
41 Interest	41 526.		526.	
42 Depreciation, depletion, etc (attach schedule)	42 6,830.		6,830.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 3	43e 53,707.	21,087.	18,226.	14,394.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 972,443.	860,801.	81,119.	30,523.

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 \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.)

a SUPPORT OF RESEARCH INTO THE CAUSE AND CURE OF FANCONI ANEMIA	(Grants and allocations \$ 519,658.)	691,880.
b PROVIDING EDUCATION AND SUPPORT TO FAMILIES AFFECTED BY FANCONI ANEMIA	(Grants and allocations \$)	168,921.
c	(Grants and allocations \$)	
d	(Grants and allocations \$)	
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		860,801.

Part IV Balance Sheets

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	652,453.	169,495.
	46 Savings and temporary cash investments		1,523,824.
	47 a Accounts receivable	23,618.	
	b Less allowance for doubtful accounts		23,618.
	48 a Pledges receivable		
	b Less allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less allowance for doubtful accounts		
	52 Inventories for sale or use		
	53 Prepaid expenses and deferred charges		
	54 Investments - securities STMT 7 STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	1,170,362.	777,348.
	55 a Investments - land, buildings, and equipment basis		
b Less accumulated depreciation			
56 Investments - other SEE STATEMENT 9	1,048,297.	2,803,673.	
57 a Land, buildings, and equipment basis	98,079.		
b Less accumulated depreciation STMT 10	83,871.	14,208.	
58 Other assets (describe PATENT COSTS)	55,980.	55,980.	
59 Total assets (add lines 45 through 58) (must equal line 74)	2,942,891.	5,368,146.	
Liabilities	60 Accounts payable and accrued expenses	10,154.	3,051.
	61 Grants payable	161,300.	324,769.
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe LEASE PAYABLE)	11,357.	2,376.
66 Total liabilities (add lines 60 through 65)	182,811.	330,196.	
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	2,685,476.	4,997,800.
	68 Temporarily restricted	74,604.	40,150.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
	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)	2,760,080.	5,037,950.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	2,942,891.	5,368,146.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return

a	Total revenue, gains, and other support per audited financial statements	a	3,298,459.
b	Amounts included on line a but not on line 12, Form 990		
(1)	Net unrealized gains on investments \$ 13,532.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) STMT 11 \$ 48,146.		
	Add amounts on lines (1) through (4)	b	61,678.
c	Line a minus line b	c	3,236,781.
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	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,236,781.

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

a	Total expenses and losses per audited financial statements	a	1,020,589.
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) STMT 12 \$ 48,146.		
	Add amounts on lines (1) through (4)	b	48,146.
c	Line a minus line b	c	972,443.
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	0.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	972,443.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
BARRY RUBENSTEIN 1801 WILLAMETTE STREET EUGENE, OR 97401	PRESIDENT 1	0.	0.	0.
DAVID FROHNMAYER 1801 WILLAMETTE STREET EUGENE, OR 97401	VICE-PRESIDENT 5	0.	0.	0.
VICKI ANTON-ATHENS 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
RUBY BROCKETT 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
DEANE MARCHBEIN 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
PETER VON HIPPEL 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
ROBERT SACKS 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
MICHAEL VANGEL 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
MARY ELLEN EILER 1801 WILLAMETTE STREET EUGENE, OR 97401	EXECUTIVE DIRECTOR 40	51,115.	0.	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? If "Yes," attach schedule Yes No Form 990 (2001)

Part VI Other Information		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
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?		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 or indirect political expenditures See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?		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?		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		
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? N/A		
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? N/A 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 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter a Gross income from members or shareholders 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		
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 0. , section 4912 0. , section 4955 0.		
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		X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization 0.		
90 a	List the states with which a copy of this return is filed OREGON		
b	Number of employees employed in the pay period that includes March 12, 2001 90b 3		

91 The books are in care of **MARY ELLEN EILER** Telephone no **541-687-4658**
 Located at **1801 WILLAMETTE STREET, EUGENE, OR** ZIP + 4 **97401**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

	Unrelated business income		Excluded by section 512 513 or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a MEETING FEES					24,153.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	198,640.	
96 Dividends and 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 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					162,364.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					38,302.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))			0.	198,640.	224,819.
105 Total (add line 104, columns (B), (D), and (E))					423,459.

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 Specific Instructions on page 32)

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	FEES FOR ATTENDENCE FAMILY MEETINGS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)

- (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

I am preparing this return on the basis of the information provided to me by the taxpayer and the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. I am not providing any special information of which preparer has any knowledge.

4-1-02
Mary Ellen Eiler
Executive Director

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

2001

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 **FANCONI ANEMIA RESEARCH FUND, INC** Employer identification number **93 0995453**

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
NONE				

Total number of other employees paid over \$50,000 ▶	0			

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
NONE		

Total number of others receiving over \$50,000 for professional services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2001

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V, FORM 990	X	
e Transfer of any part of its income or assets?		X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)		X
4 Do you have a section 403(b) annuity plan for your employees?		X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

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 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)

(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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,401,425.	723,457.	735,461.	774,648.	3,634,991.
16 Membership fees received					
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	15,762.	25,923.	19,244.	11,112.	72,041.
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	109,997.	47,274.	5,382.	13,882.	176,535.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization a 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	1,719.		SEE STATEMENT 13 541.		2,260.
23 Total of lines 15 through 22	1,528,903.	796,654.	760,628.	799,642.	3,885,827.
24 Line 23 minus line 17	1,513,141.	770,731.	741,384.	788,530.	3,813,786.
25 Enter 1% of line 23	15,289.	7,967.	7,606.	7,996.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 76,276.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 282,672.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 3,813,786.
d Add Amounts from column (e) for lines	18 176,535.	19	22 2,260.	26b 282,672.	26d 461,467.
e Public support (line 26c minus line 26d total)					26e 3,352,319.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 87.9000%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
	(2000)	(1999)	(1998)	(1997)	
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					N/A
	(2000)	(1999)	(1998)	(1997)	
c Add Amounts from column (e) for lines	15	16	17	20	21
d Add Line 27a total and line 27b total					27c N/A
e Public support (line 27c total minus line 27d total)					27d N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)					27e N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
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)		
34 a	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)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
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 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
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				N/A (e) Total
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

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

Yes	No	Amount
		0.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2001

Name of organization

FANCONI ANEMIA RESEARCH FUND, INC

Employer identification number

93-0995453

Organization type (check one)

Filers of

Section

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General rule** or a **Special rule** (Note: Only a section 501(c)(7), (8), or (10) organization can check 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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

Employer identification number

FANCONI ANEMIA RESEARCH FUND, INC

93-0995453

Part I Contributors (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2		\$ 60,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
3		\$ 100,000.	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)
		\$	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)

FANCONI ANEMIA RESEARCH FUND, INC.

93-0995453

Attachment to 2001 Form 990
Return of Organization Exempt from Income Tax

Part IV-A - Support Schedule

To qualify as a nonprivate foundation under IRC Sections 509(a)(1) and 170(b)(1)(a)(vi), the taxpayer must receive a substantial part of its support in gifts, grants and contributions from the general public and/or a governmental unit. A "substantial part of its support" is met if at least one-third of the total support normally received by the organization comes from gifts, grants and contributions. "Normally" generally means meeting this requirement for the preceding four taxable years. Contributions by any person (other than a governmental unit or 170(b)(1)(A)(vi) organization) are treated as "allowable support" from the general public only to the extent that the contributions by such persons during the four-year period do not exceed two percent of the organization's total support for such four-year period.

An organization may exclude from its calculation of public support amounts that qualify as "unusual grants". Unusual grants are defined as substantial contributions or bequests from disinterested parties that

- Are attracted by reason of the publicly supported nature of the organization,
- Are unusual or unexpected with respect to the amount thereof, and
- Would, by reason of their size, adversely affect the status of the organization as normally being publicly supported for the applicable period.

Consistent with the information provided _____, Fanconi Anemia Research Fund, Inc is excluding a contribution of \$2,000,000 in 2001 and \$2,000,000 in 1999 from a disinterested party. The contributor had no part in the creation of Fanconi Anemia Research Fund, Inc. and is not related to any of the incorporators, Board members or officers. Additionally, the Contributor has made no other contributions. The sole reason for the contribution was to further the research work. The Contributor was attracted by the vision and proposed activities of Fanconi Anemia Research Fund, Inc.

For the year ended December 31, 2001, the organization meets the mechanical one-third public support test. In addition, the following "facts and circumstance" requirements establishing that it serves broad-based public interests have been satisfied [Treas Reg §1 170A-9(e)(3)]

- ◆ Attraction of Public Support – The organization is organized and operated to attract new and additional public and government support on a continuous basis. The organization maintains a continuous and bona fide program for soliciting funds from the general public.

FANCONI ANEMIA RESEARCH FUND, INC.

93-0995453

Attachment to 2001 Form 990

Return of Organization Exempt from Income Tax

- ◆ Representative Governing Body – The organization's governing body represents the broad interests of the public rather than the personal interests of a few donors
- ◆ Sources of Support – Although the organization has received a number of large gifts that skew the public support test, the organization actively solicits contributions from the general public and receives a number of additional grants from the general public
- ◆ Availability of Public Facilities or Services – The organization provides services to the public including the following
 - Support of research into the cause and cure of Fanconi anemia through grants to various university research programs
 - Provide education and support to families affected by Fanconi anemia

For the previous 4 years, total contributions were \$5,634,991 of which we are excluding \$2,000,000 as an unusual grant. Therefore, the total gifts, grants and contributions reported on Line 15 of the public support schedule should be \$3,634,991. In prior years, the unusual grant had been incorrectly reported on the Form 990. It wasn't noticed until we changed accounting firms that the public support test had been incorrectly completed in the past. We have subsequently changed the presentation on the 2001 Form 990 to conform to the initial information reported.

Asset No	Description	Date Acquired	Method	Life	Lin No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
1	FULLY DEPRECIATED COMPUTERS	VARIESSL		5.00	19	18,480.			18,480.	18,480.		0.
2	HARDWARE-NETWORK	110197SL		5.00	19	11,849.			11,849.	8,294.		2,370.
3	COMPAQ COMPUTER	043098SL		5.00	19	1,775.			1,775.	888.		355.
4	COMPUTER NETWORK EXP	091498SL		5.00	19	3,000.			3,000.	1,500.		600.
5	ACCESS DATABASE SOFTWARE	122398SL		3.00	19	425.			425.	354.		71.
6	TELEPHONE-DSL LINES	123198SL		5.00	19	5,500.			5,500.	2,750.		1,100.
7	COMPUTER EQUIPMENT	031300SL		5.00	19	2,895.			2,895.	458.		579.
12	LAPTOP COMPUTER	051201SL		5.00	19	1,849.			1,849.			247.
13	COMPUTER	080201SL		5.00	19	899.			899.			75.
14	MICROSOFT WINDOWS 2000 SERVER	080201SL		5.00	19	511.			511.			43.
15	COMPUTER MONITOR & DATABASE	082801SL		5.00	19	901.			901.			60.
17	COMPUTER HARDWARE	090501SL		5.00	19	504.			504.			34.
*	990 PAGE 2 TOTAL - FULLY DEPRECIATED EQUIPMENT	VARIESSL		7.00	19	48,588.		0.	48,588.	32,724.	0.	5,534.
9	CANON NP6050 COPIER	061699SL		5.00	19	5,600.			5,600.	1,680.		1,120.
10	CONFERENCE TELEPHONES	073100SL		5.00	19	747.			747.	68.		149.
16	TRADESHOW DISPLAY BOARD	083101SL		7.00	19	575.			575.			27.
*	990 PAGE 2 TOTAL					9,627.		0.	9,627.	4,453.	0.	1,296.

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis - ITC, 179, Salvage	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Amount Of Depreciation
11	VIDEO PRODUCTION	01/31/97		36M	41	39,864.			39,864.	39,864.		0.
	* 990 PAGE 2 TOTAL --					39,864.		0.	39,864.	39,864.	0.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT					98,079.		0.	98,079.	77,041.	0.	6,830.

(D) - Asset disposed

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	1
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FAMILY FUNDRAISING EVENTS	210,510.		210,510.	48,146.	162,364.	
TO FM 990, PART I, LINE 9	210,510.		210,510.	48,146.	162,364.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES		STATEMENT	2
DESCRIPTION				AMOUNT
UNREALIZED GAIN (LOSS) ON SECURITIES				13,532.
TOTAL TO FORM 990, PART I, LINE 20				13,532.

FORM 990	OTHER EXPENSES				STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
MISCELLANEOUS COMPUTERS AND EQUIPMENT	12,541.	8,957.	3,584.			
OFFICE EXPENSE	21,894.	11,997.	2,751.	7,146.		
INSURANCE	4,825.	133.	4,692.			
CONTRACTED SERVICES	4,277.		4,277.			
STAFF DEVELOPMENT	1,440.		1,440.			
DUES AND SUBSCRIPTIONS	402.		402.			
BANK FEES	25.		25.			
SPECIAL PROJECTS	1,055.		1,055.			
LICENSES AND PERMITS	2,114.			2,114.		
	5,134.			5,134.		
TOTAL TO FM 990, LN 43	53,707.	21,087.	18,226.	14,394.		

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO FIND EFFECTIVE TREATMENTS AND A CURE FOR FANCONI ANEMIA, AND TO PROVIDE SUPPORT AND EDUCATION TO AFFECTED FAMILIES.

FORM 990 CASH GRANTS AND ALLOCATIONS STATEMENT 5

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR, 97201	NONE	117,250.
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR, 97201	NONE	10,727.
GRANTS TO RESEARCHERS	VRIJE UNIVERSITY	VAN DER BOECHERSTRAAT 7 1081 BT AMSTERDAM	NONE	67,409.
GRANTS TO RESEARCHERS	OTHER GRANTS	VARIOUS	NONE	503.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				195,889.

FORM 990 CASH GRANTS AND ALLOCATIONS APPROVED BUT NOT PAID BY FILING DEADLINE STATEMENT 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR, 97201	NONE	213,750.
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR, 97201	NONE	32,178.
GRANTS TO RESEARCHERS	VRIJE UNIVERSITY	VAN DER BOECHERSTRAAT 7 1081 BT AMSTERDAM	NONE	78,841.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22

324,769.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE STOCK	19,691.				19,691.
TO FM 990, LN 54 COL B	19,691.				19,691.

FORM 990 GOVERNMENT SECURITIES STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US AND STATE GOVERNMENT	757,657.		757,657.
TOTAL TO FORM 990, LINE 54, COL B	757,657.		757,657.

FORM 990 OTHER INVESTMENTS STATEMENT 9

DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	2,803,673.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		2,803,673.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FULLY DEPRECIATED COMPUTERS	18,480.	18,480.	0.
HARDWARE-NETWORK	11,849.	10,664.	1,185.
COMPAQ COMPUTER	1,775.	1,243.	532.
COMPUTER NETWORK EXP	3,000.	2,100.	900.
ACCESS DATABASE SOFTWARE	425.	425.	0.
TELEPHONE-DSL LINES	5,500.	3,850.	1,650.
COMPUTER EQUIPMENT	2,895.	1,037.	1,858.
FULLY DEPRECIATED EQUIPMENT	2,705.	2,705.	0.
CANON NP6050 COPIER	5,600.	2,800.	2,800.
CONFERENCE TELEPHONES	747.	217.	530.
VIDEO PRODUCTION	39,864.	39,864.	0.
LAPTOP COMPUTER	1,849.	247.	1,602.
COMPUTER	899.	75.	824.
MICROSOFT WINDOWS 2000 SERVER	511.	43.	468.
COMPUTER MONITOR & DATABASE	901.	60.	841.
TRADESHOW DISPLAY BOARD	575.	27.	548.
COMPUTER HARDWARE	504.	34.	470.
TOTAL TO FORM 990, PART IV, LN 57	98,079.	83,871.	14,208.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	48,146.
TOTAL TO FORM 990, PART IV-A	48,146.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	48,146.
TOTAL TO FORM 990, PART IV-B	48,146.

SCHEDULE A	OTHER INCOME			STATEMENT 13
DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	1,719.	0.	541.	0.
TOTAL TO SCHEDULE A, LINE 22	1,719.	0.	541.	0.