

# Return of Organization Exempt From Income Tax

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

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

OMB 1545-0047

**2003**

Open to Public Inspection

**A** For the 2003 calendar year, or tax year beginning **and ending**

<b>B</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.	<b>C</b> Name of organization <b>FANCONI ANEMIA RESEARCH FUND, INC</b>		<b>D</b> Employer identification number 93-0995453
		Number and street (or P.O. box if mail is not delivered to street address) <b>1801 WILLAMETTE STREET</b>	Room/suite 200	<b>E</b> Telephone number 541-687-4658
		City or town, state or country, and ZIP + 4 <b>EUGENE, OR 97401</b>		<b>F</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> 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  No

H(b) If "Yes," enter number of affiliates

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

**G** Website: **WWW.FANCONI.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.

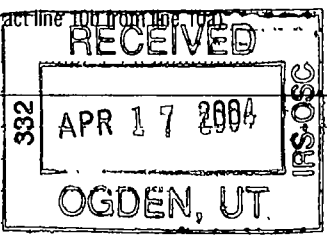
**I** Group Exemption Number

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

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **1,006,630.**

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

		Revenue		Expenses		Net Assets	
<b>1</b>	Contributions, gifts, grants, and similar amounts received:						
<b>a</b>	Direct public support	1a	706,223.				
<b>b</b>	Indirect public support	1b					
<b>c</b>	Government contributions (grants)	1c					
<b>d</b>	Total (add lines 1a through 1c) (cash \$ 706,223. noncash \$ )			1d		706,223.	
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93)			2		5,535.	
<b>3</b>	Membership dues and assessments			3			
<b>4</b>	Interest on savings and temporary cash investments			4		124,301.	
<b>5</b>	Dividends and interest from securities			5			
<b>6 a</b>	Gross rents	6a					
<b>b</b>	Less: rental expenses	6b					
<b>c</b>	Net rental income or (loss) (subtract line 6b from line 6a)			6c			
<b>7</b>	Other investment income (describe )			7			
<b>8 a</b>	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other			
		14,495.	8a				
<b>b</b>	Less: cost or other basis and sales expenses	15,835.	8b				
<b>c</b>	Gain or (loss) (attach schedule)	<1,340.>	8c				
<b>d</b>	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 1		8d		<1,340.>	
<b>9</b>	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
<b>a</b>	Gross revenue (not including \$ 0. of contributions reported on line 1a)	9a	153,539.				
<b>b</b>	Less: direct expenses other than fundraising expenses	9b	25,419.				
<b>c</b>	Net income or (loss) from special events (subtract line 9b from line 9a)	SEE STATEMENT 2		9c		128,120.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances	10a					
<b>b</b>	Less: cost of goods sold	10b					
<b>c</b>	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			10c			
<b>11</b>	Other revenue (from Part VII, line 103)			11		2,537.	
<b>12</b>	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			12		965,376.	
<b>13</b>	Program services (from line 44, column (B))			13		1,500,229.	
<b>14</b>	Management and general (from line 44, column (C))			14		61,692.	
<b>15</b>	Fundraising (from line 44, column (D))			15		37,579.	
<b>16</b>	Payments to affiliates (attach schedule)			16			
<b>17</b>	Total expenses (add lines 16 and 44, column (A))			17		1,599,500.	
<b>18</b>	Excess or (deficit) for the year (subtract line 17 from line 12)			18		<634,124.>	
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A))			19		5,105,418.	
<b>20</b>	Other changes in net assets or fund balances (attach explanation)	SEE STATEMENT 3		20		16,022.	
<b>21</b>	Net assets or fund balances at end of year (combine lines 18, 19, and 20)			21		4,487,316.	



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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)			STATEMENT 7	
	cash \$ 954,337. noncash \$	22 954,337.	954,337.	STATEMENT 6	
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 59,920.	50,932.	5,992.	2,996.
26	Other salaries and wages	26 106,066.	81,378.	12,615.	12,073.
27	Pension plan contributions	27			
28	Other employee benefits	28 19,509.	16,816.	2,693.	
29	Payroll taxes	29 1,931.			1,931.
30	Professional fundraising fees	30			
31	Accounting fees	31 10,380.		10,380.	
32	Legal fees	32 3,659.	3,659.		
33	Supplies	33 9,687.	8,218.		1,469.
34	Telephone	34 4,824.	3,838.	986.	
35	Postage and shipping	35 22,376.	17,828.	2,156.	2,392.
36	Occupancy	36 17,188.	12,032.	2,578.	2,578.
37	Equipment rental and maintenance	37 250.		250.	
38	Printing and publications	38 11,086.	7,983.	68.	3,035.
39	Travel	39			
40	Conferences, conventions, and meetings	40 302,372.	300,758.	1,614.	
41	Interest	41 32.		32.	
42	Depreciation, depletion, etc. (attach schedule)	42 9,557.		9,557.	
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e	SEE STATEMENT 4	43e 66,326.	42,450.	12,771.	11,105.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,599,500.	1,500,229.	61,692.	37,579.

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 5**

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.)

<b>a</b>	<b>SUPPORT OF RESEARCH INTO THE CAUSE AND CURE OF FANCONI ANEMIA</b>	(Grants and allocations \$ 954,337.)	1,336,204.
<b>b</b>	<b>PROVIDING EDUCATION AND SUPPORT TO FAMILIES AFFECTED BY FANCONI ANEMIA</b>	(Grants and allocations \$ )	164,025.
<b>c</b>		(Grants and allocations \$ )	
<b>d</b>		(Grants and allocations \$ )	
<b>e</b>	Other program services (attach schedule)	(Grants and allocations \$ )	
<b>f</b>	<b>Total of Program Service Expenses</b> (should equal line 44, column (B), Program services)		1,500,229.

**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	163,064.	45 107,685.	
	46 Savings and temporary cash investments	3,342,905.	46 242,476.	
	47 a Accounts receivable			
	b Less: allowance for doubtful accounts	47a 60,000.	47c	
	48 a Pledges receivable			
	b Less: allowance for doubtful accounts	48a	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities	STMT 8 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	325,895.	54 211,376.
	55 a Investments - land, buildings, and equipment: basis	55a		
	b Less: accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 9	1,537,283.	56 4,455,585.	
57 a Land, buildings, and equipment: basis	57a 108,723.			
b Less: accumulated depreciation	STMT 10 57b 90,660.	8,104.	57c 18,063.	
58 Other assets (describe <input type="checkbox"/> <u>SEE STATEMENT 11</u> )		51,589.	58 48,318.	
59 <b>Total assets</b> (add lines 45 through 58) (must equal line 74)		5,488,840.	59 5,083,503.	
Liabilities	60 Accounts payable and accrued expenses	48,533.	60 6,718.	
	61 Grants payable	334,131.	61 589,469.	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe <input type="checkbox"/> <u>LEASE PAYABLE</u> )		758.	65 0.
66 <b>Total liabilities</b> (add lines 60 through 65)		383,422.	66 596,187.	
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	5,088,069.	67 4,475,884.	
	68 Temporarily restricted	17,349.	68 11,432.	
	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 <b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		5,105,418.	73 4,487,316.	
74 <b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)		5,488,840.	74 5,083,503.	

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			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements	▶ a	1,006,817.	a Total expenses and losses per audited financial statements	▶ a	1,624,919.
b Amounts included on line a but not on line 12, Form 990:			b Amounts included on line a but not on line 17, Form 990:		
(1) Net unrealized gains on investments \$ 16,022.			(1) Donated services and use of facilities \$ _____		
(2) Donated services and use of facilities \$ _____			(2) Prior year adjustments reported on line 20, Form 990 \$ _____		
(3) Recoveries of prior year grants \$ _____			(3) Losses reported on line 20, Form 990 \$ _____		
(4) Other (specify):			(4) Other (specify):		
STMT 12 \$ 25,419.			STMT 13 \$ 25,419.		
Add amounts on lines (1) through (4)	▶ b	41,441.	Add amounts on lines (1) through (4)	▶ b	25,419.
c Line a minus line b	▶ c	965,376.	c Line a minus line b	▶ c	1,599,500.
d Amounts included on line 12, Form 990 but not on line a:			d Amounts included on line 17, Form 990 but not on line a:		
(1) Investment expenses not included on line 6b, Form 990 \$ _____			(1) Investment expenses not included on line 6b, Form 990 \$ _____		
(2) Other (specify):			(2) Other (specify):		
\$ _____			\$ _____		
Add amounts on lines (1) and (2)	▶ d	0.	Add amounts on lines (1) and (2)	▶ d	0.
e Total revenue per line 12, Form 990 (line c plus line d)	▶ e	965,376.	e Total expenses per line 17, Form 990 (line c plus line d)	▶ e	1,599,500.

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
SEE STATEMENT 14		59,920.	0.	0.
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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

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? <span style="float:right">N/A</span>		
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 <span style="float:right">_____</span> 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 <span style="float:right">81a   _____ 0.</span>		
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.) <span style="float:right">82b   _____ N/A</span>		
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? <span style="float:right">N/A</span>		
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? <span style="float:right">N/A</span>		
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. <span style="float:right">N/A</span>		
c	Dues, assessments, and similar amounts from members <span style="float:right">85c   _____ N/A</span>		
d	Section 162(e) lobbying and political expenditures <span style="float:right">85d   _____ N/A</span>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices <span style="float:right">85e   _____ N/A</span>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) <span style="float:right">85f   _____ N/A</span>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? <span style="float:right">N/A</span>		
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? <span style="float:right">N/A</span>		
86	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 <span style="float:right">86a   _____ N/A</span>		
b	Gross receipts, included on line 12, for public use of club facilities <span style="float:right">86b   _____ N/A</span>		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders <span style="float:right">87a   _____ N/A</span>		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) <span style="float:right">87b   _____ N/A</span>		
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 <span style="float:right">_____ 0.</span> ; section 4912 <span style="float:right">_____ 0.</span> ; section 4955 <span style="float:right">_____ 0.</span>		
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 <span style="float:right">_____ 0.</span>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <span style="float:right">_____ 0.</span>		
90 a	List the states with which a copy of this return is filed <span style="float:right">_____ OREGON</span>		
b	Number of employees employed in the pay period that includes March 12, 2003 <span style="float:right">90b   _____ 4</span>		
91	The books are in care of <span style="float:right">_____ MARY ELLEN EILER</span> Telephone no. <span style="float:right">_____ 541-687-4658</span>		

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 page 33 of the instructions.)

	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	
<b>Note:</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue:					
a <b>MEETING FEES</b>					5,535.
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	124,301.	
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			18	<1,340.>	
101 Net income or (loss) from special events					128,120.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a <b>MISCELLANEOUS</b>					2,537.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		122,961.	136,192.
105 Total (add line 104, columns (B), (D), and (E))					259,153.

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

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

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).
101	<b>AUCTION, MARATHON, CONCERTS AND TOURNAMENT - SPECIAL EVENTS</b>
103A	<b>REIMBURSED EXPENSES &amp; OTHER</b>
93A	<b>FEES FOR ATTENDENCE OF FAMILY MEETINGS</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of 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	%			
	%			
	%			
	%			

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

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

**Note:** If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

accompanying schedules and statements, and to the best of my knowledge and belief, it is true,  
 all information of which preparer has any knowledge  
 4-12-04  Date  President, Board of Directors  
 Barry Rubenstein  
 Type or print name and title.  
 Date Check if Preparer's SSN or PTIN

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

**2003**

Name of the organization **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	

<b>Part III Statements About Activities</b> (See page 2 of the instructions.)		Yes	No
<b>1</b>	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.		<b>X</b>
<b>2</b>	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 )		
<b>a</b>	Sale, exchange, or leasing of property?		<b>X</b>
<b>b</b>	Lending of money or other extension of credit?		<b>X</b>
<b>c</b>	Furnishing of goods, services, or facilities?		<b>X</b>
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>X</b>	
<b>e</b>	Transfer of any part of its income or assets?		<b>X</b>
<b>3 a</b>	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 )		<b>X</b>
<b>b</b>	Do you have a section 403(b) annuity plan for your employees?		<b>X</b>
<b>4</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		<b>X</b>

**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.)



<b>Part IV-A Support Schedule</b> (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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	797,291.	789,704.	1,401,425.	723,457.	3,711,877.
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	77,037.	234,663.	15,762.	25,923.	353,385.
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	164,584.	222,075.	109,997.	47,274.	543,930.
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	4,030.	38,302.	SEE STATEMENT 15 1,719.		44,051.
23 Total of lines 15 through 22	1,042,942.	1,284,744.	1,528,903.	796,654.	4,653,243.
24 Line 23 minus line 17	965,905.	1,050,081.	1,513,141.	770,731.	4,299,858.
25 Enter 1% of line 23	10,429.	12,847.	15,289.	7,967.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 85,997.
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 328,006.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 4,299,858.
d Add: Amounts from column (e) for lines: 18 543,930. 19 _____ 22 44,051. 26b 328,006.					26d 915,987.
e Public support (line 26c minus line 26d total)					26e 3,383,871.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 78.6973%
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					
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					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

**Part V Private School Questionnaire** (See page 7 of the instructions.)

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
		<b>N/A</b>	
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
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
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.)

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		<b>X</b>	
b Paid staff or management (Include compensation in expenses reported on lines c through h )		<b>X</b>	
c Media advertisements		<b>X</b>	
d Mailings to members, legislators, or the public		<b>X</b>	
e Publications, or published or broadcast statements		<b>X</b>	
f Grants to other organizations for lobbying purposes		<b>X</b>	
g Direct contact with legislators, their staffs, government officials, or a legislative body		<b>X</b>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		<b>X</b>	
i Total lobbying expenditures (Add lines c through h )			0.

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

**Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations** (See page 12 of the instructions.)

**51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a** Transfers from the reporting organization to a noncharitable exempt organization of:

**(i)** Cash

**(ii)** Other assets

**b** Other transactions:

**(i)** Sales or exchanges of assets with a noncharitable exempt organization

**(ii)** Purchases of assets from a noncharitable exempt organization

**(iii)** Rental of facilities, equipment, or other assets

**(iv)** Reimbursement arrangements

**(v)** Loans or loan guarantees

**(vi)** Performance of services or membership or fundraising solicitations

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
<b>51a(i)</b>		<b>X</b>
<b>a(ii)</b>		<b>X</b>
<b>b(i)</b>		<b>X</b>
<b>b(ii)</b>		<b>X</b>
<b>b(iii)</b>		<b>X</b>
<b>b(iv)</b>		<b>X</b>
<b>b(v)</b>		<b>X</b>
<b>b(vi)</b>		<b>X</b>
<b>c</b>		<b>X</b>

N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

**52 a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

Yes  No

**b** If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Asset Number	Description of property							
	Date placed in service	Method/IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
<b>1 FULLY DEPRECIATED COMPUTERS</b>								
	VARIES	SSL	5.00	16	18,480.		18,480.	0.
<b>2 HARDWARE-NETWORK</b>								
	110197	SL	5.00	16	11,849.		11,849.	0.
<b>3 COMPAQ COMPUTER</b>								
	043098	SL	5.00	16	1,775.		1,598.	118.
<b>4 COMPUTER NETWORK EXP</b>								
	091498	SL	5.00	16	3,000.		2,700.	300.
<b>5 ACCESS DATABASE SOFTWARE</b>								
	122398	SL	3.00	16	425.		425.	0.
<b>6 TELEPHONE-DSL LINES</b>								
	123198	SL	5.00	16	5,500.		4,950.	550.
<b>7 COMPUTER EQUIPMENT</b>								
	031300	SL	5.00	16	2,895.		1,616.	579.
<b>12 LAPTOP COMPUTER</b>								
	051201	SL	5.00	16	1,849.		617.	370.
<b>13 COMPUTER</b>								
	080201	SL	5.00	16	899.		255.	180.
<b>14 MICROSOFT WINDOWS 2000 SERVER</b>								
	080201	SL	5.00	16	511.		145.	102.
<b>15 COMPUTER MONITOR &amp; DATABASE</b>								
	082801	SL	5.00	16	901.		240.	180.
<b>17 COMPUTER HARDWARE</b>								
	090501	SL	5.00	16	504.		135.	101.
<b>18 PATENT COSTS</b>								
	VARIES		153M	43	55,980.		4,391.	4,391.
<b>19 RICOH AFICIO 1060 DIGITAL COPIER SYSTEM</b>								
	060503	SL	5.00	16	16,245.			1,895.
<b>* 990 PAGE 2 TOTAL -</b>								
					120,813.	0.	47,401.	8,766.
<b>8 FULLY DEPRECIATED EQUIPMENT</b>								
	VARIES	SSL	7.00	16	2,705.		2,705.	0.
<b>9 (D) CANON NP6050 COPIER</b>								
	061699	SL	5.00	16	5,600.		3,920.	560.
<b>10 CONFERENCE TELEPHONES</b>								
	073100	SL	5.00	16	747.		366.	149.
<b>16 TRADESHOW DISPLAY BOARD</b>								
	083101	SL	7.00	16	575.		109.	82.
<b>* 990 PAGE 2 TOTAL -</b>								
					9,627.	0.	7,100.	791.
<b>11 VIDEO PRODUCTION</b>								
	013197		36M	43	39,864.		39,864.	0.
<b>* 990 PAGE 2 TOTAL -</b>								
					39,864.	0.	39,864.	0.
<b>* GRAND TOTAL 990 PAGE 2 DEPR &amp; AMORT</b>								
					170,304.	0.	94,365.	9,557.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	1
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SECURITIES	14,495.	15,835.	0.	<1,340.>	
TO FORM 990, PART I, LINE 8	14,495.	15,835.	0.	<1,340.>	

FORM 990	SPECIAL EVENTS AND ACTIVITIES				STATEMENT	2
DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME	
FAMILY FUNDRAISING EVENTS	153,539.		153,539.	25,419.	128,120.	
TO FM 990, PART I, LINE 9	153,539.		153,539.	25,419.	128,120.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES			STATEMENT	3
DESCRIPTION	AMOUNT				
UNREALIZED GAIN (LOSS) ON SECURITIES	16,022.				
TOTAL TO FORM 990, PART I, LINE 20	16,022.				

FORM 990	OTHER EXPENSES				STATEMENT	4
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
COMPUTERS AND EQUIPMENT	9,094.	5,055.	1,940.	2,099.		
UTILITIES	2,673.	2,673.				
STAFF DEVELOPMENT	401.	401.				
DUES & SUBSCRIPTIONS	2,451.	2,258.	193.			
INSURANCE	637.		637.			
OFFICE EXPENSE	6,665.		5,376.	1,289.		
BANK FEES	1,650.		1,650.			
ADVERTISING	449.		449.			
SPECIAL PROJECTS	13,478.	10,000.		3,478.		

LICENSES AND PERMITS	4,239.			4,239.
MISCELLANEOUS	24,589.	22,063.	2,526.	
TOTAL TO FM 990, LN 43	66,326.	42,450.	12,771.	11,105.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5  
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 6

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	UNIVERSITY OF MINNESOTA	420 DELAWARE ST, SE MINNEAPOLIS, MN	NONE	45,000.
GRANTS TO RESEARCHERS	OTHER GRANTS	VARIOUS	NONE	1,000.
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR	NONE	88,088.
GRANTS TO RESEARCHERS	VRIJE UNIVERSITY	ROOM AB114, PO BOX 7057 1007 MB AMSTERDAM	NONE	116,000.
GRANTS TO RESEARCHERS	ST. THOMAS' SCHOOL OF MEDICINE	8TH FLOOR, GUY'S TOWER LONDON SE1 9RT, UK	NONE	9,800.
GRANTS TO RESEARCHERS	CINCINNATI CHILDREN'S HOSPITAL	3333 BURNET AVENUE, CINCINNATI, OH	NONE	15,000.
GRANTS TO RESEARCHERS	UNIVERSITY OF CAMBRIDGE	HILLS ROAD, CAMBRIDGE, CB2 2QH, UK	NONE	32,059.
GRANTS TO RESEARCHERS	SALK INSTITUTE FOR BIOLOGICAL STUDY	10010 N TORREY PINES ROAD, LA JOLLA, CA	NONE	57,921.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				364,868.

FORM 990

CASH GRANTS AND ALLOCATIONS  
APPROVED BUT NOT PAID BY FILING DEADLINE

STATEMENT 7

CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	UNIVERSITY OF MINNESOTA	420 DELAWARE ST, SE MINNEAPOLIS, MN	NONE	45,000.
GRANTS TO RESEARCHERS	OREGON HEALTH SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK RD. PORTLAND OR	NONE	176,850.
GRANTS TO RESEARCHERS	CINCINNATI CHILDREN'S HOSPITAL	3333 BURNET AVENUE, CINCINNATI, OH	NONE	45,000.
GRANTS TO RESEARCHERS	UNIVERSITY OF CAMBRIDGE	HILLS ROAD, CAMBRIDGE, CB2 2QH, UK	NONE	56,113.
GRANTS TO RESEARCHERS	NATIONAL INSTITUTE ON AGING	5600 NATHAN SHOCK DRIVE, BALTIMORE, MD	NONE	247,200.
GRANTS TO RESEARCHERS	SALK INSTITUTE FOR BIOLOGICAL STUDY	10010 N TORREY PINES ROAD, LA JOLLA, CA	NONE	19,306.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				589,469.

FORM 990

GOVERNMENT SECURITIES

STATEMENT 8

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US AND STATE GOVERNMENT	211,376.		211,376.
TOTAL TO FORM 990, LINE 54, COL B	211,376.		211,376.



FORM 990	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	4,455,585.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,455,585.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
FULLY DEPRECIATED COMPUTERS	18,480.	18,480.	0.
HARDWARE-NETWORK	11,849.	11,849.	0.
COMPAQ COMPUTER	1,775.	1,716.	59.
COMPUTER NETWORK EXP	3,000.	3,000.	0.
ACCESS DATABASE SOFTWARE	425.	425.	0.
TELEPHONE-DSL LINES	5,500.	5,500.	0.
COMPUTER EQUIPMENT	2,895.	2,195.	700.
FULLY DEPRECIATED EQUIPMENT	2,705.	2,705.	0.
CONFERENCE TELEPHONES	747.	515.	232.
VIDEO PRODUCTION	39,864.	39,864.	0.
LAPTOP COMPUTER	1,849.	987.	862.
COMPUTER	899.	435.	464.
MICROSOFT WINDOWS 2000 SERVER	511.	247.	264.
COMPUTER MONITOR & DATABASE	901.	420.	481.
TRADESHOW DISPLAY BOARD	575.	191.	384.
COMPUTER HARDWARE	504.	236.	268.
PATENT COSTS	55,980.	8,782.	47,198.
RICOH AFICIO 1060 DIGITAL COPIER SYSTEM	16,245.	1,895.	14,350.
TOTAL TO FORM 990, PART IV, LN 57	164,704.	99,442.	65,262.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
PATENT COSTS	47,198.
OTHER ASSET	1,120.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	48,318.

FORM 990 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 12

DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	25,419.
TOTAL TO FORM 990, PART IV-A	25,419.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 13

DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	25,419.
TOTAL TO FORM 990, PART IV-B	25,419.

FORM 990 PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 14

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
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.
KEVIN MCQUEEN 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
RUBY BROCKETT 1801 WILLAMETTE STREET EUGENE, OR 97401	SECRETARY/TREASURER 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	59,920.	0.	0.
MARK PEARL 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		59,920.	0.	0.

SCHEDULE A	OTHER INCOME			STATEMENT 15
DESCRIPTION	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT
MISCELLANEOUS	4,030.	38,302.	1,719.	0.
TOTAL TO SCHEDULE A, LINE 22	4,030.	38,302.	1,719.	0.

**Depreciation and Amortization** 990  
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**FANCONI ANEMIA RESEARCH FUND, INC**

**FORM 990 PAGE 2**

**93-0995453**

**Part I Election To Expense Certain Tangible Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See instructions for a higher limit for certain businesses	1	100,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	400,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2002 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2004 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property )**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election (see instructions)	15	
16	Other depreciation (including ACRS) (see instructions)	16	5,166.

**Part III MACRS Depreciation (Do not include listed property ) (See instructions )**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2003	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

**Section B - Assets Placed in Service During 2003 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property	/		27 5 yrs	MM	S/L	
	/		27 5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs	MM	S/L	
	/			MM	S/L	

**Section C - Assets Placed in Service During 2003 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year	/		40 yrs	MM	S/L	

**Part IV Summary (See instructions )**

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	5,166.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)  
**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable

**Section A - Depreciation and Other Information (Caution: See instructions for limits for passenger automobiles)**

<b>24a</b> Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>24b</b> If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No						
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Elected section 179 cost
<b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							<b>25</b>	
<b>26</b> Property used more than 50% in a qualified business use.								
		%						
		%						
		%						
<b>27</b> Property used 50% or less in a qualified business use								
		%				S/L		
		%				S/L		
		%				S/L		
<b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							<b>28</b>	
<b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1								<b>29</b>

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)												
<b>31</b> Total commuting miles driven during the year												
<b>32</b> Total other personal (noncommuting) miles driven												
<b>33</b> Total miles driven during the year Add lines 30 through 32												
<b>34</b> Was the vehicle available for personal use during off-duty hours?												
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?												
<b>36</b> Is another vehicle available for personal use?												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See instructions for vehicles used by corporate officers, directors, or 1% or more owners.			
<b>39</b> Do you treat all use of vehicles by employees as personal use?			
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?			
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? <b>Note:</b> If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.			

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2003 tax year					
<b>43</b> Amortization of costs that began before your 2003 tax year				<b>43</b>	<b>4,391.</b>
<b>44</b> Total. Add amounts in column (f). See instructions for where to report.				<b>44</b>	<b>4,391.</b>