Return of Organization Exempt From Income Tax

Under section 501(c) of the Internal Revenue Code (except black lung benefit trust or private foundation) or section 4947(a)(1) nonexempt charitable trust Note: The organization may have to use a copy of this return to satisfy state reporting requirements OMB No 1545-0047 1999 This Form is Open to Public

Department of the Treasury Internal Revenue Service Inspection and ending For the 1999 calendar year, OR tax year period beginning D Employer ID number C Name of organization Please use IRS label or print or Check if: FANCONI ANEMIA RESEARCH FUND 93-0995453 Change of address Initial return type Number and street (or P.O. box if mail is not delivered to street address) Room/suite Telephone number See Specific 541-687-4658 1801 WILLAMETTE STREET 200 Final return Instruc tions City or town, state or country, and ZIP+4 Check | if exemption Amended return (required also for state reporting) OR 97401 EUGENE applen is pending Type of organization- > X Exempt under section 501(c) (3) < (insert number) OR > | | section 4947(a)(1) nonexempt charitable trust Note: Section 501(c)(3) exempt organizations and 4947(a)(1) nonexempt charitable trusts MUST attach a completed Schedule A (Form 990). Yes X No I H(a) Is this a group return filed for affiliates? If either box in H is checked "Yes." enter four-digit group exemption number (GEN) Cash (b) If "Yes," enter the number of affiliates for which this return is filed Accounting method Yes X No Other (specify) (c) Is this a separate return filed by an organization covered by a group ruling? 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 it received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return. Note: Form 990-EZ may be used by organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at end of year. Part i Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 15.) Contributions, gifts, grants, and similar amounts received: Direct public support а 1a Indirect public support 1b 1c Government contributions (grants) Total (add lines 1a through 1c) (att. sch. of contributors) 2,723,457 noncash \$ 14 Program service revenue including government fees and contracts (from Part VII, line 93) 2 3 Membership dues and assessments 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5 Gross rents 6a 6a Less: rental expenses Net rental income or (loss) (subtract line 6b from line 6a) 6c Other investment income (describe Gross amount from sales of assets other (B) Other 8a (A) Securities than inventory 87,036 Less: cost or other basis and sales expenses 88,711 Rh Gain or (loss) (attach schedule) -1.675 SEE STMT -1,675 Net gain or (loss) (combine line 8c, columns (A) and (B)) 8d Special events and activities (attach schedule) Gross revenue (not including \$ contributions reported on line 1a) 9a h Less: direct expenses other than fundraising expenses 9b Net income or (loss) from special events (subtract line 9b from line 9a) C 9c Gross sales of inventory lass returns and allowances Less cost of ECSUVED 10a 10a 10b b Gross profit or (loss) from sales of intentory (attach sch.) (subtract line 10b from In. 10a) C 10c Other Evenue (add lines 1d, 2, 3, 4, 4, 6c, 7, 8d, 9c, 10c, and 11) 11 11 12 12 2,794,979 13 Program services (from line 44, column (B)) 912,089 13 Manageme OG DEN (fron line 44 column (C)) 14 14 <u>65,405</u> Fundraising (from line 44, column (D)) 15 15 <u>38,306</u> 16 Payments to affiliates (attach schedule) 16 17 Total expenses (add lines 16 and 44, column (A)) 17 1,015,800 779,179 18 Excess or (deficit) for the year (subtract line 17 from line 12) 18 504,806 19 19 Net assets or fund balances at beginning of year (from line 73, column (A)) Other changes in net assets or fund balances (attach explanation) SEE STMT 2 20 -6,535 2,277,450 Net assets or fund balances at end of year (combine lines 18, 19, and 20) 21

Part II	Statement of All organ	izations must d	omplete column (A). Colui	mns (B), (C), and (D) are	required for section 501(c))(3) and (4) organizations
	Functional Expenses and sect	on 4947(a)(1)	nonexempt charitable trust	s but optional for others	(See Specific Instructions	on page 19)
Do	not include amounts reported on line		(A) Total	(B) Program	(C) Management	(D) Curdusiaina
	6b, 6b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22 Grants an	d allocations (attach schedule) STMT	3	}			
(cash \$	597,693 cash s) 22	597,693	597,693		
23 Specific a	ssistance to individuals	23				mara was a And
24 Benefits p	paid to or for members	24				
25 Compens	ation of officers, directors, etc.	25	42,000	21,000	12,600	8,400
•	aries and wages	26	72,589	50,548		
	lan contributions	27			,	<u> </u>
-	ployee benefits	28	3,204	2,001	860	343
29 Payroll ta:	•	29	9,782	6,108		
•	nal fundraising fees	30		0,100	2,020	1,040
	-	31	2,750		2,750	
31 Accounting	·		2,750		2,730	
32 Legal fees		32		F 620		
33 Supplies		33	5,630	<u>5,630</u>		
34 Telephone	•	34	4,338	2,539		
35 Postage a	•	35	9,218	7,883		381
36 Occupand		36	9,828	6,137	2,638	
37 Equipmer	nt rental and maintenance	37	268	167	7.2	29
38 Printing a	nd publications	38	3,523	2,294	1,229	
39 Travel		39				
40 Conference	ces, conventions, and meetings	40	118,044	118,044		
41 Interest		41	411		411	
42 Depreciat	ion, depletion, etc. (att sch.)	42	7,249	4,526	1,946	777
43 Other exp	enses (itemize). a	43a				
b SE	E STATEMENT 4	43b	129,273	87,519	19,357	22,397
с		43c				
d		43d				
e		43e				
44 Total fund	ctional expenses (add lines 22 - 43) Organizations					
	ng columns (B)-(D), carry these totals to lines 13-1	1	1,015,800	912,089	65,405	38,306
	Joint Costs. Did you report in column (B)				03,403	
	ampaign and fundraising solicitation?			ioni a combined	▶ ∏	Yes 🛛 No
			· (ii) the	e amount allocated to Pro	_	103 24 110
•	allocated to Management and general \$			e amount allocated to Fu		
	Statement of Program Service	Accompli				
		Accompi	Stillietits (See Spec	and menucuons on pa	ige 22.)	Program Service
	ganization's primary exempt purpose?	AID CITAT	TONDIE			Expenses
	ITIFIC, EDUCATIONAL All no must describe their exempt purpose ac			nanner State the nun	nber	(Required for 501(c)(3) a (4) orgs , and 4947(a)(
of clients serv	ed, publications issued, etc. Discuss achie	vements that	: are not measurable. (Section 501(c)(3) and	(4)	trusts; but optional for
	and 4947(a)(1) nonexempt charitable trust	s must also e	enter the amount of gra	ints and allocations to	others.)	others)
a SEE	STATEMENT 5					
						_
	· · ·		(Grants and all		<u>597,693)</u>	716,575
	PORTING FAMILIES AFFE				ĢH	
PUBI	IC EDUCATION, OFFERI	NG INFO	ORMATIONAL I	RESOURCES,		
ŊĘŢŅ	ORKING AND PHYSICIAN	SERVIC	CES.			
			(Grants and all	ocations \$)	195,514
c .						
						j '
			(Grants and all	ocations \$		
d						
	• ••		• •			
		• •				
		•	(Grants and all	locations \$	1	1
e Other pro-	gram services (attach schedule)		(Grants and all			
	Program Service Expenses (should equal	line 44 colin			•	912,089
DAA	rogram oci vice Expenses (snouid equal	77, WIU	mir (D), i Togram scran			Form 990 (1999

Part IV Balance Sheets (See Specific Instructions on page 22.)

Note:	Where required, attached schedules and amounts with column should be for end-of-year amounts only.		•	(A) Beginning of year		(B) End of year		
45	Oh :			359,125	45	468,797		
	Savings and temporary cash investments			339,123	46			
40	Savings and temporary cash investments				40 8000			
172	Accounts receivable	47a	4,304					
- Tia	Less: allowance for doubtful accounts	47b	4,304		47c	4,304		
"	Less, allowance for doubtful accounts				****	4,304		
182	Pledaes receivable	48a						
40a	Pledges receivable Less: allowance for doubtful accounts	48b			48c			
49			·		49			
	Receivables from officers, directors, trustees, and key				45			
30	•				50			
512	(attach schedule) Other notes and loans receivable (attach				20	 ,		
""		512						
h	schedule) Less: allowance for doubtful accounts	51b	·		51c			
				7,783	_	2,450		
53	Inventories for sale or use Prepaid expenses and deferred charges			7,703	53	2,450		
54	Investments-securities (attach schedule)	· · · · · · ·	CPP CTMT 6	105,489	$\overline{}$	1,037,573		
	Investments-land, buildings, and	- · · · · · · · ·		103,402	34	1,037,37		
332	equipment: basis	55a						
	Less: accumulated depreciation (attach	334						
"	schedule)	55b			55c	•		
56	Investments-other (attach schedule)		SEE STMT 7		56	797,296		
572	Land, buildings, and equipment: basis	57a	91,724			151,25		
	Less: accumulated depreciation (attach	3, 4	<u> </u>					
"	schedule) SEE STMT 8	57b	66,129	40,530	570	25,599		
58	Other assets (describe	7	00,129	54,278		55,98(
30	Other assets (describe P DEE DIMI 9	- '	-	J 4 ,2/0	30	١٥٥, ٥٥٠		
59	Total assets (add lines 45 through 58) (must equal lin	no 71)		567,205	59	2,391,995		
60	Accounts payable and accrued expenses			2,399		9,156		
61	Grants navable			60,000		94,162		
62	Grants payable Deferred revenue			00,000	62	<u> </u>		
63	Loans from officers, directors, trustees, and key emplo	ovees (s	attach		esde to			
"		,	•		63			
64a	schedule) Tax-exempt bond liabilities (attach schedule)				64a	•		
	Mortgages and other notes payable (attach schedule)				64b			
65	Other liabilities (describe SEE STMT 1		·····		65	11,22		
30	Outer Habilities (Goodings) Data Diffi i	,	-					
66	Total liabilities (add lines 60 through 65)			62,399	66	114,54		
	enizations that follow SFAS 117, check here	and co	mplete lines	02,233				
	67 through 69 and lines 73 and 74.							
F 67	Unrestricted			472,315	67	2,260,00		
u 68	Temporarily restricted			32,491		17,44		
חן 🚓	Permanently restricted				69			
d Orga	nizations that do not follow SFAS 117, check here	▶ □	and					
в	complete lines 70 through 74.	ب						
	01-1-41-41-41-1-1				70			
a 70					71			
70	Paid-in or capital surplus, or land, building, and equip-		1 1	·····				
70 71	Paid-in or capital surplus, or land, building, and equipr Retained earnings, endowment, accumulated income,							
70 71	Retained earnings, endowment, accumulated income,	, or othe			72			
70 71 72 73	Retained earnings, endowment, accumulated income, Total net assets or fund balances (add lines 67 thro	, or othe ough 69	OR lines		12			
70 71 72 73	Retained earnings, endowment, accumulated income,	, or othe ough 69 umn (B)	OR lines must	504,806		2,277,450		

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.

DAA

FC	Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per				Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per							
	Return (See Specific Ins		-	İ			inanciai Stater leturn	nents	WITH	EX	oenses per	
	Total revenue, gains, and other support	T C	ons, page 24.)	\neg	<u>а</u>	Total expenses			FT			
	per audited financial statements	a	2,788,4	44	-	audited financia	-	•	a		1,015,800	
b	Amounts included on line a but not on			•	b	Amounts include	ed on line a but not					
	line 12, Form 990:			ļ		on line 17, Form	990:					
(1)	Net unrealized gains on	-	·	}	(1)	Donated service	s and use		1 1			
	investments \$ -7,16	2				of facilities \$			1 [
(2)	Donated services and use		·	·	(2)	Prior year adjus	tments]			
	of facilities \$ 62	7				reported on line	20,					
(3)	Recoveries of prior					Form 990 <u>\$</u>			1			
	year grants \$. . ∙			(3)	Losses reported	l on line 20,					
(4)	Other (specify):			1		Form 990 <u>\$</u>				• •		
				·	(4)	Other (specify):						
	<u>\$</u>	-										
	Add amounts on lines (1) through (4)	, Гъ	-6,5	35		<u>\$</u>			↓ }			
						Add amounts or	n lines (1) through (4) 🕨	b			
С	Line a minus line b	ء ∤ د	2,794,9	<u>79</u>	C	Line a minus lin			C		<u>1,015,800</u>	
d	Amounts included on line 12,			. :	d	Amounts include	•		†			
	Form 990 but not on line a:					Form 990 but no			.			
(1)	Investment expenses			· :	(1)	Investment expe						
	not included on line 6b.	: '				not included on	•		1	:		
	Form 990 <u>\$</u>	-		·: :		Form 990 <u>\$</u>		-	1 1	•		
(2)	Other (specify):				(2)	Other (specify):						
	Add ===================================	╣.		.			- P (4) 1 (6)		1 1			
_	Add amounts on lines (1) and (2)	,	 		_		n lines (1) and (2)	.00	1			
e	Total revenue per line 12, Form 990	۔ ا	2,794,9	70	e		per line 17, Form 9	190			1 015 000	
Б.	(line c plus line d) art V List of Officers, Directors) e			nnle	(line c plus line		mnone	ated: 6		1,015,800	
17,0	Instructions on page 24.)	<i>,</i>	i i ustees, and ite		npic	yees (List each	Tone even if not co	ilibelis	aleu, s	see 3	pecific	
	mandenons on page 24.)				(B) I	itle and average	(C) Compensation	(D) (Contrib	to	(E) Expense	
	(A) Name and addr	ess				ors per week ted to position	(If not paid, enter .	plans	vee ber & defer pensati	red	account and other allowances	
M	ARY ELLEN EILER			P		SIDENT	-0/	12111	pensan	210	Z.IIO.V.Z.IIO.V	
	788 BALBOA ST; EUGEN	EΟ	R	î		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	o			0	0	
	ARRY RUBENSTEIN	<u></u>		S	EC	RETARY						
	01 EAST BROADWAY; EU	GEN	E OR	ı			0			0	0	
D	AVE FROHNMAYER			V	ICE	PRESIDE						
2	315 MCMORRAN; EUGENE	ÓR		5			0			_ 0	C	
	ICKI ANTON-ATHENS			D	IR	ECTOR						
_2	9113 EAST RIVER RD;	<u>GRO</u>	SSE <u>ILLE MI</u>	l			0			0	<u></u>	
-	EANE MARCHBEIN			D	IR.	ECTOR				ŀ		
	3 ROBBINS RD; ARLING	<u> TON</u>	MA	_1			0			0	C	
3				D	IR	ECTOR	ļ					
<u>3</u>	ETER VON HIPPLE		R	1			0			_0		
3 D	ETER VON HIPPLE EPT CHEM UOFO; EUGEN	<u> </u>			TD.	ECTOR	Ĭ					
3 P D R	ETER VON HIPPLE EPT CHEM UOFO, EUGEN UBY BROCKET		., ,	1	111							
3 P D R	ETER VON HIPPLE EPT CHEM UOFO; EUGEN UBY BROCKET 15 OAKWAY CENTER EUG		., ,	1			0			_ 0	C	
3 P D R	ETER VON HIPPLE EPT CHEM UOFO, EUGEN UBY BROCKET		., ,	 E	XE	C DIR						
3 P D R	ETER VON HIPPLE EPT CHEM UOFO; EUGEN UBY BROCKET 15 OAKWAY CENTER EUG		OR	 E			42,000			0		
3 P D R	ETER VON HIPPLE EPT CHEM UOFO; EUGEN UBY BROCKET 15 OAKWAY CENTER EUG		OR	 E	XE						C	
3 P D R	ETER VON HIPPLE EPT CHEM UOFO; EUGEN UBY BROCKET 15 OAKWAY CENTER EUG		OR	 E	XE							

organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

If "Yes." attach schedule-see Specific Instructions on page 25.

▶ 🛚 Yes 🗓 No

Form	990 (1999) FANCONI ANEMIA RESEARCH FUND 93-0995453		P	age 5
Pa	Other Information (See Specific Instructions on page 25.)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description			
	of each activity	_ 76		<u>X</u>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77	nord las	X
	If "Yes," attach a conformed copy of the changes.	320	W.	
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a		X
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common	700000		140,000
000	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	343307	X
b	If "Yes," enter the name of the organization		8008	
_	and check whether it is exempt OR nonexempt.			
81a	Enter the amount of political expenditures, direct or indirect, as described in the			
	instructions for line 81			
ь	Did the organization file Form 1120-POL for this year?	81b		Х
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge			
	or at substantially less than fair rental value?	82a		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount			
	as revenue in Part I or as an expense in Part II. (See instructions for reporting in			
	Part III.)			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b eve	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A Did the organization solicit any contributions or gifts that were not tax deductible?	83b 84a		X
84a b	If "Yes," did the organization include with every solicitation an express statement that such contributions	100		
	or gifts were not tax deductible? N/A	84b		ekamas
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? N/A	85a		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization		30	1000
	received a waiver for proxy tax owed for the prior year.	2000		
С	Dues, assessments, and similar amounts from members 85c			
d	Section 162(e) lobbying and political expenditures 85d			
е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f			
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable			
00	estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	l Parati	
86 b	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 Gross receipts, included on line 12, for public use of club facilities 86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders 86b 87a			
b,	Gross income from other sources. (Do not net amounts due or paid to other			
	sources against amounts due or received from them.)			
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	1,,,,		T~~··
	partnership, or an entity disregarded as separate from the organization under Regulations sections			
	301.7701-2 and 301.7701-3? If "Yes", complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	80.00		
	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes", attach		1	1
	a statement explaining each transaction	89b	<u> </u>	<u> </u>
С	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			_
ч	Sections 4912, 4955, and 4958			<u>0</u>
90a	Enter: Amount of tax on line 89c, above, reimbursed by the organization List the states with which a copy of this return is filed OR			
b b	List the states with which a copy of this return is filed OR Number of employees employed in the pay period that includes March 12, 1999 (See instr.)	90b	ı	
91	The books are in care of ► FA RESEARCH Telephone no. ► 541.			558
		. 5. 7. 1		
92	Located at ► 1902 JEFFERSON EUGENE OR ZIP+4 ► 97401 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			▶ []
	and enter the amount of tax-exempt interest received or accrued during the tax year			
		For	n 990	(1999)

Enter gross amounts unless otherwise	ducing Activities		d business income		y sec. 512, 513, or 514	· (E)
indicated.		(A) Business	(B) Amount	(C) Exclusion	(D) Amount	Related or exempt function
93 Program service revenue:		Business code	Amount	code	Amount	income
a MISCELLANEOUS				3	22,983	
b OTHER INCOME				3	2,940	
c						
d						
e						
f Medicare/Medicaid payments						
g Fees and contracts from government agen	cies					
94 Membership dues and assessments			•			
95 Interest on savings and temporary cash inv	vestments			14	47,274	
96 Dividends and interest from securities						
97 Net rental income or (loss) from real estate	e:			1 1 1 1 1		
a debt-financed property	<u> </u>		•			
b not debt-financed property						•
98 Net rental income or (loss) from personal p	property			1		
99 Other investment income						
100 Gain or (loss) from sales of assets other th	an inventory					-1,675
101 Net income or (loss) from special events					-	270,0
102 Gross profit or (loss) from sales of inventor	~ ·					
103 Other revenue: a	·			 - - - - - - - 		
b						
c				 		
d				1 1		
е				+		
104 Subtotal (add columns (B), (D), and (E))		7		0	73,197	-1,675
105 Total (add line 104, columns (B), (D), and	. L (E))			<u> </u>	15,15,1	71,522
Note: Line 105 plus line 1d, Part I, should equal				•		
Part VIII Relationship of Activiti			of Exempt Puri	noses (Sec	Specific Instructions	on page 30)
Line No. Explain how each activity for whi						
of the organization's exempt purple.	•			•	ing to the bookinghorn	
	OUS REFUNDS				SIVED IN CO	URSE
OF OPERATI		<u> </u>		10 1,000	<u> </u>	
	OM PROGRAM	ACTIVI	TIES INCL	IDING 9	SUMMER RETE	EAT
7311 112 1110 11	torr rittottar	110111	TIES INCL	<u> </u>	JOHN BIC REST	
	<u>. </u>					
						
					· •	
-					•	
· · · · · · · · · · · · · · · · · · ·						
Part IX Information Regarding T	avable Subsidiar	ies and D	isregarded Enti	iti as /Saa S	pacific Instructions of	n nage 30)
	(B)	and D	(C)	lies (dee d	(D)	(E)
(A) Name, address, and EIN of corporation, partnership, or disregarded entity	Percentage of	Nat	ure of activities	T	otal Income	End-of-year
N/A	ownership interest	%			+	assets
IV / #1						
		<u>%</u>				<u> </u>
		% <u> </u>				
		achidina	accompanying schedul	les and statem	ents, and to the best of n	ny knowledge
		ner than	officer) is based on all i	information of	which preparer has any k	nowledge.
				~ ~	200 1)	10-

(Form 990)

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.)

Employer identification number

1999

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

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

FANCONI ANEMIA RESEARCH FUND	•		93-0995	453
Part Compensation of the Five Highest Pai	d Employees Other Ti	nan Officers, Di	rectors, and Trus	tees
(See page 1 of the instructions. List each one. If the	ere 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 ben, plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over				
Part II Compensation of the Five Highest Pai (See page 1 of the instructions. List each one (whe	-			•
Too bage tot me mandenona. Elac each one (whe	alor marriadalo di mimo). Il t			
(a) Name and address of each independent contractor pa			of service	(c) Compensation
				(c) Compensation
(a) Name and address of each independent contractor pa				(c) Compensation
(a) Name and address of each independent contractor pa				
(a) Name and address of each independent contractor pa				
(a) Name and address of each independent contractor pa				
(a) Name and address of each independent contractor pa	id more than \$ 50,000	(b) Type		

h.e	جان س	<u>^ (Form 990) 1999 FANCONI ANEMIA RESEARCH FUND 93-0995453</u>		<u> </u>	age 2
Pa	irt II	Statements About Activities		Yes	No
1	atte If "Y Org	ing the year, has the organization attempted to influence national, state, or local legislation, including any empt to influence public opinion on a legislative matter or referendum? Yes," enter the total expenses paid or incurred in connection with the lobbying activities S S	1		X
2	Dur of it orga	lobbying activities. Fing the year, has the organization, either directly or indirectly, engaged in any of the following acts with any test rustees, directors, officers, creators, key employees, or members of their families, or with any taxable anization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal reficiary:			
а	Sal	e, exchange, or leasing of property?	2a		X
b	Len	ding of money or other extension of credit?	2b		X
С	Fur	nishing of goods, services, or facilities?	2c		X
d	Pay	ment of compensation (or payment or reimbursement of exp. if more than \$1,000)?	2d		X
е		nsfer of any part of its income or assets? ne answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e		<u>X</u>
3 4a b	Do Atta	es the organization make grants for scholarships, fellowships, student loans, etc.? you have a section 403(b) annuity plan for your employees? ach a statement to explain how the organization determines that individuals or organizations receiving grants or loans in it in furtherance of its charitable programs qualify to receive payments. (See pg. 2 of the instr.)	3 4a		X
P	art I	Reason for Non-Private Foundation Status (See pages 2 through 4 of the instructions.)			
he 5 6 7 8	orgai	nization is not a private foundation because it is: (Please check only ONE applicable box.) A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i). A school, Section 170(b)(1)(A)(ii). (Also complete Part V, page 4.) A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii). A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v). A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, cit	y,		
0 1a		and state An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A (Also complete the Support Schedule in Part IV-A.) An organization that normally receives a substantial part of its support from a governmental unit or from the general public.)(iv).	, .	
1b 2		Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) A community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.) 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			
3		Its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquire by the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part IV-A.) 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).)	:a		
		Provide the following information about the supported organizations. (See page 4 of the instructions.) (b)	Line	——	er
		(a) Name(s) of supported organization(s)	from		
1.4	Г	An organization promised and anomated to past for sublications. See the 500/oV/A) (See 1997) of the instantion of the in			
4	1 1	An organization organized and operated to test for public safety. Section 509(a)(4). (See page 4 of the instructions.)			—

	<u>A (Form 990) 1999 FANCONI</u>				995453	Page 3
	Support Schedule (Co	mplete only if you chec	ked a box on line 10	11, or 12.) Use cash n	nethod of accounting	i.
_	Note: You may use the work					
ala:	ndar year (or FY beginning in)	(a) 1998	(b) 1997	(c) 1996	(d) 1995	(e) Total
13	Gifts, grants, & contrib. received. (Do					
-	not incl. unusual grants. See line 28.)	735,461	774,648	550,972	481,057	2,542,138
iō _	Membership fees received					
i7	Gross receipts from admissions,					
	merchandise sold or services performed, or				ı	
	furnishing of facilities in any activity that is				•	
	not a bush, unrelated to the organization's			-0.5	5 000	2= 000
	charitable, etc., purpose	19,244	11,112	526	5,000	35,882
16	Gross inc. from int., dividends, amounts received from pymt. on securities loans					
	(section 512(a)(5)), rents, royalties, &					
	unrelated busn, taxable inc. (less sec.					
	511 taxes) from businesses acquired by		7.3 0.00	1	0 -	60 55 6
	the organization after June 30, 1975	5,382	13,882	17,876	2 <u>5,616</u>	<u>62,756</u>
19	Net income from unrelated business					
	activities not included in line 18			 		
20	Tax revenues levied for the organization's ben.					
	& either paid to it or expended on its behalf					
21	The value of services or fact, furnished to the org, by a governmental unit without charge. Do not incl. the value al serv, or lacilities generally furnished to the public without charge					
22	Other income, Attach a schedule. Do not					
	include gain or (loss) from sale of cap, assets	541		5,630	4,304	10,475
23	Total of lines 15 through 22	760,628	799,642	575,004	515,977	2,651,251
24	Line 23 minus line 17	741,384	788,530		510,977	2,615,369
25	Enter 1% of line 23	7,606	7,996		5,160	
26	Organizations described on lines 10 o		of amount in column (e	e), line 24	▶ 26a	52,307
b	Attach a list (which is not open to public	inspection) showing the	a name of and amount	t contributed by each		
	person (other than a governmental unit of	r publicly supported or	ganization) whose tota	al gifts for 1995 through	1998	
	exceeded the amount shown in line 26a.	Enter the sum of all tin	ese excess amounts	SEE STN	AT 11 ▶ 26b	172,693
c	Total support for section 509(a)(1) test: E	Enter line 24, column (e	e)		▶ 26c	2,615,369
d	Add: Amounts from column (e) for lines:	1862	<u>, 756</u> 19			
		22 10	<u>, 475</u> 26b	172,693	▶ 26d	<u>245,924</u>
е	Public support (line 26c minus line 26d to	otal)			▶ <u>26e</u>	2,369,445
f	Public support percentage (line 26e (r	umerator) divided by	line 26c (denominat	or))	≥ 26f	90.5970%
27	Organizations described on line 12:	a For amounts include	ded in lines 15, 16, an	d 17 that were received	d from a "disqualified	
	person," attach a list to show the name of	f, and total amounts re	ceived in each year fr	om, each "disqualified	person." Enter the sur	m ·
	of such amounts for each year: N/	A			•	
						•
	(1998)(1	997)	(1996) . <u>.</u>	(1995)	
ь	For any amount included in line 17 that v	vas received from a no	ndisqualified person, a	attach a list to show the	e name of, and amoun	t
	received for each year, that was more the	an 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 throug	h 11, as well as individ	uals.) After computing	the difference betwee	n the amount received	d and
	the larger amount described in (1) or (2),	enter the sum of these	e differences (the exce	ess amounts) for each	year: 1	J/A
	(1998) (1	997))	(1995),,,	.,
С	Add: Amounts from column (e) for lines:		16			1
	17	20	21		▶ <u>27c</u>	
d	Add: Line 27a total	and line 27	7b total		▶ <u>27d</u>	
e	Public support (line 27c total minus line 2	27d (otal)			▶ 27e	Name and the second of the sec
f	Total support for section 509(a)(2) test: E	Enter amount on line 20	3, column (e)	▶ 27f	33636	\$396,739,900
g	Public support percentage (line 27e (r	numerator) divided by	line 27f (denominat	or))	▶ 27g	
<u> </u>	Investment income percentage (line 1	8, column (e) (numera	ator) divided by line	27f (denominator))	▶ 27h	%
28	Unusual Grants: For an organization de		· ·		-	
	a list (which is not open to public inspect		=		-	•
	and a brief description of the nature of th	e grant. Do not include	these grants in line 1	5. (See page 4 of the i	nstr.)	
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Part V Private School Questionnaire (See page 4 of the instructions.)

	(To be completed ONLY by schools that checked the box on line 6 in Part IV)				
		N/A		Yes	No
9	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?		29		
0	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its		22.7		
	brochures, catalogues, and other written communications with the public dealing with student admissions,				
	programs, and scholarships?		30		36 11 133
11	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during		1478 g 4 14 0 11 19		
	the period of solicitation for students, or during the registration period if it has no solicitation program, in a way		9.5		
	that makes the policy known to all parts of the general community it serves?		31	·	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			777774. 2737378	985.57 9888
			(4), A	/	
					aryaw Kalaba
					30.24
32	Does the organization maintain the following:) diam	
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		32a		
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory				
	basis?		32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing				
	with student admissions, programs, and scholarships?		32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		32d		
			34.3		10000 1448 Y
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
					::
			200 V 20	120m 2008	
3	Does the organization discriminate by race in any way with respect to:				
				100	
а	Students' rights or privileges?		33a		
	•				
b	Admissions policies?	,	33b		
¢	Employment of faculty or administrative staff?		33c		
			Ì	İ	
d	Scholarships or other financial assistance?		33d	_	
е	Educational policies?		33e		
			205	ļ	
T	Use of facilities?		33f	 	
_	Athletia programs?		33g		
y -	Athletic programs?		339		-
h	Other extracurricular activities?		33h		
"	Other extracurricular activities?	• • • • • • • • • • • • • • • • • • • •		88.0	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)				
			1889889 12888 308		
					1000000 000000
				(22)	
		· · · · · · · · · · · · · · · · · · ·	200,420		a grandina a
34a	Does the organization receive any financial aid or assistance from a governmental agency?		34a		,
b	Has the organization's right to such aid ever been revoked or suspended?		34b		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		838		2000
	•				
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	<u> </u>	35		L

(To be completed ONL	ditures by Electing Y by an eligible organiza	tion that filed Form 57		or the instr	uctions.) <u>N</u> /	<u>A</u>	
_	n belongs to an affiliated						
Limits on	a" above and "limited cor Lobbying Expendi	itures	<u> </u>	Atfilia	(a) ted group to	tals	(b) To be completed for ALL electing
	tures" means amounts pa			. 		_	organizations
Total lobbying expenditures to influence							
Total lobbying expenditures to influence	e a legislative body (direc	ct lobbying)	3				
Total lobbying expenditures (add lines							<u> </u>
39 Other exempt purpose expenditures			3				
Total exempt purpose expenditures (ac			4) 	38 00 00 00 00 00 00 00 00 00 00 00 00 00		
41 Lobbying nontaxable amount. Enter the		_					
If the amount on line 40 is-	• •	taxable amount is-					
Not over \$500,000		on line 40					
Over \$500,000 but not over \$1,000,000		of the excess over \$	11		Degographical and the control of the	9090808.	Baraki Nitopiaasi Jarin
Over \$1,000,000 but not over \$1,500,0		•		1 33 888399	a.s./187297765 i	50000004	Parameter (1971)
Over \$1,500,000 but not over \$17,000,			1,272.27				
Over \$17,000,000	\$1,000,000		™ال	200000000 -	Janesani.	900A000	
42 Grassroots nontaxable amount (enter 2	25% of line 41)		4				 .
43 Subtract line 42 from line 36. Enter -0-	if line 42 is more than lin	e 36		$\overline{}$			
44 Subtract line 41 from line 38. Enter -0-	if line 41 is more than lin	e 38	4	4	ouskiisa.	4.877.534.73 ⁷	
	" 40 " 44 CL T	1700				BANGBANK Namakan	
Caution: If there is an amount on either			See the st	24 (F)	303,035,09	<u> 448001801808</u>	<u> Programment an arbangana</u>
10	_	ng Period Under					
	that made a section 501		-		tive colum	ins belo	W.
See the in	structions for lines 45 thre	ough 50 on page 7 of	the instruction	ıs. <u>)</u>			
· · · · · · · · · · · · · · · · · · ·		Lobbying Expe	nditures Dur	ing 4-Year	r Averagin	g Perio	d
Calendar year (or	(a)	(b)	(c)		(d)		(e)
fiscal year beginning in)	1999	1998	1997		1996		Total
45 Lobbying nontaxable amount		NOTES TO TAKE TO THE TOTAL OF THE TAKE				····	
46 Lobbying ceiling amount (150% of line 45(e))							
47 Total lobbying expenditures							
48 Grassroots nontaxable amount				- 1			
49 Grassroots ceiling amount (150% of			X100000000	20.00		#33.00	
line 48(e))							
mic 40(e)/	2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Company See See Section 1999	endabli Name	<u> </u>	20 April 20 20 20 20 20 20	<u> </u>	
50 Grassroots lobbying expenditures							:
· · · · · · · · · · · · · · · · · · ·	y by Nonelecting P	ublic Charities					
	organizations that did not		(See page 8 c	of the instru	ections)		N/A
During the year, did the organization attern					10110110.7		
attempt to influence public opinion on a leg		_	-	,	Ye	s No	Amount
		. •			<u> </u>	+	
Volunteers Paid staff or management (include c	omnensation in expenses	s reported on lines c tl	brough b			_	
			-				
d Mailings to members, legislators, or	the public			• • • • • • • • • •	····	+	
e Publications, or published or broadca	ast statements				}-		
f Grants to other organizations for lobi	oving numoses		• • • • • • • • • • • • • • • • • • • •		····	\top	
g Direct contact with legislators, their s	staffs, dovernment official	ls or a legislative bod	· · · · · · · · · · · · · · · · · · ·		├	+	
h Rallies, demonstrations, seminars, o							
Total lobbying expenditures (add line)					Sta	/(J. 198A	
. Total lobbying expenditures (and little	,, o o unough H)				<u>Las</u>	<u> </u>	<u> </u>
If "Yes" to any of the above, also atta	ach a statement diving a	detailed description of	f the lobbuica	activities			
ii ies to any of the above, also atta	acii a statement giving a	deraned describition of	r are loppying	acuviues.		e -	nedule A (Form 990) 1999
						انات	にっさいた マイとうしけ コタクト レタタス

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Schedule A (Form 990) 1999 FANCONI ANEMIA RESEARCH FUND 93-0995453

Page 5

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_	
	Schedule A (Form 990) 1999

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other than Inventory-Securities

	Desc				Ho Re			Whom Sold		
	Date Acquired	Date Sold		Sale Price	_	Cost & Expense		Deprec	_	Gain/ -Loss
STOCK SALES				PUR	RCH	ASE				
	VARIOUS	VARIOUS	\$	87,036	\$_	88,711	\$_		\$_	-1,675
TOTAL			\$ <u></u>	87,036	\$ <u></u>	88,711	\$_	0	\$_	-1,675

Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
DONATED SERVICES CAPITALIZED UNREALIZED LOSS ON INVESTMENTS	\$ 627 -7,162
TOTAL	\$ -6,535

Statement 3 - Form 990, Part II, Line 22 - Grants and Allocations

Description	Cash Contribution	Noncash Contribution		
RESEARCH GRANTS TO UNIVERSITIES & UNIVERSITY HOSP	\$ 597,693	\$		
TOTAL	\$ 597,693	\$0		

Statement 4 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Tot Expe	••••	ogram ervice	Mgt & General	_	Fund- Raising
	\$	\$		\$	\$	
INDIRECT EXPENSE						
INSURANCE	2	, 633		2,633		
CONTRACT SERVICES		594		594		
COMPUTER & EQUIPMENT	8	,340		8,340		
MISCELLANEOUS	12	,996	9,630	3,366		
AWARDS	1	,000	1,000			
SPECIAL PROJECTS	41	,296	19,224			22,072
AMORTIZATION	13	,288	13,288			
OFFICE EXPENSE	3	,031	1,892	814		325
DUES & PUBLICATION	10	,944	7,334	3,610		
FAMILY PROJECTS	35	,151	35,151			
TOTAL	\$ 129	,273 \$	87,519	\$ 19,357	\$	22,397

Statement 5 - Form 990, Part III, Line a - Statement of Program Service Accomplishments

SUPPORTIG SCIENTIFIC RESEARCH EXPLORING THE CAUSE AND CURE OF FANCONI ANEMIA. ACTIVITIES INCLUDE SOLICITING AND MONITORING FUNDED RESEARCH & SPONSORING SCIENTIFIC SYMPOSIA TO FURTHER EFFORTS TO FIND A CURE.

Statement 6 - Forn	m 990, Par	<u>t IV, Line 54</u>	- Investments	in Se	<u>ecurities</u>		
Description			Beginning of Year		End of Year		Basis of Valuation
US AND STATE GOVERNMENT			•				
CORPORATE STOCK				-	1,001,191		
		_	105,489		36,382		
		_	105,489		1,037,573		
Statement 7 - F	Form 990,	Part IV, Line	56 - Other Inv	estm	ents		
Description		1	Beginning of Year		End of Year		Basis of Valuation
CERTIFICATES OF DEPOSIT	•	\$		\$_	797,296		
TOTAL		•	Ω	\$	707 206		
TOTAL		\$		—	797,296		
Statement 8 - Form 99	90, Part IV					<u> </u>	
	90, Part IV	, Line 57 - La	and, Buildings		Equipment		
Statement 8 - Form 99	90, Part IV	, Line 57 - La	and, Buildings Accum		Equipment End of		, Accum
Statement 8 - Form 99	90, Part IV -	, Line 57 - La	and, Buildings		Equipment	_	, Accum Deprec
Statement 8 - Form 99 Description EQUIPMENT	90, Part IV - - \$, Line 57 - La	Accum Deprec	, and	Equipment End of		Deprec
Statement 8 - Form 99 Description EQUIPMENT	_	, Line 57 - La Beginning of Year	Accum Deprec	, and	Equipment End of Year	_ \$	32,90
Statement 8 - Form 99 Description EQUIPMENT	_	Beginning of Year	Accum Deprec \$ 25,66	, and	Equipment End of Year 51,860		32,90 33,22
Statement 8 - Form 99 Description EQUIPMENT VIDEO TOTAL	\$ \$	Beginning of Year 46,260 39,864 86,124	Accum Deprec \$ 25,66	, and	End of Year 51,860 39,864 91,724		
Statement 8 - Form 99 Description EQUIPMENT VIDEO TOTAL Statement 9	\$ \$	Beginning of Year 46,260 39,864 86,124	Accum Deprec \$ 25,66 19,93 \$ 45,59	, and	Equipment End of Year 51,860 39,864 91,724 ts End of		32,90 33,22
Statement 8 - Form 99 Description EQUIPMENT VIDEO TOTAL	\$ \$	Beginning of Year 46,260 39,864 86,124	Accum Deprec \$ 25,66 19,93 \$ 45,59	, and	Equipment End of Year 51,860 39,864 91,724		32,90 33,22