

Form **990**Department of the Treasury
Internal Revenue Service**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)

OMB No 1545-0047

2005Open to Public
Inspection

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

A For the 2005 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization**FANCONI ANEMIA RESEARCH FUND, INC**

Number and street (or P.O. box if mail is not delivered to street address)

1801 WILLAMETTE STREET

Room/suite

200

City or town, state or country, and ZIP + 4

EUGENE, OR 97401**D** Employer identification number**93-0995453****E** Telephone number**541-687-4658****F** Accounting method☐ Cash☒ 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 ▶ **N/A****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**I** Group Exemption Number ▶ **N/A****M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**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 chooses to file a return, be sure to file a complete return. Some states require a complete return**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **1,797,149.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received				
a	Direct public support	1a	1,560,970.		
b	Indirect public support	1b			
c	Government contributions (grants)	1c			
d	Total (add lines 1a through 1c) (cash \$ 1,511,892. noncash \$ 49,078.)	1d	1,560,970.		
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			
3	Membership dues and assessments	3			
4	Interest on savings and temporary cash investments	4	151,264.		
5	Dividends and interest from securities	5			
6 a	Gross rents	6a			
b	Less: rental expenses	6b			
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7	Other investment income (describe ▶)	7			
8 a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		49,078.	8a		
b	Less: cost or other basis and sales expenses	49,078.	8b		
c	Gain or (loss) (attach schedule)		8c		
d	Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 1				
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>				
a	Gross revenue (not including \$ 969,525. of contributions reported on line 1a)	9a	35,737.		
b	Less: direct expenses other than fundraising expenses	9b	35,737.		
c	Net income or (loss) from special events (subtract line 9b from line 9a)				
10 a	Gross sales of inventory, less returns and allowances	10a			
b	Less: cost of goods sold	10b			
c	Gross profit (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				
11	Other revenue (from Part VII, line 2006)	11	100.		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,712,334.		
13	Program services (from line 44, column (B))	13	2,103,792.		
14	Management and general (from line 44, column (C))	14	68,081.		
15	Fundraising (from line 44, column (D))	15	62,522.		
16	Payments to affiliates (attach schedule)	16			
17	Total expenses (add lines 16 and 44, column (A))	17	2,234,395.		
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<522,061.>		
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,315,736.		
20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	<46,537.>		
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	3,747,138.		

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LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2005)

Part II Statement of Functional Expenses

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ <u>1,379,748.</u> , noncash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22 1,379,748.	1,379,748.	STATEMENT 5 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 72,658.	61,759.	7,266.	3,633.
26 Other salaries and wages	26 126,891.	88,587.	13,999.	24,305.
27 Pension plan contributions	27			
28 Other employee benefits	28 6,910.	4,491.	576.	1,843.
29 Payroll taxes	29 21,286.	16,123.	2,101.	3,062.
30 Professional fundraising fees	30			
31 Accounting fees	31 10,942.		10,942.	
32 Legal fees	32 14,284.	14,284.		
33 Supplies	33 22,382.	13,809.		8,573.
34 Telephone	34 5,963.	3,788.	2,175.	
35 Postage and shipping	35 33,697.	27,807.	2,980.	2,910.
36 Occupancy	36 17,352.	12,146.	2,603.	2,603.
37 Equipment rental and maintenance	37 313.		313.	
38 Printing and publications	38 47,100.	39,012.		8,088.
39 Travel	39			
40 Conferences, conventions, and meetings	40 354,072.	351,282.	2,790.	
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42 9,643.		9,643.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g SEE STATEMENT 4	43g 111,154.	90,956.	12,693.	7,505.
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 2,234,395.	2,103,792.	68,081.	62,522.

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 \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
 (iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions)

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

What is the organization's primary exempt purpose? ► SEE STATEMENT 7

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

a SUPPORT OF RESEARCH INTO THE CAUSE AND CURE OF FANCONI ANEMIA

(Grants and allocations \$ 1,379,748.) If this amount includes foreign grants, check here ► ☐

1,898,715.

b PROVIDING EDUCATION AND SUPPORT TO FAMILIES AFFECTED BY FANCONI ANEMIA

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

205,077.

c

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

d

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services) ► 2,103,792.

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Part IV Balance Sheets (See the instructions.)

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	336,892.	45	217,210.	
	46 Savings and temporary cash investments	204,441.	46	416,011.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48 a Pledges receivable	48a	49,353.		
	b Less allowance for doubtful accounts	48b	48c	49,353.	
	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	▶ <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments - land, buildings, and equipment basis	55a			
	b Less accumulated depreciation	55b	55c		
	56 Investments - other	SEE STATEMENT 8	4,347,645.	56	4,062,141.
	57 a Land, buildings, and equipment, basis	57a	112,764.		
	b Less accumulated depreciation	STMT 9 57b	101,193.	57c	11,571.
58 Other assets (describe ▶ PATENT COSTS)		42,807.	58	38,416.	
59 Total assets (must equal line 74) Add lines 45 through 58		4,948,607.	59	4,794,702.	
Liabilities	60 Accounts payable and accrued expenses	13,052.	60	15,277.	
	61 Grants payable	619,819.	61	1,032,287.	
	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 ▶)		65		
66 Total liabilities. Add lines 60 through 65		632,871.	66	1,047,564.	
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	4,289,987.	67	3,747,138.	
	68 Temporarily restricted	25,749.	68	0.	
	69 Permanently restricted		69		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	4,315,736.	73	3,747,138.	
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	4,948,607.	74	4,794,702.	

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

a	Total revenue, gains, and other support per audited financial statements	a	1,701,534.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	<46,537.>
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) <u>SEE STATEMENT 10</u>	b4	35,737.
	Add lines b1 through b4	b	<10,800.>
c	Subtract line b from line a	c	1,712,334.
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	Total revenue (Part I, line 12) Add lines c and d	e	1,712,334.

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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a	Total expenses and losses per audited financial statements	a	2,270,132.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>SEE STATEMENT 11</u>	b4	35,737.
	Add lines b1 through b4	b	35,737.
c	Subtract line b from line a	c	2,234,395.
d	Amounts included on Part I, line 17, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17) Add lines c and d	e	2,234,395.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See the instructions)

[illegible]

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	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 in Part III.)	82b	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	85a	N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations Enter a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed <u>OR</u>		
b	Number of employees employed in the pay period that includes March 12, 2005	90b	5
91 a	The books are in care of <u>MARY ELLEN EILER</u> Telephone no. <u>541-687-4658</u> Located at <u>1801 WILLAMETTE STREET, EUGENE, OR</u> ZIP + 4 <u>97401</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u>	92	N/A

Form 990 (2005)

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

Note: Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a					
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	151,264.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a MISCELLANEOUS					100.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		151,264.	100.
105 Total (add line 104, columns (B), (D), and (E))					151,364.

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

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

103A REIMBURSED EXPENSES & OTHER**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions)

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes ☒ No

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

Please Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *[Signature]* Date: 3-28-06 Type or print name and title: _____

Paid Preparer's signature: *[Signature]* Date: 3-13-06 Check if self-employed: ☐ Preparer's SSN or PTIN: _____

Use Only Firm's name (or yours if self-employed), address, and ZIP + 4: MOSS ADAMS LLP
975 OAK STREET, SUITE 500
EUGENE, OREGON 97401 EIN: _____ Phone no.: (541) 686-1040

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 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

2005

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-A

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	

Part II-B

Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶	0	

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

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	X
e Transfer of any part of its income or assets?	2e	X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a	X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b	X

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,356,087.	766,223.	797,291.	789,704.	3,709,305.
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	35,869.	159,074.	77,037.	234,663.	506,643.
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	131,680.	124,301.	164,584.	222,075.	642,640.
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		2,537.	4,030.	38,302.	44,869.
23 Total of lines 15 through 22	1,523,636.	1,052,135.	1,042,942.	1,284,744.	4,903,457.
24 Line 23 minus line 17	1,487,767.	893,061.	965,905.	1,050,081.	4,396,814.
25 Enter 1% of line 23	15,236.	10,521.	10,429.	12,847.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					87,936.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts					312,064.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					4,396,814.
d Add: Amounts from column (e) for lines: 18 642,640. 19 22 44,869. 26b 312,064.					999,573.
e Public support (line 26c minus line 26d total)					3,397,241.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					77.2660%
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				
(2004) (2003) (2002) (2001)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals) Do not file this list with your return After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2004) (2003) (2002) (2001)					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

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

N/A

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

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?

Yes No

29

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?

30

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?

31

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?

32a

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

32b

c 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

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?

33a

b Admissions policies?

33b

c Employment of faculty or administrative staff?

33c

d Scholarships or other financial assistance?

33d

e Educational policies?

33e

f Use of facilities?

33f

g Athletic programs?

33g

h Other extracurricular activities?

33h

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?

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.

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

35

Schedule A (Form 990 or 990-EZ) 2005

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 groupCheck ☐ **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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:

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

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

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

Exempt Organizations (See page 12 of the instructions.)

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

[illegible][illegible]

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
20	DELL LATITUDE D505							
	031604	SL	5.00	16	1,662.		249.	332.
21	HP LASERJET 4250/4350 SERIES							
	113004	SL	5.00	16	2,378.		40.	476.
1	FULLY DEPRECIATED COMPUTERS							
	VARIES	SL	5.00	16	18,480.		18,480.	0.
2	HARDWARE-NETWORK							
	110197	SL	5.00	16	11,849.		11,849.	0.
3	COMPAQ COMPUTER							
	043098	SL	5.00	16	1,775.		1,716.	0.
4	COMPUTER NETWORK EXP							
	091498	SL	5.00	16	3,000.		3,000.	0.
5	ACCESS DATABASE SOFTWARE							
	122398	SL	3.00	16	425.		425.	0.
6	TELEPHONE-DSL LINES							
	123198	SL	5.00	16	5,500.		5,500.	0.
7	COMPUTER EQUIPMENT							
	031300	SL	5.00	16	2,895.		2,774.	97.
12	LAPTOP COMPUTER							
	051201	SL	5.00	16	1,849.		1,357.	370.
13	COMPUTER							
	080201	SL	5.00	16	899.		615.	180.
14	MICROSOFT WINDOWS 2000 SERVER							
	080201	SL	5.00	16	511.		349.	102.
15	COMPUTER MONITOR & DATABASE							
	082801	SL	5.00	16	901.		600.	180.
17	COMPUTER HARDWARE							
	090501	SL	5.00	16	504.		337.	101.
18	PATENT COSTS							
	VARIES		153M	43	55,980.		13,173.	4,391.
19	RICOH AFICIO 1060 DIGITAL COPIER SYSTEM							
	060503	SL	5.00	16	16,245.		5,144.	3,249.
	* 990 PAGE 2 TOTAL -							
					124,853.	0.	65,608.	9,478.
8	FULLY DEPRECIATED EQUIPMENT							
	VARIES	SL	7.00	16	2,705.		2,705.	0.
10	CONFERENCE TELEPHONES							
	073100	SL	5.00	16	747.		664.	83.
16	TRADESHOW DISPLAY BOARD							
	083101	SL	7.00	16	575.		273.	82.
	* 990 PAGE 2 TOTAL -							
					4,027.	0.	3,642.	165.
11	VIDEO PRODUCTION							
	013197		36M	43	39,864.		39,864.	0.
	* 990 PAGE 2 TOTAL -							
					39,864.	0.	39,864.	0.
	* GRAND TOTAL 990 PAGE 2 DEPR & AMORT							
					168,744.	0.	109,114.	9,643.

FANCONI ANEMIA RESEARCH FUND, INC.
EIN 93-0995453
ATTACHMENT FOR SCHEDULE A, PART III, LINE 3A
For the year ended December 31, 2005

B. Family Scholarship Program

Many FA families are overwhelmed financially by the medical costs associated with FA and cannot afford to attend the Family Meeting or regional meetings. Donors to the Fund often donate funds specifically to assist families with the expenses of attending. When funds are available, the Fund shall offer scholarships for families to attend the Family Meeting or regional meetings.

1. Selection of Families to Receive a Scholarship: Families shall be selected for these scholarships based on the following FA Research Fund policy:

2. Eligibility Criteria: Participants may be eligible for a scholarship based on the following criteria:

- a. They have registered with the FA Research Fund by completing the *Family Information Form*.
- b. They have demonstrated full effort to secure funding from sources other than the Fund, and due to economic hardship, the family and/or patient is unable to participate without help from the Fund; **AND they are either:**
 - 1) Newly diagnosed (those who have registered during the last year);
 - 2) Those who have never attended the FA Family Meeting or a regional meeting;
 - 3) Facing an imminent major treatment decision for which the meeting's educational program could be of immediate value;
 - 4) Unable to find an equivalent education and support service in their country; **OR**
 - 5) Providing special assistance for language translation or other program support at the request of the Family Support Coordinator.

3. Notification of FA Families of the Scholarship Program: The Family Support Coordinator shall advertise this project and its application timelines in the *FA Family Newsletter* and on the FARF e-group.

4. Application Process: Interested families will complete a written application in which they will document what they have done to secure funding from sources other than the FA Research Fund and affirm that, due to economic hardship, they are unable to attend the meeting without the assistance of the Family Scholarship Program. Additionally, they will document how they fall within the guidelines of the FA Research Fund policy outlined above. The Family Support Coordinator will provide an application form to interested families for this purpose.

5. Selection Process: The Family Support Coordinator will chair a selection committee of herself and two representatives from the FA parent group to determine eligibility and

selection for the scholarship. Information provided to the committee in the application regarding a family's economic status shall be kept confidential by the committee and Fund staff. In addition, the names of those receiving scholarships will be kept confidential.

Approved by resolution of the Board of Directors, 7-15-2002.

C. FA Patient Clinical Trial Scholarship Program

The Fanconi Anemia Research Fund may provide support to FA patients who wish to participate in clinical trials relating to Fanconi anemia but do not have the funds to do so. When funds are available, the Fund shall offer scholarships for families to defray all or part of the reasonable transportation, meal, and lodging costs associated with participating in a trial.

1. Eligibility Criteria: FA patients may be eligible for a scholarship based on the following criteria:

- a. They and/or their parent/guardian have registered with the FA Research Fund by completing the *Family Information Form*.
- b. They and/or their parents/guardians have demonstrated full effort to secure funding from sources other than the Fund, and due to economic hardship, the FA patient is unable to participate in the clinical trial without help from the Fund.

2. Notification of FA Patients and Their Families of the Clinical Trial Scholarship Program: The Family Support Coordinator shall advertise this project and its application timelines in the FA Family Newsletter and on the FARF e-group.

3. Application Process: Interested FA patients and/or their parent/guardian will complete a written application in which they will document what they have done to secure funding from sources other than the FA Research Fund and affirm that, due to economic hardship, they are unable to participate in the clinical trial without the assistance of the Clinical Trial Scholarship Program. Additionally, they will document how they fall within the guidelines of the FA Research Fund policy outlined above. The Family Support Coordinator will provide an application form to interested families for this purpose.

4. Selection Process: The Family Support Coordinator will chair a selection committee of herself and two representatives from the FA parent group to determine eligibility and selection for the scholarship. Information provided to the committee in the application regarding a family's economic status shall be kept confidential by the committee and Fund staff. In addition, the names of those receiving scholarships will be kept confidential. The decision of the Fund as to the appropriateness of the scholarship amount shall be final.

Approved by resolution of the Board of Directors, 7-19-2004.

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)
SALE OF STOCKS	49,078.	49,078.	0.	0.
TO FORM 990, PART I, LINE 8	49,078.	49,078.	0.	0.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 2

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
FAMILY FUNDRAISING EVENTS	1005262.	969,525.	35,737.	35,737.	0.
TO FM 990, PART I, LINE 9	1005262.	969,525.	35,737.	35,737.	0.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) ON SECURITIES	<46,537.>
TOTAL TO FORM 990, PART I, LINE 20	<46,537.>

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS	4,431.	4,431.		
COMPUTERS AND				
EQUIPMENT	9,287.	6,149.	1,214.	1,924.
UTILITIES	8,714.	3,319.	4,205.	1,190.
RESEARCH AWARDS	18,000.	18,000.		
ADVERTISING	4,616.	3,836.	780.	
RESEARCH MATERIALS	40,977.	40,977.		
INSURANCE	691.		691.	
BANK FEES	5,653.		5,653.	
LICENCES AND PERMITS	4,541.		150.	4,391.

PHYSICIAN RECRUITING	14,244.	14,244.		
TOTAL TO FM 990, LN 43	111,154.	90,956.	12,693.	7,505.

FORM 990	CASH GRANTS AND ALLOCATIONS	STATEMENT	5
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	SEE ATTACHED STATEMENT		NONE	415,785.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				415,785.

FORM 990	CASH GRANTS AND ALLOCATIONS APPROVED BUT NOT PAID BY FILING DEADLINE	STATEMENT	6
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CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT
GRANTS TO RESEARCHERS	SEE ATTACHED STATEMENT		NONE	963,963.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				963,963.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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EXPLANATION

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

FANCONI ANEMIA RESEARCH FUND
EIN 93-0995453
Form 990, part II, line 22 - Grants and Allocations
December 31, 2005

No grant recipients are related to Fanconi Anemia Research Fund or its officers or directors

RESEARCH GRANTS AWARDED AND PAID IN 2005

PAYMENT DATE	RESEARCHER	INSTITUTION	TITLE OF GRANT	AMOUNT
3/22/2005	Brakenhoff, Ruud	VU Medical Center, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,233
4/5/2005	Kelly, Patrick and David Williams	Cincinnati Children's Medical Center, Cincinnati, OH	Gene Transfer for Patients with FA Genotype A	25,299
4/13/2005	Rose, Susan	Cincinnati Children's Medical Center, Cincinnati, OH	Thyroid Hormone in Children with FA	15,896
4/26/2005	Haneline, Laura	Indiana University School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCL/- HSC Function	22,102
5/20/2005	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,233
5/20/2005	Haneline, Laura	Indiana University School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCL/- HSC Function	22,102
6/28/2005	Kelly, Patrick and David Williams	Cincinnati Children's Medical Center, Cincinnati, OH	Gene Transfer for Patients with FA Genotype A	25,299
6/28/2005	DeWinter, Johan	VU Medical Center, Amsterdam, The Netherlands	A Knock-out Mouse for Fanem	24,000
7/11/2005	Lehnten, Duane and Thomas Hollis	Wake Forest University School of Medicine, Winston-Salem, NC	Crystallographic Studies of the FANCL Protein	16,000
8/26/2005	Haneline, Laura	University of Indiana, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCL/- HSC Function	22,102
8/31/2005	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,233
9/9/2005	Tonnies, Holger and Heidemann Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
9/15/2005	DeWinter, Johan	VU Medical Center, Amsterdam, The Netherlands	A Knock-out Mouse for Fanem	24,000
9/28/2005	Lehnten, Duane and Thomas Hollis	Wake Forest University School of Medicine, Winston-Salem, NC	Crystallographic Studies of the FANCL Protein	16,000
9/28/2005	Kelly, Patrick and David Williams	Cincinnati Children's Medical Center, Cincinnati, OH	Gene Transfer for Patients with FA Genotype A	25,299
11/22/2005	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,233
11/22/2005	Haneline, Laura	Indiana University School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCL/- HSC Function	22,102
11/22/2005	Tonnies, Holger and Heidemann Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
			Less refund of grants awarded in 1998	(300)
			Less change in prior year grant awards to be paid in future years	(2,470)

TOTAL GRANTS AWARDED AND PAID IN 2005
415,785
RESEARCH GRANTS AWARDED IN 2005 TO BE PAID IN 2006.

PAYMENT DATE	RESEARCHER	INSTITUTION	TITLE OF GRANT	AMOUNT
	Lehnten, Duane and Thomas Hollis	Wake Forest University School of Medicine, Winston-Salem, NC	Crystallographic Studies of the FANCL Protein	16,000
	DeWinter, Johan	VU Medical Center, Amsterdam, The Netherlands	A Knock-out Mouse for Fanem	24,000
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	27,502

FANCONI ANEMIA RESEARCH FUND

EIN 93-0995453

Form 990, part II, line 22 - Grants and Allocations

December 31, 2005

No grant recipients are related to Fanconi Anemia Research Fund or its officers or directors

RESEARCH GRANTS AWARDED AND PAID IN 2005

PAYMENT DATE	RESEARCHER	INSTITUTION	TITLE OF GRANT	AMOUNT
	Kelly, Patrick and David Williams	Cincinnati Children's Medical Center, Cincinnati, OH	Gene Transfer for Patients with FA Genotype A	25,299
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	18,838
	Joenje, Hans	VU Medical Center, Amsterdam, The Netherlands	Cloning and Partial Characterization of FANCI and FANCI (Second Year)	35,016
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	18,839
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	11,312
	Tonnies, Holger and Heidemann Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Haneline, Laura	Indiana University School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCI/- HSC Function	22,102
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	20,239
	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,232
	Lehnten, Duane and Thomas Hollis	Wake Forest University School of Medicine, Winston-Salem, NC	Crystallographic Studies of the FANCL Protein	16,000
	DeWinter, Johan	VU Medical Center, Amsterdam, The Netherlands	A Knock-out Mouse for Fancm	24,000
	Rose, Susan	Cincinnati Children's Medical Center, Cincinnati, OH	Thyroid Hormone in Children with FA	15,896
	Joenje, Hans	VU Medical Center, Amsterdam, The Netherlands	Cloning and Partial Characterization of FANCI and FANCI (Second Year)	35,015
	Tonnies, Holger and Heidemann Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	20,239
	Haneline, Laura	University of Indiana, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCI/- HSC Function	22,101
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	18,839
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	11,311
	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,232
	Joenje, Hans	VU Medical Center, Amsterdam, The Netherlands	Cloning and Partial Characterization of FANCI and FANCI (Second Year)	35,015
	Tonnies, Holger and Heidemann Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Haneline, Laura	University of Indiana School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANCI/- HSC Function	22,101
	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,232
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	20,239
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	18,839
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	11,311
	Joenje, Hans	VU Medical Center Amsterdam, The Netherlands	Cloning and Partial Characterization of FANCI and FANCI (Second Year)	35,015

FANCONI ANEMIA RESEARCH FUND

EIN 93-0995453

Form 990, part II, line 22 - Grants and Allocations

December 31, 2005

No grant recipients are related to Fanconi Anemia Research Fund or its officers or directors

RESEARCH GRANTS AWARDED AND PAID IN 2005

PAYMENT DATE	RESEARCHER	INSTITUTION	TITLE OF GRANT	AMOUNT
	Tonnies, Holger and Heidemarie Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Haneline, Laura	University of Indiana School of Medicine, Indianapolis, IN	Preclinical Analysis of Potential Therapeutic Agents Targeted to Enhance FANC-/- HSC Function	22,101
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	19,405
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	21,022
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	7,500
	Brakenhoff, Ruud	St. Keel-Neus-Oorheekunde, Amsterdam, The Netherlands	Genetic Progression of FA-SCC and Development of a Non-Invasive Screening Method for Precursor Lesions	33,232

TOTAL GRANTS AWARDED IN 2005 TO BE PAID IN 2006
778,868
RESEARCH GRANTS AWARDED IN 2005 TO BE PAID IN 2007.

PAYMENT DATE	RESEARCHER	INSTITUTION	TITLE OF GRANT	AMOUNT
	Tonnies, Holger and Heidemarie Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	21,022
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	19,404
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	7,500
	Rose, Susan	Cincinnati Children's Medical Center, Cincinnati, OH	Thyroid Hormone in Children with FA	15,895
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	21,022
	Tonnies, Holger and Heidemarie Neitzel	Humboldt University, Berlin, Germany	Multi-Center Study for Correlating the Clinical Data with Clonal Aberrations in Mononuclear Peripheral Blood Cells of FA	12,711
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	19,404
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	7,500
	Fagerlie, Sara	Fred Hutchinson Cancer Research Center, Seattle, WA	Establishing an FA Canine Model	7,500
	Richards, Sue	Oregon Health & Science University, Portland, OR	Development of a Comprehensive Clinical Program for FA Diagnosis A Molecular Approach	21,022
	Howlett, Niall and Thomas Glover	University of Michigan School of Medicine, Ann Arbor, MI	Role of the FA Pathway in the DNA Replication Stress Response	19,404

TOTAL GRANTS AWARDED IN 2005 TO BE PAID IN 2007
185,095
TOTAL GRANTS APPROVED BUT NOT PAID IN 2005
963,963
TOTAL GRANTS AWARDED IN 2005
1,379,748

FORM 990	OTHER INVESTMENTS	STATEMENT	8
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DESCRIPTION	VALUATION METHOD	AMOUNT
CERTIFICATES OF DEPOSIT	MARKET VALUE	4,062,141.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		4,062,141.

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	9
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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.	2,871.	24.
FULLY DEPRECIATED EQUIPMENT	2,705.	2,705.	0.
CONFERENCE TELEPHONES	747.	747.	0.
VIDEO PRODUCTION	39,864.	39,864.	0.
LAPTOP COMPUTER	1,849.	1,727.	122.
COMPUTER	899.	795.	104.
MICROSOFT WINDOWS 2000 SERVER	511.	451.	60.
COMPUTER MONITOR & DATABASE	901.	780.	121.
TRADESHOW DISPLAY BOARD	575.	355.	220.
COMPUTER HARDWARE	504.	438.	66.
RICOH AFICIO 1060 DIGITAL COPIER SYSTEM	16,245.	8,393.	7,852.
DELL LATITUDE D505	1,662.	581.	1,081.
HP LASERJET 4250/4350 SERIES	2,378.	516.	1,862.
TOTAL TO FORM 990, PART IV, LN 57	112,764.	101,193.	11,571.

FORM 990	OTHER REVENUE NOT INCLUDED ON FORM 990	STATEMENT	10
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DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	35,737.
TOTAL TO FORM 990, PART IV-A	35,737.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 11
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DESCRIPTION	AMOUNT
FAMILY FUNDRAISING EVENT EXPENSES NETTED AGAINST INCOME	35,737.
TOTAL TO FORM 990, PART IV-B	35,737.

FORM 990	PART V - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES	STATEMENT 12
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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 1.00	0.	0.	0.
DAVID FROHNMAYER 1801 WILLAMETTE STREET EUGENE, OR 97401	VICE-PRESIDENT 5.00	0.	0.	0.
KEVIN MCQUEEN 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1.00	0.	0.	0.
RUBY BROCKETT 1801 WILLAMETTE STREET EUGENE, OR 97401	SECRETARY/TREASURER 1.00	0.	0.	0.
DEANE MARCHBEIN 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1.00	0.	0.	0.
PETER VON HIPPEL 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1.00	0.	0.	0.
ROBERT SACKS 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1.00	0.	0.	0.
MICHAEL VANGEL 1801 WILLAMETTE STREET EUGENE, OR 97401	BOARD MEMBER 1.00	0.	0.	0.

MARY ELLEN EILER
1801 WILLAMETTE STREET
EUGENE, OR 97401

EXECUTIVE DIRECTOR

40.00

72,658.

4,607.

0.

MARK PEARL
1801 WILLAMETTE STREET
EUGENE, OR 97401

BOARD MEMBER

1.00

0.

0.

0.

TOTALS INCLUDED ON FORM 990, PART V

72,658.

4,607.

0.

SCHEDULE A

OTHER INCOME

STATEMENT 13

DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
MISCELLANEOUS	0.	2,537.	4,030.	38,302.
TOTAL TO SCHEDULE A, LINE 22	0.	2,537.	4,030.	38,302.

Depreciation and Amortization 990
(Including Information on Listed Property)

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

OMB No 1545-0172

2005

Attachment
Sequence No 67

FANCONI ANEMIA RESEARCH FUND, INC

FORM 990 PAGE 2

93-0995453

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	105,000.
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	420,000.
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 2004 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 2006 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 allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	5,252.

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 2005	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2005 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	
i Nonresidential real property	/		39 yrs	MM	S/L	

Section C - Assets Placed in Service During 2005 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	5,252.
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 the instructions for limits for passenger automobiles)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ 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
25 Special allowance for certain aircraft, certain property with a long production period, and qualified NYL or GO Zone property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use.								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 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?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: 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
42 Amortization of costs that begins during your 2005 tax year					
43 Amortization of costs that began before your 2005 tax year				43	4,391.
44 Total. Add amounts in column (f). See the instructions for where to report				44	4,391.

CT-12**For Oregon Corporations
and Certain Trusts****Charitable Activities Section
Oregon Department of Justice**1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
E-Mail charitable.activities@doj.state.or.us
Web site http://www.doj.state.or.usVOICE (971) 673-1880
TDD (503) 378-5938
FAX (971) 673-1882

For Accounting Periods Beginning in

2005**Section I. General Information**

1 3396

FANCONI ANEMIA RESEARCH FUND
1801 WILLAMETTE STREET
EUGENE, OR 97401Cross Through Incorrect Items and Correct Here:
(See instructions for change of name or accounting period)

Registration #

Organization Name

Address

City, State, Zip

Phone 541-687-4658 Fax

Amended
Report?Period Beginning 01/01/05 Period Ending 12/31/05 ☐

- 2 Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes and any schedules presented as supplementary information to the basic financial statements ☒ Yes ☐ No
- 3 Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? ☐ Yes ☒ No
- If yes, write the name of the fund-raising firm(s) who conducts the campaign(s) _____
- 4 Has the organization or any officer, director, or executive personnel of the organization ever been involved in a voluntary agreement with any district attorney or attorney general or a legal action in any court regarding the organization's solicitation, administration, or management practices? If yes, attach copies of the agreement and a written explanation ☐ Yes ☒ No
- 5 During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service indicating a new or amended tax-exempt status? If yes, attach a copy of the amended document or letter ☐ Yes ☒ No
- 6 Is the organization ceasing operations and is this the final report? (If yes, see instructions) ☐ Yes ☒ No
- 7 Provide contact information for the person responsible for retaining the organization's records

Name	Position	Phone	Mailing Address
MARY ELLEN EILER	EXEC DIR	541-687-4658	1801 WILLAMETTE STREET EUGENE, OR 97401

- 8 List of Officers, Directors, Trustees and Key Employees - List each person who held one of these positions at any time during the year even if they did not receive any compensation from the organization. Attach additional sheets if necessary. If an IRS form is attached that includes substantially the same information, the phrase "See IRS Form" may be entered in lieu of completing this section.

(A) Name, daytime phone number & mailing address		(B) Title & average weekly hours devoted to position	(C) Compensation (If not paid, enter \$0)	(D) Contributions to benefit plans & deferred compensation	(E) Expense account & other allowances
Name:	SEE ATTACHED FORM 990				
Address:	-----				
Phone:	-----				
Name:	-----				
Address:	-----				
Phone:	-----				
Name:	-----				
Address:	-----				
Phone:	-----				

Form Continued

Section II. Fee Calculation

9 Total Revenue

(From Line 12 on Form 990, Line 9 on Form 990-EZ, Part I, Line 12a on Form 990-PF, Line 9 on Form 1041 or Form 1041-A, or see page 3 of the instructions if no federal tax return was prepared)

9. 1,712,334

10 Revenue Fee

(See chart below Minimum fee is \$10, even if total revenue is a negative amount)

Amount on Line 17	Revenue Fee
\$0 - \$24,999	\$10
\$25,000 - \$49,999	\$25
\$50,000 - \$99,999	\$45
\$100,000 - \$249,999	\$75
\$250,000 - \$499,999	\$100
\$500,000 - \$749,999	\$135
\$750,000 - \$999,999	\$170
\$1,000,000 or more	\$200

10 200

11 Net Assets or Fund Balances at End of the Reporting Period

(From Line 21 on Form 990 or Form 990-EZ, or Part III, Line 6 on Form 990-PF, or see page 4 to calculate)

11 3,747,138

12 Net Fixed Assets Used to Conduct Charitable Activities

(Generally, from Line 57c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF, or see page 4 to calculate See instructions if organization owns income-producing assets)

12 11,571

13 Amount Subject to Net Assets or Fund Balances Fee

(Line 11 minus Line 12 If Line 11 minus Line 12 is less than \$50,000, write \$0)

13 3,735,567

14 Net Assets or Fund Balances Fee

(Line 13 multiplied by .0001 If the fee is less than \$5, enter \$0 Not to exceed \$1,000 Round cents to the nearest whole dollar)

14 374

15 Delinquency Penalty

(If report is submitted after the due date, the delinquency penalty is \$20)

15

16 Total Amount Due

(Add Lines 10, 14, and 15 Make check payable to the Oregon Department of Justice)

16 574

17. Attach a copy of the organization's federal tax return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B Also, if the organization did not file with the IRS, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization is required to complete certain IRS Forms for Oregon purposes only If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only"

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete



[Signature]

Signature of officer

3-28-06

Date

[Signature]

Title

Paid Preparer's Use Only



[Signature]

Preparer's signature

3-13-06

Date

541-686-1040

Phone

[Signature]

Preparer's name

975 OAK STREET, SUITE 500

Address EUGENE, OR 97401

Form CHAR500 <small>This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)</small>	Annual Filing for Charitable Organizations New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section 120 Broadway New York, NY 10271 www.oag.state.ny.us/charities/charities.html	2005 Open to Public Inspection
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1. General Information			
a For the fiscal year beginning (mm/dd/yyyy) <u>01/01</u> / 2005 and ending (mm/dd/yyyy) <u>12/31/2005</u>			
b Check if applicable for NYS <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c Name of organization FANCONI ANEMIA RESEARCH FUND, INC.		d Fed employer ID no (EIN) (##-####-####) 93-0995453
	e NY State registration no (##-##-##) 16-44-78		
	Number and street (or P O box if mail not delivered to street address) 1801 WILLAMETTE STREET	Room/suite 200	f Telephone number 541-687-4658
	City or town, state or country and zip + 4 EUGENE, OR 97401		g Email

2. Certification - Two Signatures Required			
We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.			
a. President or Authorized Officer/Trustee	Signature	Printed Name	Title
b. Chief Financial Officer or Treasurer	Signature	Printed Name	Title
	Date	Date	Date

3. Annual Report Exemption Information	
a. Article 7-A annual report exemption (Article 7-A registrants and dual registrants) Check <input type="checkbox"/> if total contributions from NY State (including residents, foundations, corporations, government agencies, etc) did not exceed \$25,000 <u>and</u> the organization did not use the services of a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year NOTE: An organization may also check the box to claim this exemption if no PFR or FRC was used <u>and</u> either 1) the organization received an allocation from a federated fund, United Way or incorporated community appeal <u>and</u> contributions from all other sources did not exceed \$25,000 <u>or</u> 2) it received all or substantially all of its contributions from a single government agency to which it submitted an annual financial report similar to that required by Article 7-A)	
b. EPTL annual report exemption (EPTL registrants and dual registrants) Check <input type="checkbox"/> if total gross receipts for this fiscal year did not exceed \$25,000 <u>and</u> the assets (market value) of the organization did not exceed \$25,000 at any time during this fiscal year	
For EPTL or Article 7-A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above. Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.	

4. Article 7-A Schedules	
If you did not check the Article 7-A annual report exemption above, complete the following for this fiscal year.	
a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? * If "Yes", complete Schedule 4a.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No
b. Did the organization receive government contributions (grants)? * If "Yes", complete Schedule 4b.	<input type="checkbox"/> Yes* <input checked="" type="checkbox"/> No

5. Fee Submitted: See last page for summary of fee requirements.	
Indicate the filing fee(s) you are submitting along with this form	
a. Article 7-A filing fee \$ <u>10</u> b. EPTL filing fee \$ <u>0</u> c. Total fee \$ <u>10</u>	Submit only one check or money order for the total fee, payable to "NYS Department of Law"

6. Attachments: For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments

- Mail completed form with required schedules, fee and attachments to the address at the top of this page -

5. Fee Instructions

The filing fee depends on the organization's Registration Type For details on Registration Type and filing fees, see the Instructions for Form CHAR500

Organization's Registration Type Fee Instructions

- **Article 7-A** Calculate the Article 7-A filing fee using the table in **part a** below The EPTL filing fee is \$0
- **EPTL** Calculate the EPTL filing fee using the table in **part b** below The Article 7-A filing fee is \$0
- **Dual** Calculate both the Article 7-A and EPTL filing fees using the tables in **parts a and b** below Add the Article 7-A and EPTL filing fees together to calculate the total fee Submit a single check or money order for the total fee

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments—Document Attachment Check-List

Check the boxes for the documents you are attaching.

For All Filers

Filing Fee

- ☒ Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

- | | | |
|--|--|--|
| <input checked="" type="checkbox"/> IRS Form 990 | <input type="checkbox"/> IRS Form 990-EZ | <input type="checkbox"/> IRS Form 990-PF |
| <input checked="" type="checkbox"/> Schedule A to IRS Form 990 | <input type="checkbox"/> Schedule A to IRS Form 990-EZ | |
| <input checked="" type="checkbox"/> Schedule B to IRS Form 990 | <input type="checkbox"/> Schedule B to IRS Form 990-EZ | <input type="checkbox"/> Schedule B to IRS Form 990-PF |
| <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T | <input type="checkbox"/> IRS Form 990-T |

Additional Article 7-A Document Attachment Requirement

Independent Accountant's Report

- ☐ Audit Report (total support & revenue more than \$250,000)
- ☐ Review Report (total support & revenue \$100,001 to \$250,000)
- ☒ No Accountant's Report Required (total support & revenue not more than \$100,000)