Form **990**

Return of Organization Exempt From Income Tax

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

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

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization: NATIONAL HEMOPHILIA FOUNDATION

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) / Room/suite: 116 WEST 32ND STREET, 11TH FL

City or town, state or country, and ZIP + 4: NEW YORK, NY 10001

D Employer identification number: 13-5641857

E Telephone number: 212-328-3700

G Gross receipts $ 13,613,574.

F Name and address of principal officer: VAL BIAS SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes [X] No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HEMOPHILIA.ORG

H(c) Group exemption number ▶

K Form of organization: [X] Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1948 M State of legal domicile: NY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: DEDICATED TO FINDING BETTER TREATMENTS AND CURES FOR BLEEDING AND CLOTTING DISORDERS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	435
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,228,889.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	147,971.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	8,872,565.	9,705,585.
	9	Program service revenue (Part VIII, line 2g)	1,444,682.	1,578,161.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	110,765.	224,923.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	384,769.	648,884.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,812,781.	12,157,553.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	850,483.	657,896.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,953,826.	4,709,131.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 434,336.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	5,242,588.	5,511,214.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,046,897.	10,878,241.
	19	Revenue less expenses. Subtract line 18 from line 12	765,884.	1,279,312.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	10,291,209.	13,060,987.
	21	Total liabilities (Part X, line 26)	4,683,187.	5,854,452.
	22	Net assets or fund balances. Subtract line 21 from line 20	5,608,022.	7,206,535.

Part II Signature Block

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.

Sign Here

▶ Signature of officer — Date

▶ VAL BIAS, CHIEF EXECUTIVE OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: THERESA DOMINIANNI

Preparer's signature: Theresa Dominianni

Date: 8/14/12

Check ☐ if self-employed

PTIN: P00252682

Firm's name ▶ WISS & COMPANY, LLP

Firm's EIN ▶ 22-1732349

Firm's address ▶ 354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039

Phone no. 973-994-9400

May the IRS discuss this return with the preparer shown above? (see instructions) [X] Yes ☐ No

Form **8879-EO**

Department of the Treasury
Internal Revenue Service

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2011, or fiscal year beginning ____________, 2011, and ending ____________, 20 __

▶ Do not send to the IRS. Keep for your records.
▶ See instructions.

OMB No. 1545-1878

2011

Name of exempt organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number: 13-5641857

Name and title of officer
VAL BIAS
CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a,** or **5a,** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b,** or **5b,** whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ [X]	b **Total revenue,** if any (Form 990, Part VIII, column (A), line 12)	1b	12157553
2a Form 990-EZ check here ▶ [ ]	b **Total revenue,** if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here ▶ [ ]	b **Total tax** (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ [ ]	b **Tax based on investment income** (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ [ ]	b **Balance Due** (Form 8868, Part I, line 3c or Part II, line 8c)	5b	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize WISS & COMPANY, LLP (ERO firm name) to enter my PIN 10001 (Enter five numbers, but do not enter all zeros)

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[ ] As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ ____________ Date ▶ 8/6/12

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 22635907039 (do not enter all zeros)

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163,** Modernized e-File (MeF) Information for Authorized IRS *e-file* Providers for Business Returns.

ERO's signature ▶ ____________ Date ▶ ____________

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:
THE NATIONAL HEMOPHILIA FOUNDATION IS DEDICATED TO FINDING BETTER TREATMENTS AND CURES FOR BLEEDING AND CLOTTING DISORDERS AND TO PREVENT THE COMPLICATIONS OF THESE DISORDERS THROUGH EDUCATION, ADVOCACY AND RESEARCH. THE FOUNDATION AND OTHER INDEPENDENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses $ 4,864,024. including grants of $ 94,580.) (Revenue $ 349,272.)
HEALTH EDUCATION AND TRAINING - THROUGH HANDI, NHF'S INFORMATION RESOURCE CENTER, CLOSE TO 4,000 REQUESTS WERE ANSWERED IN 2011. THESE REQUESTS WERE RECEIVED FROM PATIENTS, FAMILIES, HEALTHCARE PROVIDERS AND THE GENERAL PUBLIC ON SUCH TOPICS AS HEMOPHILIA, VON WILLEBRAND DISEASE, HEALTHCARE COVERAGE, HEPATITIS C, HIV, INHIBITOR FORMATION AND SCHOOL ISSUES. IN CONJUNCTION WITH CDC AND MACRO INTERNATIONAL, HANDI INITIATED FOCUS GROUPS TO LEARN WHAT TYPE OF INFORMATIONAL TOOLS AND EDUCATION TEENS NEED TO SUPPLEMENT THE LACK OF INFORMATION THAT IS AVAILABLE IN THE HANDI LIBRARY. THE RESULTS OF THE FOCUS GROUPS PROMPTED THE CREATION OF 2 VIDEOS, ONE ON DISCLOSURE AND THE OTHER ON PARTICIPATING IN SPORTS ACTIVITIES. THESE VIDEOS WILL BE PRESENTED AT THE CDC BLOOD DISORDERS CONFERENCE ON MARCH 13, 2013.

4b (Code:) (Expenses $ 1,781,547. including grants of $ 94,132.) (Revenue $)
CHAPTER SERVICES- NHF'S CHAPTER SERVICES DEPARTMENT PROVIDES COMMUNITY SUPPORT BY HELPING ITS 49 MEMBER CHAPTERS OFFER EDUCATION, RESOURCES AND REFERRALS TO AFFECTED MEMBERS OF THE BLEEDING DISORDERS COMMUNITY IN THE AREAS THAT EACH CHAPTER SERVES. CHAPTER SERVICES OFFERS THE CHAPTERS FINANCIAL SUPPORT IN THE FORM OF GRANTS AND PAYS FOR CERTAIN MEETING-RELATED COSTS, SUCH AS REGISTRATION FEES, TRAVEL AND HOTEL EXPENSES. THE DEPARTMENT MENTORS CHAPTER LEADERS ON HOW TO CREATE, RUN AND EVALUATE EDUCATIONAL PROGRAMS DESIGNED FOR PEOPLE WITH BLEEDINGS DISORDERS IN THEIR COMMUNITY. CHAPTER SERVICES ALSO ASSISTS CHAPTERS IN DELIVERING ADVOCACY PROGRAMS FOR THEIR CONSTITUENTS AND TEACHES CHAPTERS HOW TO EDUCATE STATE LEGISLATORS ON THE ISSUES OF THE BLEEDING DISORDERS COMMUNITY. IN 2011 CHAPTER SERVICES HELD THREE REGIONAL

4c (Code:) (Expenses $ 1,663,251. including grants of $ 0.) (Revenue $)
COMMUNITY SERVICES- NHF'S PUBLIC POLICY DEPARTMENT WORKS TO ESTABLISH AND ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND ACCESS TO CARE FOR PEOPLE WITH BLEEDING DISORDERS BY WORKING WITH FEDERAL AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIES AND OFFICIALS, THE MEDIA, INDUSTRY AND ALLIED ORGANIZATIONS. TWO KEY INITIATIVES OF THE DEPARTMENT ARE THE NATIONAL ADVOCACY EMPOWERMENT PROGRAM (NAEP) AND WASHINGTON DAYS. THE NAEP PROVIDES TRAINING, TOOLS AND SUPPORT TO ASSIST CONSUMERS IN BECOMING EFFECTIVE ADVOCATES. WASHINGTON DAYS IS NHF'S ANNUAL GRASSROOTS EVENT THAT BRINGS PATIENTS AND THEIR FAMILIES TO WASHINGTON, DC, TO MEET WITH MEMBERS OF CONGRESS.
NHF'S BIMONTHLY MAGAZINE, HEMAWARE, WON 3 MAJOR PUBLISHING AWARDS IN 2011. NHF MANAGES 5 DISTINCT WEB SITES: HEMOPHILIA.ORG, STEPS FOR

4d Other program services (Describe in Schedule O.)
(Expenses $ 969,970. including grants of $ 469,184.) (Revenue $)

4e **Total program service expenses ▶** 9,278,792.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	76		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	47		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		X	
4a	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)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?	13a			
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

Form **990** (2011)

132005
01-23-12

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	15		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶
JORDANA ZEGER - 212-328-3700
116 WEST 32ND STREET, 11TH FL, NEW YORK, NY 10001

SEE SCHEDULE O FOR FULL LIST OF STATES

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
STEPHEN BENDER CHAIR	10.00	X		X				0.	0.	0.
SHANNON PENBERTHY VICE-CHAIR	10.00	X		X				0.	0.	0.
EILEEN F. BOSTWICK, PH.D. SECRETARY	10.00	X		X				0.	0.	0.
JORGE DE LA RIVA TREASURER	10.00	X		X				0.	0.	0.
JILL R. BIRDWHISTELL, PH.D. DIRECTOR	10.00	X						0.	0.	0.
TODD M. PFEIL, ESQ. 3/2011 DIRECTOR	10.00	X						0.	0.	0.
ADAM WILMERS DIRECTOR	10.00	X						0.	0.	0.
BARBARA GORDON DIRECTOR	10.00	X						0.	0.	0.
DANIELLE NANCE, MD DIRECTOR	10.00	X						0.	0.	0.
KENNETH TRADER DIRECTOR	10.00	X						0.	0.	0.
CRAIG KESSLER, M.D. CHAIR,MASAC-NON-VOTING	10.00	X						0.	0.	0.
GILBERT C. WHITE, II, MD DIRECTOR	10.00	X						0.	0.	0.
STEVE HELM DIRECTOR	10.00	X						0.	0.	0.
KEITH MOORE DIRECTOR	10.00	X						0.	0.	0.
DUTTA SATADIP DIRECTOR	10.00	X						0.	0.	0.
CAROL SIMONETTI DIRECTOR	10.00	X						0.	0.	0.
DAVE STERNBERG DIRECTOR	10.00	X						0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
VAL BIAS CEO	40.00			X				263,031.	0.	53,306.
JORDANA ZEGER S.V.P. FOR FINANCE AND ADMINISTRATIO	40.00				X			170,559.	0.	24,015.
JOSEPH KLEIBER V.P. FOR CHAPTER SERVICE	40.00				X			170,941.	0.	35,720.
MARY ANN LUDWIG V.P. OF DEVELOPMENT	40.00					X		204,926.	0.	30,001.
NEIL FRICK V.P. OF RESEARCH & MEDICAL	40.00					X		129,647.	0.	22,003.
JOHN INDENCE V.P. OF MARKETING AND COMM	40.00					X		128,976.	0.	19,935.
CHRISTA DARDAGANIAN DIRECTOR OF EDUCATION	40.00					X		123,179.	0.	4,208.
SANDRA ROTELLINI DIRECTOR OF CHAPTER SERVICES	40.00					X		103,059.	0.	14,907.
1b Sub-total ▶								1,294,318.	0.	204,095.
c Total from continuation sheets to Part VII, Section A ▶								0.	0.	0.
d Total (add lines 1b and 1c) ▶								1,294,318.	0.	204,095.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 9

		Yes	No
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
THE MAGAZINE GROUP, 1707 L STREET NW, 3RD FLOOR, WASHINGTON, DC 20036	PRODUCTION OF HEMAWARE	342,390.
MILLENIUM TECHNOLOGY, 850 SEVENTH AVENUE, PH-B, NEW YORK, NY 10019	COMPUTER DATABASE MAINT & IT ISSUES	221,889.
INTEGRATED PUBLISHING SALES 519 SPICEBUSH LANE, CHARGIN FALLS, OH 44023	ADVERTISING SPACE FOR HEMAWARE	152,529.

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts						
1 a Federated campaigns	1a	29,741.				
b Membership dues	1b					
c Fundraising events	1c					
d Related organizations	1d	85,437.				
e Government grants (contributions)	1e	916,861.				
f All other contributions, gifts, grants, and similar amounts not included above	1f	8,673,546.				
g Noncash contributions included in lines 1a-1f: $ 2,742.						
h **Total.** Add lines 1a-1f ▶			9,705,585.			
Program Service Revenue		Business Code				
2 a ADVERTISING		541800	1,228,889.		1228889.	
b EDUCATIONAL SEMINARS		611710	343,205.	343,205.		
c PUBLICATIONS		900099	6,067.	6,067.		
d						
e						
f All other program service revenue						
g **Total.** Add lines 2a-2f ▶			1,578,161.			
Other Revenue						
3 Investment income (including dividends, interest, and other similar amounts) ▶			157,760.			157,760.
4 Income from investment of tax-exempt bond proceeds ▶						
5 Royalties ▶						
	(i) Real	(ii) Personal				
6 a Gross rents						
b Less: rental expenses						
c Rental income or (loss)						
d Net rental income or (loss) ▶						
7 a Gross amount from sales of assets other than inventory	(i) Securities 1031160.	(ii) Other				
b Less: cost or other basis and sales expenses	963,997.					
c Gain or (loss)	67,163.					
d Net gain or (loss) ▶			67,163.			67,163.
8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a	1140908.				
b Less: direct expenses	b	492,024.				
c Net income or (loss) from fundraising events ▶			648,884.			648,884.
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities ▶						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory ▶						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e **Total.** Add lines 11a-11d ▶						
12 **Total revenue.** See instructions. ▶			12157553.	349,272.	1228889.	873,807.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	657,896.	657,896.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	717,574.	565,133.	110,619.	41,822.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,104,665.	2,445,112.	478,607.	180,946.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	176,298.	154,419.	9,994.	11,885.
9 Other employee benefits	421,242.	388,666.	10,342.	22,234.
10 Payroll taxes	289,352.	259,140.	14,925.	15,287.
11 Fees for services (non-employees):				
a Management				
b Legal	221,228.	116,552.	104,676.	
c Accounting	68,162.		67,335.	827.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	841,279.	730,680.	101,545.	9,054.
12 Advertising and promotion				
13 Office expenses	128,435.	103,234.	12,787.	12,414.
14 Information technology				
15 Royalties				
16 Occupancy	445,713.	376,036.	38,863.	30,814.
17 Travel	2,387,947.	2,326,123.	44,284.	17,540.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	9,344.	7,330.	1,461.	553.
23 Insurance	33,580.		33,580.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a STATIONERY AND PRINTING	552,254.	538,443.	2,384.	11,427.
b EQUIPMENT RENTAL	468,592.	412,999.	34,472.	21,121.
c POSTAGE AND SHIPPING	96,320.	89,724.	913.	5,683.
d TELEPHONE	82,780.	75,728.	2,957.	4,095.
e All other expenses	175,580.	31,577.	95,369.	48,634.
25 **Total functional expenses.** Add lines 1 through 24e	10,878,241.	9,278,792.	1,165,113.	434,336.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	3,690,472.	1	6,458,726.
	2	Savings and temporary cash investments	420,093.	2	465,717.
	3	Pledges and grants receivable, net	503,445.	3	289,097.
	4	Accounts receivable, net	531,491.	4	643,451.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	100,482.	9	116,475.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 1,359,983.			
	b	Less: accumulated depreciation — 10b: 1,331,754.	37,573.	10c	28,229.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	5,007,653.	12	5,059,292.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	10,291,209.	16	13,060,987.
Liabilities	17	Accounts payable and accrued expenses	2,054,502.	17	1,610,581.
	18	Grants payable		18	
	19	Deferred revenue	2,628,685.	19	4,243,871.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	4,683,187.	26	5,854,452.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	3,081,565.	27	4,673,040.
	28	Temporarily restricted net assets	2,276,457.	28	2,283,495.
	29	Permanently restricted net assets	250,000.	29	250,000.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	5,608,022.	33	7,206,535.
	34	Total liabilities and net assets/fund balances	10,291,209.	34	13,060,987.

Form **990** (2011)

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Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,157,553.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,878,241.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,279,312.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,608,022.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	319,201.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,206,535.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other ______ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization	Employer identification number
NATIONAL HEMOPHILIA FOUNDATION	13-5641857

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 [ ] A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 [ ] A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: ______
5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 [ ] A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 [ ] 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 exempt 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).** (Complete Part III.)
10 [ ] An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a [ ] Type I b [ ] Type II c [ ] Type III - Functionally integrated d [ ] Type III - Other

e [ ] By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box [ ]

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

Schedule A (Form 990 or 990-EZ) 2011

132021
01-24-12

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6836369.	7292490.	4994445.	8197715.	9705585.	37026604.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	6836369.	7292490.	4994445.	8197715.	9705585.	37026604.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16561257.
6 **Public support.** Subtract line 5 from line 4.						20465347.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	6836369.	7292490.	4994445.	8197715.	9705585.	37026604.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	279,383.	207,955.	83,065.	162,097.	157,760.	890,260.
9 Net income from unrelated business activities, whether or not the business is regularly carried on					147,971.	147,971.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1480725.	1335331.	650,680.	319,600.	343,205.	4129541.
11 **Total support.** Add lines 7 through 10						42194376.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 1,835,154.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 48.50 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 51.13 %

16a **33 1/3% support test - 2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**

OMB No. 1545-0047

2011

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number: 13-5641857

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BAXTER HEALTHCARE CORPORATION ONE BAXTER PARKWAY DEERFIELD, IL 60015	$ 1,636,445.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
2	BAYER CORPORATION 100 BAYER ROAD PITTSBURGH, PA 15205	$ 567,589.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
3	CSL BEHRING LLC 1020 FIRST AVENUE KING OF PRUSSIA, PA 19406	$ 779,884.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
4	DEPT OF HEALTH/HUMAN SVC, CDC AND PREVENTION 200 INDEPENDENCE AVE, S.W. WASHINGTON, DC 20201	$ 916,861.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
5	GRIFOLS USA LLC 2410 LILLYVALE AVENUE LOS ANGELES, CA 90032	$ 325,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
6	NOVO NORDISK 100 COLLEGE ROAD WEST PRINCETON, NJ 08540	$ 2,852,577.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
NATIONAL HEMOPHILIA FOUNDATION	13-5641857

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	PFIZER 235 EAST 42ND STREET NEW YORK, NY 10017	$ 1,090,210.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
8	BIOGEN 5 SYLVAN WAY PARSIPANNY, NJ 07054	$ 332,250.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
NATIONAL HEMOPHILIA FOUNDATION	13-5641857

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization	Employer identification number
NATIONAL HEMOPHILIA FOUNDATION	13-5641857

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.**

OMB No. 1545-0047

2011

Open to Public Inspection

If the organization answered "Yes" to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
NATIONAL HEMOPHILIA FOUNDATION	13-5641857

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
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.

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2011

132042
01-27-12

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		25,394.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		211,069.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		20,116.
i Other activities?		X	
j Total. Add lines 1c through 1i			256,579.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1		
2 Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A; and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE PUBLIC POLICY DEPARTMENT WORKS TO ESTABLISH AND ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND ACCESS TO CARE FOR PERSONS WITH BLEEDING DISORDERS BY WORKING WITH FEDERAL AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIES AND OFFICIALS, INDUSTRY AND ALLIED ORGANIZATIONS. TWO KEY INITIATIVES OF THE DEPARTMENT ARE THE NATIONAL

Part IV Supplemental Information *(continued)*

ADVOCACY EMPOWERMENT PROGRAM (NAEP) AND WASHINGTON DAYS. THE NAEP PROVIDES TRAINING, TOOLS AND SUPPORT TO ASSIST CONSUMERS IN BECOMING EFFECTIVE ADVOCATES. WASHINGTON DAYS IS NHF'S ANNUAL GRASSROOTS EVENT WHICH BROUGHT PATIENTS TO DC TO MEET WITH MEMBERS OF CONGRESS.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION
Employer identification number: 13-5641857

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

- ☐ Preservation of land for public use (e.g., recreation or education)
- ☐ Preservation of an historically important land area
- ☐ Protection of natural habitat
- ☐ Preservation of a certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	268,750.	261,250.	257,500.	250,000.	
b Contributions					
c Net investment earnings, gains, and losses	2,585.	7,500.	3,750.	7,500.	
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	271,335.	268,750.	261,250.	257,500.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ .00 %

b Permanent endowment ▶ 92.14 %

c Temporarily restricted endowment ▶ 7.86 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		175,302.	156,704.	18,598.
d Equipment		1,184,681.	1,175,050.	9,631.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				28,229.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS	3,339,655.	END-OF-YEAR MARKET VALUE
(B) COMMON STOCKS	644,828.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	1,837.	END-OF-YEAR MARKET VALUE
(D) EXCHANGE TRADED EQUITY		
(E) FUNDS	1,072,972.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,059,292.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15.)* ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,157,553.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,878,241.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	1,279,312.
4	Net unrealized gains (losses) on investments	4	-106,464.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	425,665.
9	Total adjustments (net). Add lines 4 through 8	9	319,201.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,598,513.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	12,051,089.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	-106,464.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	-106,464.
3	Subtract line **2e** from line **1**			3	12,157,553.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total revenue. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 12.)*			5	12,157,553.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	10,878,241.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines **2a** through **2d**			2e	0.
3	Subtract line **2e** from line **1**			3	10,878,241.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b			
c	Add lines **4a** and **4b**			4c	0.
5	Total expenses. Add lines **3** and **4c**. *(This must equal Form 990, Part I, line 18.)*			5	10,878,241.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE FOUNDATION TEMPORARILY RESTRICTED $2,585 IN 2011 REPRESENTING INCOME FROM THE ENDOWMENT FUND TO BE USED FOR A RESEARCH GRANT. THE $21,335 UNDER TEMPORARILY RESTRICTED ASSETS REPRESENTS INCOME ACCUMULATION FROM INCEPTION JULY 1, 2008 TO DECEMBER 31, 2011.

PART X, LINE 2: THE FOLLOWING REPRESENTS THE FIN 48 FOONOTE DISCLOSURE INCLUDED IN THE COMPANY'S AUDITED FINANCIAL STATEMENTS FOR THE YEAR ENDED DECEMBER 31, 2011.

Part XIV Supplemental Information *(continued)*

ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION IS REQUIRED TO FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), WHICH IS SUBJECT TO EXAMINATION BY THE IRS UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. THE FORMS 990 FOR 2008 THROUGH 2010 ARE OPEN TO EXAMINATION BY THE IRS AS OF DECEMBER 31, 2011.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

NET ASSETS TRANSFERRED UPON DISSOLUTION OF CHAPTERS 425,665.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open To Public Inspection

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number: 13-5641857

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK-A-THON	SOIREE	NONE	
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	776,410.	364,498.		1,140,908.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	776,410.	364,498.		1,140,908.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	373,971.	118,053.		492,024.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(492,024.)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				648,884.

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				( )
	8 Net gaming income summary. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: ____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: ____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: ____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility 13a %

b An outside facility 13b %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ ________ and the amount of gaming revenue retained by the third party ▶ $ ________ .

c If "Yes," enter name and address of the third party:

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number 13-5641857

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF NORTH CAROLINA - 260 TOWN HILL DRIVE - MORRISVILLE, NC 27560	56-1273974	501(C)(3)	1,000.	0.			EDUCATION - AWARDS OF DISTINCTION
BLEEDING DISORDERS ALLIANCE ILLINOIS - 210 S. DESPLAINE - CHICAGO, IL 60661	36-2390156	501(C)(3)	1,000.	0.			EDUCATION - AWARDS OF DISTINCTION
HEMOPHILIA FOUNDATION OF INDIANA 5170 E. 65TH STREET; STE 106 INDIANAPOLIS, IN 46220	35-1278222	501(C)(3)	6,177.	0.			EDUCATION - VICTORY FOR WOMAN PROGRAM
NORTHERN OHIO HEMOPHILIA FOUNDATION; - 5000 ROCKSIDE RD, SUITE #230 - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	21,000.	0.			1.EDUCATION - VICTORY FOR WOMEN PROGRAM 2.STAFFING ASSISTANCE FOR CHAPTER
HEMOPHILIA OF ILLINOIS 210 S. DESPLAINE CHICAGO, IL 60661	36-2390156	501(C)(3)	980.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 WEST MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501(C)(3)	11,000.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 36.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2011)**

132101 01-27-12

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF SOUTHERN CALIFORNIA - 6720 MELROSE AVENUE - HOLLYWOOD, CA 90038	95-1916053	501(C)(3)	2,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
GREAT LAKES HEMOPHILIA FOUNDATION 638 NORTH 18TH STREET, SUITE 108 MILWAUKEE, WI 53233	23-7367636	501(C)(3)	6,411.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
YALE UNIVERSITY GRANTS & CONTRACTS FINANCIAL ADMINISTRATION - 155 WHITNEY AVE, RM 230 - NEW HAVEN, CT 06520-8250	06-0646973	501(C)(3)	50,000.	0.			CLINICAL RESEARCH FELLOWSHIP
CHILDREN'S HOSPITAL OF BOSTON P.P. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	100,000.	0.			CLINICAL RESEARCH FELLOWSHIP
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	42,000.	0.			JUDITH GRAHAM POOL POSTDOCTURAL FELLOWSHIP
UNIVERSITY OF MICHIGAN 3003 S STATE STREET, RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	75,000.	0.			CLINICAL RESEARCH FELLOWSHIP
UNC AT CHAPEL HILL 104 AIRPORT DR., STE 2200, CB# 1350 CHAPEL HILL, NC 22599-1350	56-6001393	501(C)(3)	20,754.	0.			JUDITH GRAHAM POOL-POSTDOCTURAL FELLOWSHIP
UNIVERSITY OF TEXAS- HOUSTON HEALTH SCIENCE - P.O.BOX 203382 - HOUSTON, TX 77216-3382	74-1761309	501(C)(3)	69,967.	0.			CAREER DEVELOPMENT RESEARCH AWARD
OKLAHOMA HEMOPHILIA FOUNDATION 720 W WILSHIRE BLVD, #101-B OKLAHOMA CITY, OK 73116	31-1566840	501(C)(3)	2,500.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MIDWEST HEMOPHILIA ASSOCIATION 1200 NW SOUTH OUTER RD, STE 319 BLUE SPRING, MO 64015	43-1595395	501(C)(3)	22,500.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
WESTERN PENNSYLVANIA CHAPTER - NHF 20411 RTE 19, UNIT 14 CRANBERRY TWSP, PA 16066	25-1359331	501(C)(3)	12,375.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
LOUISIANA HEMOPHILIA FOUNDATION 3636 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816-2285	51-0207472	501(C)(3)	11,115.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
HEMOPHILIA FOUNDATION OF NORTHERN CALIFORNIA - 6400 HOLLIS STREET, STE 6 - EMERYVILLE, CA 94608	94-1638703	501(C)(3)	5,000.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA OF NORTH CAROLINA 260 TOWN HILL DRIVE MORRISVILLE, NC 27560	56-1273974	501(C)(3)	4,244.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
BLEEDING DISORDER FOUNDATION OF WASHINGTON - 9639 FIRDALE AVENUE, STE. A.EDMONDS - WASHINGTON, WA 98020	91-6068857	501(C)(3)	5,000.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA FOUNDATION OF CAROLOINA 260 TOWN HALL DRIVE, SUITE A MORRISVILLE, NC 27560	56-1273974	501(C)(3)	7,833.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA FOUNDATION OF NEVADA 7473 W.LAKE MEAD BLVD. STE 100 LAS VEGAS, NV 89128	94-3149723	501(C)(3)	1,250.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
TORINO FOUNDATION 4455 WAGON TRAIL AVENUE LAS VEGAS, NV 89118	26-2255050	501(C)(3)	10,267.	0.			CHAPTER - NEVADA CAMP PROGRAM

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OKLAHOMA HEMOPHILIA FOUNDATION 720 W WILSHIRE BLVD, #101-B OKLAHOMA CITY, OK 73116	31-1566840	501(C)(3)	30,875.	0.			STAFFING ASSISTANCE FOR CHAPTER
BLOOD CENTER OF WISCONSIN INC P.O. BOX 78961 MILWAUKEE, WI 53278-0961	39-0807235	501(C)(3)	21,000.	0.			JUDITH GRAHAM POOL-POSTDOCTURAL FELLOWSHIP
CHILDREN'S HOSPITAL OF DENVER 13123 E. 16TH AVENUE AURORA, CO 80045	84-0813462	501(C)(3)	112,026.	0.			CLINICAL REASEARCH FELLOWSHIP
DMC EDUCATION & RESEARCH 4201 ST. ANTTOINE, 9C/UHC DETROIT, MI 48201-2018	38-2562709	501(C)(3)	25,000.	0.			CLINICAL RESEARCH FELLOWSHIP
HEMOPHILIA SOCIETY OF COLORADO 2465 SHERDAN BLVD EDGEWATER, CO 80214	84-0701132	501(C)(3)	2,000.	0.			EDUCATION - VICTORY FOR WOMEN PROGRAM
BOSTON HEMOPHILIA CENTER 75 FRANCIS STREET- MID CAMPUS SR-31 BOSTON, MA 02115	04-3466314	501(C)(3)	10,000.	0.			SOCIAL WORK EXCELLENCE FELLOWSHIP
HENRY FORD HEALTH SYSTEMS 2799 W.GRAND BLVD, K-13 HEM-ONC DETROIT, MI 48202	38-1357020	501(C)(3)	3,333.	0.			SOCIAL WORK EXCELLENCE AWARD
MICHIGAN STATE UNI. CENTER FOR BLEEDING DISORDER - 2900 HANNAH BLVD. STE 202 - EAST LANSING, MI 48823	38-6005984	501(C)(3)	2,570.	0.			NURSING EXCELLENCE FELLOWSHIP
NATIONWIDE CHILDREN'S HOSPITAL 700 CHILDREN'S DRIVE COLUMBUS, OH 43206	31-4379441	501(C)(3)	13,500.	0.			NURSING EXCELLENCE FELLOWSHIP

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OREGON HEALTH & SCIENCE UNIVERSITY 0690 SW BANCROFT PORTLAND, OR 97239	23-7083114	501(C)(3)	3,333.	0.			PHYSICAL THERAPY EXCELLENCE AWARD
DRDA-UNIVERSITY OF MICHIGAN 3003 S SOUTH STATE, RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	35,000.	0.			CAREER DEVELOPMENT RESEARCH AWARD
UNIVERSITY OF MICHIGAN 3003 STATE STREET, RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	21,000.	0.			JUDITH GRAHAM POOL-POSTDOCTURAL FELLOWSHIP

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAVEL ASSISTANCE TO FAMILIES INVTED TO ANNUAL MEETING	39	24,185.	0.		
KEVIN CHILD SCHOLARSHIP PROGRAM	1	1,000.	0.		
LACEY POWELL SCHOLARSHIP PROGRAM	1	2,500.	0.		
DANIELLE SCHWAGER SCHOLARSHIP PROGRAM	1	2,500.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: BASED ON THE NHF REQUIREMENTS ALL CHAPTERS THAT WERE AWARDED GRANTS PROVIDE QUARTERLY PROGRAM AND FINANCIAL REPORTS REGARDING THEIR GRANTS WITH US. ONLY AFTER SUBMISSION OF A QUARTERLY PROGRAM REPORT DESCRIBING THEIR PROGRESS IN COMPLETING DELINEATED TASKS AND COMPLETE FINANICIAL REPORTING WILL NHF RELEASE THE NEXT QUARTELY PAYMENT FOR THE GRANT RECIPIENTS. THE FINAL PAYMENT IS HELD UNTIL A FULL FINAL SUMMARY REPORT IS HANDED IN, ALL TASKS HAVE BEEN ADDRESSED AND FINANCIAL STATEMENTS RECONCILED (GRANTS TO CHAPTERS).

ALL GRANTEES FOR THE RESEARCH PROGRAMS MUST SUBMIT FINANCIAL REPORTS FROM

Part IV Supplemental Information

THEIR INSTITUTION STATING THE PAYMENTS HAVE BEEN RECEIVED AND EXPENSES INCURRED. DEPENDING UPON THE AWARD, THESE REPORTS ARE EITHER DUE ON A SEMI-ANNUAL OR ANNUAL BASIS. SUBSEQUENT PAYMENTS AND DECISIONS REGARDING CONTINUATION OF MULTI-YEAR GRANTS ARE DEPENDENT UPON ANNUAL RECEIPT, REVIEW AND APPROVAL OF BUDGETS, FINANCIAL REPORTS, CONTINUATION APPLICATIONS AND SCIENTIFIC PROGRESS REPORTS. AS A CONDITION OF THEIR AWARD, ALL GRANTEES SIGN AN AGREEMENT WITH NHF TO ABIDE BY OUR ORGANIZATION'S GRANT POLICIES AND PROCEDURES, WHICH ALSO INCLUDES A DESCRIPTION OF AUTHORIZED AND UNAUTHORIZED EXPENSES.

FORM 990, PART IX, LINE 2

ORGANIZATION AND GOVERNMENT GRANTS

THE DIFFERENCE BETWEEN THE TOTAL ORGANIZATION GRANTS OF $769,010 AND THE GRANTS EXPENSE OF $657,896 LISTED ON PART IX, LINE 2 REPRESENT REFUNDS RECEIVED FROM THE ORGANIZATIONS FOR FUNDS NOT USED.

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number: 13-5641857

Part I Questions Regarding Compensation

		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (e.g., maid, chauffeur, chef)			
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☐ Form 990 of other organizations ☒ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?	4a		X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?	5a		X
b Any related organization?	5b		X
If "Yes" to line 5a or 5b, describe in Part III.			
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?	6a		X
b Any related organization?	6b		X
If "Yes" to line 6a or 6b, describe in Part III.			
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule J (Form 990) 2011**

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01-23-12

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation (i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
1 VAL BIAS	(i)	263,031.	0.	0.	29,997.	23,309.	316,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 JORDANA ZEGER	(i)	170,559.	0.	0.	569.	23,446.	194,574.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 JOSEPH KLEIBER	(i)	170,941.	0.	0.	10,277.	25,443.	206,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 MARY ANN LUDWIG	(i)	204,926.	0.	0.	20,450.	9,551.	234,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 NEIL FRICK	(i)	129,647.	0.	0.	13,071.	8,932.	151,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 4B: PART I, LINE 4B: THE ORGANIZATION MAINTAINS A 457(B)

PLAN.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047
2011
Open to Public Inspection

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

Employer identification number: 13-5641857

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ORGANIZATIONS (MEMBER CHAPTERS) ACTIVELY COLLABORATE IN FURTHERING THE FOUNDATION'S MISSION THROUGHOUT THE UNITED STATES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

NHF ORGANIZED 2 INHIBITOR EDUCATION SUMMITS IN ENGLISH FOR PATIENTS AND FAMILIES EXPERIENCING THE COMPLICATION OF AN INHIBITOR. THE FIRST WAS JUNE 16-19, 2011, IN MIAMI, FL, WITH 97 FAMILIES ATTENDING AND 312 TOTAL PARTICIPANTS. THE SECOND WAS JULY 14-17, 2011, IN SAN FRANCISCO, CA, WITH 99 FAMILIES AND 322 TOTAL PARTICIPANTS. NHF ORGANIZED AN INHIBITOR EDUCATION SUMMIT FOR PATIENTS AND FAMILIES EXCLUSIVELY SPOKEN IN SPANISH IN MIAMI, FL, ON MAY 20-22, 2011, WITH 17 FAMILIES AND 81 TOTAL PARTICIPANTS. PHYSICIAN REPRESENTATIVES FROM NHF'S MEDICAL AND SCIENTIFIC ADVISORY COUNCIL (MASAC) AS WELL AS REPRESENTATIVES FROM THE NURSING, SOCIAL WORK AND PHYSICAL THERAPY WORKING GROUPS DEVELOPED 49 EDUCATIONAL SESSIONS FOR THE 2011 ANNUAL MEETING, WHICH PROVIDED BOTH CME AND CEU ACCREDITATION. GUIDELINES FOR GROWING BROCHURES WERE DEVELOPED FOR PARENTS AND CHILDREN, AND DISTRIBUTED TO CHAPTERS AND HEMOPHILIA TREATMENT CENTERS (HTCS). NHF'S NATIONAL YOUTH LEADERSHIP INSTITUTE (NYLI) MEMBERS WERE GIVEN LESS THAN 24 HOURS TO FILM, EDIT AND MARKET A HEALTH EDUCATION "FLASH MOB" AT NHF'S 63RD ANNUAL MEETING IN CHICAGO, IL.

THE PRIMARY GOALS OF NHF'S VICTORY FOR WOMEN ARE: 1) TO INCREASE AWARENESS TO FACILITATE EARLY AND ACCURATE DIAGNOSES; AND 2) TO PROVIDE

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

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AFFECTED WOMEN WITH EDUCATION AND SUPPORT. 2011 HIGHLIGHTS INCLUDED DISTRIBUTION OF MORE THAN 10,000 SIGNS AND SYMPTOMS INFORMATIONAL CARDS; FOUR SESSIONS AT NHF'S 63RD ANNUAL MEETING; PRESENTATIONS AT EIGHT CHAPTER EVENTS; AND 10 ONGOING VICTORY FOR WOMEN CHAPTER PROJECTS, INCLUDING A SOCIAL MEDIA INITIATIVE AND MINI-GRANTS TO SUPPORT VARIOUS EDUCATIONAL PROJECTS.

IN 2011 NHF LAUNCHED THE FIRST THREE MODULES OF THE STEPS FOR LIVING WEB SITE (WWW.STEPSFORLIVING.HEMOPHILIA.ORG), WHICH IS A COMPREHENSIVE ONLINE RESOURCE TO HELP CHILDREN, TEENS AND PARENTS DEAL WITH THE DAILY CHALLENGES OF LIVING WITH A BLEEDING DISORDER. TWO NEW PUBLICATIONS WERE ALSO DESIGNED AND DISTRIBUTED. "MY HTC AND ME/MI CTH Y YO" IS A BILINGUAL COLORING BOOK CREATED TO PREPARE CHILDREN FOR THEIR ANNUAL HTC VISIT. "GUIDELINES FOR GROWING" IS A SERIES OF AGE-SPECIFIC BROCHURES (TARGETING AGES 0-4, 5-8, 9-12, 13-15 AND 16-18) ADAPTED FROM MASAC. EACH BROCHURE FOCUSES ON SOCIAL AND DEVELOPMENTAL MILESTONES SPECIFIC TO THE GENERAL AGE RANGE OF A CHILD OR YOUNG PERSON WITH A BLEEDING DISORDER. IT IS A TOOL FAMILIES CAN USE WITH THEIR HTC PROVIDER TEAM TO GUIDE THE PARENT OR YOUNG PERSON THROUGH TRANSITIONAL PERIODS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
LEADERSHIP SEMINARS OFFERING TRAINING ON BOARD DEVELOPMENT, CONFLICT MANAGEMENT, AND THE ROLE OF HTCS VS. CHAPTERS, ADVOCACY AND NHF EDUCATIONAL INITIATIVES.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
LIVING, INHIBITOR SUMMITS, WALK SITES AND HEMAWARE.ORG, WITH MORE THAN

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250,000 UNIQUE VISITORS. THIS PAST YEAR ALONE THERE HAS BEEN A 35% INCREASE IN WEB TRAFFIC TO HEMOPHILIA.ORG, WITH MORE THAN 6,000 UNIQUE VISITORS PER MONTH. MORE THAN 800,000 E-MAIL COMMUNICATIONS HAVE BEEN SENT OUT THROUGH SUCH AVENUES AS: ENOTES, HEMAWARE EXPRESS, MEDICAL ALERTS, ADVOCACY ALERTS, MEDIA ALERTS, CHAPTER UPDATES AND DEVELOPMENT PLEAS. NHF HAS MORE THAN 5,700 FOLLOWERS ON FACEBOOK AND MORE THAN 1,350 TWITTER FOLLOWERS, DOUBLING THE TOTALS FROM THE PREVIOUS YEAR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RESEARCH - NHF AWARDED ONE NHF/BAXTER CLINICAL FELLOWSHIP TO A FELLOW FROM THE CHILDREN'S HOSPITAL OF MICHIGAN AND ONE CAREER DEVELOPMENT AWARD TO A FELLOW FROM THE UNIVERSITY OF MICHIGAN, ANN ARBOR, FOR HIS PROJECT , "IDENTIFICATION OF CHEMICAL AND GENETIC MODIFIERS OF BLEEDING DISORDERS USING A ZEBRAFISH MODEL SYSTEM." NHF AWARDED 2 JUDITH GRAHAM POOL POSTDOCTORAL RESEARCH FELLOWSHIPS. THE FIRST TO THE FELLOW FROM THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL FOR HIS PROJECT , "BIOCHEMICAL CHARACTERIZATION OF VITAMIN K EPOXIDE REDUCTASE." THE SECOND TO THE FELLOW OF THE BLOOD RESEARCH INSTITUTE, MILWAUKEE, WISCONSIN, FOR HER PROJECT , "IN VIVO SELECTION OF HEMATOPOIETIC STEM CELLS THAT ARE GENETICALLY MODIFIED TO EXPRESS PLATELET-FVIII FOR HEMOPHILIA A GENE THERAPY."

A NURSING EXCELLENCE FELLOWSHIP WAS AWARDED TO THE REGISTERED NURSE AT THE CENTER FOR BLEEDING AND CLOTTING DISORDERS MICHIGAN STATE UNIVERSITY IN EAST LANSING FOR HER PROJECT , "A WEB-BASED, REAL TIME MENSTRUAL TRACKING TOOL," A PHYSICAL THERAPY EXCELLENCE FELLOWSHIP TO THE PHYSICAL THERAPIST AT THE OREGON HEALTH & SCIENCE UNIVERSITY IN PORTLAND FOR HER PROJECT , "GAIT PARAMETERS OF PEOPLE WITH HEMOPHILIA

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COMPARED TO NORMAL CONTROL SUBJECTS," A SOCIAL WORK EXCELLENCE FELLOWSHIP TO THE SOCIAL WORKER AT THE ADULT HEMOPHILIA TREATMENT CENTER AT THE HENRY FORD HEALTH SYSTEM IN DETROIT, MICHIGAN, FOR HER PROJECT, "RESILIENCE AND QUALITY OF LIFE IN INDIVIDUALS AGING WITH HEMOPHILIA."

EXPENSES $ 969,970. INCLUDING GRANTS OF $ 469,184. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS CHAPTER MEMBERS WHO ARE VOTING MEMBERS OF THE ORGANIZATION. AN ORGANIZATION INCLUDED IN A GROUP EXEMPTION LETTER OR A 501(C)3 ORGANIZATION WHOSE MISSION AND PURPOSE IS CONSISTENT WITH THE MISSION OF NHF MAY APPLY TO BE A CHAPTER MEMBER. THE CEO IS AUTHORIZED TO ACCEPT OR DENY CHAPTER MEMBER STATUS.

FORM 990, PART VI, SECTION A, LINE 7A: CHAPTER MEMBERS ARE ENTITLED TO VOTE FOR THE ELECTION OF A DIRECTOR FOR EACH OF THE VACANCIES TO BE FILLED AT ANY MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS CIRCULATED ELECTRONICALLY TO THE ORGANIZATION'S BOARD MEMBERS. THE EXECUTIVE COMMITTEE OF THE BOARD AND THE AUDIT COMMITTEE OF THE BOARD WILL HAVE THE OPPORTUNITY TO HAVE THE FORM 990 PRESENTED TO THEM BY THE AUDITOR BY CONFERENCE CALL PRIOR TO BEING SUBMITTED. THE CEO, COO AND CONTROLLER IS ALSO PRESENT ON THE CALL.

FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS DISCLOSE IN WRITING ANNUALLY AND VERBALLY AT THE BEGINNING OF EACH MEETING. EMPLOYEES DISCLOSE AT HIRE AND ANNUALLY. CEO/SENIOR V.P. FOR FINANCE AND ADMINISTRATION MANAGE

Name of the organization: NATIONAL HEMOPHILIA FOUNDATION

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CONFLICTS FOR EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS SETS THE COMPENSATION OF CEO AT HIRE AND THEREAFTER USING COMPARABLE SALARY SURVEYS. THE CEO SETS COMPENSATION FOR KEY EMPLOYEES WITHIN A DESIGNATED SALARY RANGE WITH INPUT FROM HUMAN RESOURCES/SENIOR V.P. FOR FINANCE AND ADMINISTRATION AS WELL AS USING REGIONAL SALARY SURVEYS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL,AK,AZ,AR,CA,CO,CT,DC,FL,GA,HI,IL,KY,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC
ND,OH,OK,RI,SC,TN,VA,WA,WV,WI,KS,PA,OR,VT

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST AVAILABLE TO THE PUBLIC UPON REQUEST AND GUIDESTAR. THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS:	-106,464.
NET ASSETS TRANSFERRED UPON DISSOLUTION OF CHAPTERS	425,665.
TOTAL TO FORM 990, PART XI, LINE 5	319,201.

FORM 990, PART XII, LINE 2C

AUDIT RESPONSIBILITY

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR 2011, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.