

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)

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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

A For the 2007 calendar year, or tax year beginning **Jul 1**, 2007, and ending **Jun 30**, 2008

B Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

Number and street (or P.O. box if mail is not delivered to street addr) Room/suite

116 WEST 32ND STREET

11TH FLOOR

City, town or country

NEW YORK

State ZIP code + 4

NY 10001-3212

D Employer Identification Number

13-5641857

E Telephone number

(212) 328-3700

F Accounting method:

- Cash
- Accrual
- Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H (a) Is this a group return for affiliates? ... Yes No

H (b) If 'Yes,' enter number of affiliates _____

H (c) Are all affiliates included? ... Yes No (If 'No,' attach a list. See instructions.)

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

G Web site: **WWW.HEMOPHILIA.ORG**

J Organization type

(check only one) 501(c) 3 (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ... **1248**

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,233,308.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds	1 a			
b Direct public support (not included on line 1a)	1 b	5,284,072.		
c Indirect public support (not included on line 1a)	1 c	99,006.		
d Government contributions (grants) (not included on line 1a)	1 d	1,627,565.		
e Total (add lines 1a through 1d) (cash \$ 7,010,643. noncash \$ 0.)	1 e			7,010,643.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			24,157.
3 Membership dues and assessments	3			75,345.
4 Interest on savings and temporary cash investments	4			
5 Dividends and interest from securities	5			279,383.
6 a Gross rents	6 a			
b Less: rental expenses	6 b			
c Net rental income or (loss). Subtract line 6b from line 6a	6 c			
7 Other investment income (describe _____)	7			
8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		2,527,256.	8 a	
	b Less: cost or other basis and sales expenses	2,844,770.	8 b	
	c Gain or (loss) (attach schedule)	-317,514.	8 c	
d Net gain or (loss). Combine line 8c, columns (A) and (B)	8 d			-317,514.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9 a	305,001.		
b Less: direct expenses other than fundraising expenses	9 b	178,260.		
c Net income or (loss) from special events. Subtract line 9b from line 9a. See L-9 Stmt.	9 c			126,741.
10 a Gross sales of inventory, less returns and allowances	10 a			
	b Less: cost of goods sold	10 b		
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10 c		
11 Other revenue (from Part VII, line 103)	11			1,011,523.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			8,210,278.
13 Program services (from line 44, column (B))				
	14 Management and general (from line 44, column (C))			
	15 Fundraising (from line 44, column (D))			
	16 Payments to affiliates (attach schedule)			
	17 Total expenses. Add lines 16 and 44, column (A)	17		
18 Excess or (deficit) for the year. Subtract line 17 from line 12	18			-1,112,488.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19			7,730,115.
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			6,617,627.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b Other grants and allocations (att sch) (cash \$ <u>1,611,189.</u> non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b	1,611,189.	1,611,189.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A. See L-25a. Stmt	25a	256,699.	86,756.	144,273.	25,670.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B. See L-25b. Stmt	25b	178,650.	0.	160,786.	17,864.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,602,148.	2,163,776.	192,584.	245,788.
27 Pension plan contributions not included on lines 25a, b, and c	27	212,215.	170,142.	19,413.	22,660.
28 Employee benefits not included on lines 25a - 27	28	304,777.	265,753.	17,978.	21,046.
29 Payroll taxes	29	199,065.	165,529.	14,733.	18,803.
30 Professional fundraising fees	30	73,750.	0.	0.	73,750.
31 Accounting fees	31	43,936.	32,525.	8,199.	3,212.
32 Legal fees	32	15,227.	9,871.	5,356.	0.
33 Supplies	33	75,624.	52,545.	11,181.	11,898.
34 Telephone	34	45,335.	26,429.	15,437.	3,469.
35 Postage and shipping	35	124,255.	103,292.	4,897.	16,066.
36 Occupancy	36	327,248.	222,746.	93,035.	11,467.
37 Equipment rental and maintenance	37	256,083.	224,684.	23,392.	8,007.
38 Printing and publications	38	271,525.	246,832.	1,045.	23,648.
39 Travel	39				
40 Conferences, conventions, and meetings	40	1,475,407.	1,424,078.	28,551.	22,778.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	29,810.	20,872.	6,634.	2,304.
43 Other expenses not covered above (itemize):					
a INSURANCE	43a	27,471.	13,692.	12,769.	1,010.
b MEMBERSHIP DUES	43b	29,707.	11,811.	3,229.	14,667.
c CONSULTING	43c	1,104,073.	1,099,343.	245.	4,485.
d EMPLOYMENT RECRUITING	43d	1,586.	540.	46.	1,000.
e IN-KIND EXPENSES	43e	5,450.	1,950.	3,500.	0.
f MISC	43f	23,736.	19,808.	1,960.	1,968.
g BANKING and INVESTMENTS FEES	43g	27,800.	19,466.	6,185.	2,149.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	9,322,766.	7,993,629.	775,428.	553,709.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

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

What is the organization's primary exempt purpose? **Incorporated in the State of N.Y. in 1948. The Foundation is**
 All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

<p>a Health Education Training</p> <p>SEE ADDITIONAL INFORMATION ATTACHED "SUMMARY REPORT OF THE NATIONAL HEMOPHILIA FOUNDATION'S ACCOMPLISHMENTS IN 2008"</p> <p>(Grants and allocations \$ 179,023.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>3,676,702.</p>
<p>b Community Services</p> <p>SEE ADDITIONAL INFORMATION ATTACHED "SUMMARY REPORT OF THE NATIONAL HEMOPHILIA FOUNDATION'S ACCOMPLISHMENTS IN 2008"</p> <p>(Grants and allocations \$ 790.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>2,057,070.</p>
<p>c Research</p> <p>SEE ADDITIONAL INFORMATION ATTACHED "SUMMARY REPORT OF THE NATIONAL HEMOPHILIA FOUNDATION'S ACCOMPLISHMENTS IN 2008"</p> <p>(Grants and allocations \$ 1,431,376.) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>1,942,314.</p>
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services).....</p>	<p>7,676,086.</p>

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Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	2,331,839.	45	2,829,278.
	46 Savings and temporary cash investments		46	
	47a Accounts receivable	869,143.		
	b Less: allowance for doubtful accounts	22,503.	1,391,241.	47c 846,640.
	48a Pledges receivable			
	b Less: allowance for doubtful accounts			48c
	49 Grants receivable	346,607.	49	150,185.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)			50b
	51a Other notes and loans receivable (attach schedule)			
	b Less: allowance for doubtful accounts			51c
	52 Inventories for sale or use			52
	53 Prepaid expenses and deferred charges	138,832.	53	211,025.
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	5,756,188.	54a 5,615,946.
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55a Investments – land, buildings, & equipment: basis				
b Less: accumulated depreciation (attach schedule)			55c	
56 Investments – other (attach schedule)			56	
57a Land, buildings, and equipment: basis	1,320,991.			
b Less: accumulated depreciation (attach schedule)	1,318,694.	32,107.	57c 2,297.	
58 Other assets, including program-related investments (describe			58	
59 Total assets (must equal line 74). Add lines 45 through 58	9,996,814.	59	9,655,371.	
LIABILITIES	60 Accounts payable and accrued expenses	969,896.	60	1,170,157.
	61 Grants payable	112,148.	61	11,686.
	62 Deferred revenue	1,184,655.	62	1,855,901.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe		65	
	66 Total liabilities. Add lines 60 through 65	2,266,699.	66	3,037,744.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,804,765.	67	2,172,647.
	68 Temporarily restricted	5,925,350.	68	4,444,980.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	7,730,115.	73	6,617,627.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,996,814.	74	9,655,371.

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

a	Total revenue, gains, and other support per audited financial statements.....		a
b	Amounts included on line a but not on Part I, line 12:		
	1 Net unrealized gains on investments	b1	
	2 Donated services and use of facilities	b2	
	3 Recoveries of prior year grants	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 12, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2		d
e	Total revenue (Part I, line 12). Add lines c and d		e

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

a	Total expenses and losses per audited financial statements.....		a
b	Amounts included on line a but not on Part I, line 17:		
	1 Donated services and use of facilities	b1	
	2 Prior year adjustments reported on Part I, line 20	b2	
	3 Losses reported on Part I, line 20	b3	
	4 Other (specify):	b4	
	Add lines b1 through b4		b
c	Subtract line b from line a		c
d	Amounts included on Part I, line 17, but not on line a :		
	1 Investment expenses not included on Part I, line 6b	d1	
	2 Other (specify):	d2	
	Add lines d1 and d2		d
e	Total expenses (Part I, line 17). Add lines c and d		e

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Val Bias C/O NHF116 W 32 ST. NY NY 10001 Effective 5/19/08 NY10001	CHIEF EXECUTIVE OFF 43.00	29,808.	0.	10,000.
Stephen Bender c/oNHF 116 w32st ny ny 1001 - NY10001	Director 10.00	0.	0.	0.
RAY STANHOPE C/O NHF116 W 32 ST. NY NY 10001 - NY10001	Chair of the Board 20.00	0.	0.	0.
RITA GONZALES C/O NHF116 W 32 ST. NY NY 10001 - NY10001	DIRECTOR 10.00	0.	0.	0.
Michael Luetzgen C/O NHF116 W 32 ST. NY NY 10001 - NY10001	Director 10.00	0.	0.	0.
See List of Officers, Directors, Trustees, & Key Employees Statement				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings . . . <u>15</u>		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s).....	75b	X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization'..... If 'Yes,' attach a statement that includes the information described in the instructions.	75c	X
d Does the organization have a written conflict of interest policy?.....	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
Alan Kinniburgh PHD c/o NHf 116w 32nd st ny ny 1001 period 7/1/07-8/1/07	0.	148,224.	30,426.	0.

Part VI Other Information (See the instructions.)

	Yes	No
76 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change.....	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS?..... If 'Yes,' attach a conformed copy of the changes.	77	X
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? ...	78a	X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?.....	78b	X
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement.....	79	X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?.....	80a	X
b If 'Yes,' enter the name of the organization ▶ _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a Enter direct and indirect political expenditures. (See line 81 instructions.)..... 81a		
b Did the organization file Form 1120-POL for this year?.....	81b	X

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Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
	b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)..... [82b]		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?.....	X	
	b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?.....	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?.....		X
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	N/A	
	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	N/A	
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
	c Dues, assessments, and similar amounts from members.....	85c	N/A
	d Section 162(e) lobbying and political expenditures.....	85d	N/A
	e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices.....	85e	N/A
	f Taxable amount of lobbying and political expenditures (line 85d less 85e).....	85f	N/A
	g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?.....	85g	N/A
	h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
	b Gross receipts, included on line 12, for public use of club facilities.....	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders.....	87a	N/A
	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88a	X
	b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ none ; section 4912 ▶ none ; section 4955 ▶ none		
	b 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization.....		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
	f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
	g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed ▶ See States Filed In		
	b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	38
91 a	The books are in care of ▶ THE ORGANIZATION Telephone number ▶ (212) 328-3700 Located at ▶ 116 WEST 32ND STREET 11TH FLOOR NEW YORK N NY ZIP + 4 ▶ 10001-3212		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.....	91b	X
	If 'Yes,' enter the name of the foreign country ▶		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91 c** Yes No

If 'Yes,' enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ **92**

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					24,157.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					75,345.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	279,383.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-317,514.	
101 Net income or (loss) from special events			1	126,741.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b ADV. IN EDUC PUB	541800	1,011,523.			
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		1,011,523.		88,610.	99,502.
105 Total (add line 104, columns (B), (D), and (E))					1,199,635.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Sale of health educational publications related to living with bleeding and clotting disorders and awareness
94	all membership fees received are used for mission purpose of education advocacy and research

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

N/A

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

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

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

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

N/A

Yes No

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

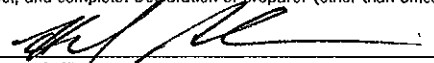
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

Yes No

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

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.

Please Sign Here

Signature of officer:  Date: 2/10/08
 Type or print name and title: HOLLAND BALSAM COO

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: NATIONAL HEMOPHILIA FOUNDATION
 116 W 32ND ST
 NEW YORK NY 10001-3212
 Preparer's SSN or PTIN (See General Instruction X): _____ EIN: _____ Phone no.: _____

BAA

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

2007

Department of the Treasury
Internal Revenue Service

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

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
GLENN MONES C/O NHF 116 W32ND ST. NY NY 10001	VP PUBLIC POLICY 43.00	180,458.	26,465.	0.
JOHN INDENCE C/O NHF 116 W32ND ST. NY NY 10001	VP MARKETING /COMMUNICA 43.00	117,380.	10,190.	0.
ANN-MARIE NAZZARO C/O NHF 116 W32ND ST. NY NY 10001	VP EDUCATION 43.00	148,025.	23,007.	0.
MARY ANN LUDWIG C/O NHF 116 W32ND ST. NY NY 10001	VP DEVELOPMENT 43.00	186,532.	27,146.	0.
NEIL FRICK C/O NHF 116 W32ND ST. NY NY 10001	VP MEDICAL RESEARCH 43.00	110,798.	17,127.	0.
Total number of other employees paid over \$50,000	23			

Part II - A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MARC ASSOCIATES INC. 1101 17TH ST. NW, WASHINGTON, DC 20036	GOVERNMENT RELATIONS	144,020.
Macro International 11785 beltsville drive cal MD 20705	program peer review	71,376.
Corporate Kids Events 18414 alexandra way grass valley CA 95949	Child care	67,360.
THE MAGAZINE GROUP 1707 L ST. NW WASHINGTON DC 20036	PUBLICATIONS	172,880.
THE McCORMICK GROUP 448 TARPON BLVD FRIPP IS. SC 29920	ORGANIZATIONAL STRUCTURE CONSULTING	90,000.
Total number of others receiving over \$50,000 for professional services	6	

Part II - B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter 'None.' See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
INTEGRATED PUBLISHING SALES 280 Manor Brook Drive, Chagrin Falls, OH 44022	SALES	173,177.
Total number of other contractors receiving over \$50,000 for other services	None	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities. . . . ▶ \$ <u>153,978.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
See Part V, Form 990		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a	X
b Did the organization have a section 403(b) annuity plan for its employees?	3b	X
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement	3c	X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d	X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g	4a	X
b Did the organization make any taxable distributions under section 4966?	4b	
c Did the organization make a distribution to a donor, donor advisor, or related person?	4c	
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year . . ▶ _____		0.

Part IV Reason for Non-Private Foundation Status (See instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc. functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization: ▶
 Type I Type II Type III-Functionally Integrated Type III-Other

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

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

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

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	6,215,238.	8,015,334.	6,585,825.	6,448,443.	27,264,840.
16 Membership fees received	58,468.	80,155.	66,025.	78,845.	283,493.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc. purpose	26,372.	31,104.	24,024.	31,318.	112,818.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec. 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	283,579.	265,015.	179,136.	145,860.	873,590.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,146,462.	1,112,211.	934,006.	1,417,982.	4,610,661.
23 Total of lines 15 through 22	7,730,119.	9,503,819.	7,789,016.	8,122,448.	33,145,402.
24 Line 23 minus line 17	7,703,747.	9,472,715.	7,764,992.	8,091,130.	33,032,584.
25 Enter 1% of line 23	77,301.	95,038.	77,890.	81,224.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 660,652.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 33,032,584.
d Add: Amounts from column (e) for lines:	18 873,590.	19			26d 5,484,251.
	22 4,610,661.	26b			
e Public support (line 26c minus line 26d total)					26e 27,548,333.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 83.40 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines:	15 _____	16 _____			27c
	17 _____	20 _____	21 _____		27d
d Add: Line 27a total _____ and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ...					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

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

32	Does the organization maintain the following:			
	a Records indicating the racial composition of the student body, faculty, and administrative staff?	32 a		
	b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32 b		
	c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32 c		
	d Copies of all material used by the organization or on its behalf to solicit contributions?	32 d		
If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.)				

33	Does the organization discriminate by race in any way with respect to:			
	a Students' rights or privileges?	33 a		
	b Admissions policies?	33 b		
	c Employment of faculty or administrative staff?	33 c		
	d Scholarships or other financial assistance?	33 d		
	e Educational policies?	33 e		
	f Use of facilities?	33 f		
	g Athletic programs?	33 g		
	h Other extracurricular activities?	33 h		
If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.)				

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34 a		
	b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement.	34 b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

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

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for all electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table –		
	If the amount on line 40 is –		
	The lobbying nontaxable amount is –		
	Not over \$500,000	20% of the amount on line 40	
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
	Over \$17,000,000	\$1,000,000	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
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		153,978.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			153,978.

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2007

Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

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

Special Rules –

- For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc. purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc. contributions of \$5,000 or more during the year.) ▶ \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name as Shown on Return
THE NATIONAL HEMOPHILIA FOUNDATION

Employer Identification No.
13-5641857

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Val Bias	<input type="checkbox"/>	29,808.	0.	26,827.	2,981.
Stephen Bender	<input type="checkbox"/>	0.			
RAY STANHOPE	<input type="checkbox"/>	0.			
RITA GONZALES	<input type="checkbox"/>	0.			
See Compensation					
Total Compensation Received		219,808.	76,000.	121,827.	21,981.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Val Bias	<input type="checkbox"/>	0.	0.		
Stephen Bender	<input type="checkbox"/>	0.			
RAY STANHOPE	<input type="checkbox"/>	0.			
RITA GONZALES	<input type="checkbox"/>	0.			
See Employee Benefit Plans & Deferred Compensation Plans					
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans		26,891.	10,756.	13,446.	2,689.

Expense Account and Other Allowances

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Val Bias	<input type="checkbox"/>	10,000.		9,000.	1,000.
Stephen Bender	<input type="checkbox"/>	0.			
RAY STANHOPE	<input type="checkbox"/>	0.			
RITA GONZALES	<input type="checkbox"/>	0.			
See Expense Account and Other Allowances					
Total Expense Account and Other Allowances		10,000.		9,000.	1,000.
Total to Part II, Line 25a ... ▶		256,699.	86,756.	144,273.	25,670.

Name as Shown on Return

THE NATIONAL HEMOPHILIA FOUNDATION

Employer Identification No.

13-5641857

Loans and Advances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Loans & Advances				

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Alan Kinniburgh PHD	148,224.	0.	133,402.	14,822.
Total Compensation Received	148,224.	0.	133,402.	14,822.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Alan Kinniburgh PHD	30,426.	0.	27,384.	3,042.
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	30,426.	0.	27,384.	3,042.

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25b ▶	178,650.	0.	160,786.	17,864.

Form 990, Page 5, Part V-A

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Rachel Miller C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Thomas Truncale C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Adam Wilmers C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MICHAEL J. BORNHORST C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 20.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> PHILLIP KUCAB C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> KENNETH G. MANN PHD C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> MICHAEL O'CONNOR C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	Vice Chair of the Bo 20.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> CLIFFORD COHEN C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 15.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> EILEEN BOSTWICK PHD C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	Director 15.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Craig Kessler C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	MASAC Chair 20.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> STEVEN P. FAUST C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	DIRECTOR 10.00	0.	0.	0.
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Philip Blomquist C/O NHF116 W 32 ST. NY NY 10001 - NY 10001	Director 10.00	0.	0.	0.

Form 990, Page 5, Part V-A

Continued

List of Officers, Directors, Trustees, & Key Employees Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Business <input checked="" type="checkbox"/> Person <input type="checkbox"/> Howard Balsam C/O NHF116 W 32 ST. NY NY 10001 period 8/6/07-5/18/08 NY 10001	interim ceo 43.00	190,000.	26,891.	0.

Form 990, Part VI, Page 7, Line 90a
States Filed In

NEW YORK

Form 990, Page 1, Part I, Line 9
Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
andretti luncheon	37,084.	0.	37,084.	17,623.	19,461.
Team Hemophilia	3,895.	0.	3,895.	5,389.	-1,494.
walkathon	253,432.	0.	253,432.	140,766.	112,666.
other	10,590.	0.	10,590.	14,482.	-3,892.
Total	305,001.	0.	305,001.	178,260.	126,741.

Form 990, Part II, Line 25a
Compensation

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael Luetzgen		0.			
Rachel Miller		0.			
Thomas Truncala		0.			
Adam Wilmers		0.			
MICHAEL J. BORNHORST		0.			
PHILLIP KUCAB		0.			
KENNETH G. MANN PHD		0.			
MICHAEL O'CONNOR		0.			
CLIFFORD COHEN		0.			
EILEEN BOSTWICK PHD		0.			
Craig Kessler		0.			
STEVEN P. FAUST		0.			
Philip Blomquist		0.			
Howard Balsam		190,000.	76,000.	95,000.	19,000.

Form 990, Part II, Line 25a
Compensation

Continued

Compensation

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total		<u>190,000.</u>	<u>76,000.</u>	<u>95,000.</u>	<u>19,000.</u>

Form 990, Part II, Line 25a

Employee Benefit Plans & Deferred Compensation Plans**Contributions to Employee Benefit Plans & Deferred Compensation Plans**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael Luetzgen		0.			
Rachel Miller		0.			
Thomas Truncale		0.			
Adam Wilmers		0.			
MICHAEL J. BORNHORST		0.			
PHILLIP KUCAB		0.			
KENNETH G. MANN PHD		0.			
MICHAEL O'CONNOR		0.			
CLIFFORD COHEN		0.			
EILEEN BOSTWICK PHD		0.			
Craig Kessler		0.			
STEVEN P. FAUST		0.			
Philip Blomquist		0.			
Howard Balsam		26,891.	10,756.	13,446.	2,689.
Total		<u>26,891.</u>	<u>10,756.</u>	<u>13,446.</u>	<u>2,689.</u>

Form 990, Part II, Line 25a

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Michael Luetzgen		0.			
Rachel Miller		0.			
Thomas Truncale		0.			
Adam Wilmers		0.			
MICHAEL J. BORNHORST		0.			
PHILLIP KUCAB		0.			
KENNETH G. MANN PHD		0.			
MICHAEL O'CONNOR		0.			
CLIFFORD COHEN		0.			
EILEEN BOSTWICK PHD		0.			
Craig Kessler		0.			

Form 990, Part II, Line 25a

Continued

Expense Account and Other Allowances**Expense Account and Other Allowances**

Name	Chk if a Bus	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
STEVEN P. FAUST	<input type="checkbox"/>	0.			
Philip Blomquist	<input type="checkbox"/>	0.			
Howard Balsam	<input type="checkbox"/>	0.			
Total		<u>0.</u>			

Form 990, Page 4, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
furniture fixturers & equipment	185,234.	185,234.	0.
computers	984,775.	982,478.	2,297.
leasehold improvements	150,982.	150,982.	0.
Total	<u>1,320,991.</u>	<u>1,318,694.</u>	<u>2,297.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (A)

Description	Amount
accounts payable	470,681.
accrued expenses	281,490.
accrued payroll vacation	217,725.
Total	<u>969,896.</u>

Supporting Statement of:

Form 990 p 4/Line 60, column (B)

Description	Amount
Accounts Payable	423,203.
Accrued Expenses	501,329.
Accrued payroll and accrued vacation	245,625.
Total	<u>1,170,157.</u>



NATIONAL HEMOPHILIA FOUNDATION
for all bleeding and clotting disorders

Summary Report of the National Hemophilia Foundation's Accomplishments in 2008

Introduction

The National Hemophilia Foundation (NHF), founded in 1948, has a history of service through education, research and advocacy for individuals and families living with and affected by hemophilia and, later, other bleeding disorders. Now as a well-established organization in its 60th year, *responsiveness* is the hallmark of the successful evolution of NHF services. The organization has evolved to meet new, emerging and evidence-based needs as they have arisen. NHF has grown to encompass a network of 48 community-based chapters nationwide; independent organizations of varying capacity. Along with about 15 independent associations,* and collaboration with 140 hemophilia treatment centers (HTCs),* the chapters are instrumental in implementing NHF's health promotion programs. These programs are developed and run in conjunction with partners at the Centers for Disease Control and Prevention (CDC) and its Division of Blood Disorders.

The programmatic activities conducted in FY 2008 aimed to prevent secondary conditions in people with bleeding disorders by improving their access to public health programs and implementing effective health promotion and wellness programs. NHF's overall objective is to increase the percentage of people with bleeding disorders who: 1) know about and have access to HTC-based comprehensive care services and local chapter/NHF services; 2) recognize and know strategies to prevent typical and emerging secondary conditions; 3) are aware of and understand emergency preparedness initiatives; and 4) are aware, have knowledge of and participate in safe physical activities and healthy eating.

The variation in disease impact and needs in different subgroups of the bleeding disorders population demands a life stages approach to NHF's work plan objectives and activities. The CDC recognize the validity of this approach, as mentioned in one of its Health Protection Goals, "Healthy people in every stage of life," and in Healthy People 2010's focus on the "unique health issues and risk behaviors that affect the quality of health in every stage of life." The NHF strategies are tailored and targeted for all life stages, from early childhood—by reaching new parents/families, through teens and young adults, to adults. Gender and race/ethnicity are also important subgroup focus areas.

* For purposes of this report, all chapters and independent associations are referred to as "chapters." Chapters pay membership dues to NHF, associations do not. Both work in collaboration with NHF. Membership in NHF is not required to receive NHF services and materials.

* Hemophilia treatment centers (HTCs) are federally funded and provide state-of-the-art medical and psychosocial services, and research through a team of bleeding and clotting disorder specialists.

Education Department/HANDI

Successful Information Forums—Mechanisms for disseminating bleeding disorders information and conducting education sessions: NHF has identified two successful information forums that help achieve the objectives delineated in this report: Annual Meeting and HANDI. Through outreach, education and networking at Annual Meeting and through the services offered by HANDI, NHF's information resource center, NHF reaches all subpopulations or life stages.

HANDI

HANDI is NHF's information resource hotline and library for consumers (people with bleeding disorders), their families and healthcare providers who are seeking more information about bleeding and clotting disorders. Information specialists are available 40 hours a week, via an 800 phone line, and through e-mail. In 2008 they answered more than 2,220 requests in 33 subject areas, distributing approximately 12,000 publications that have addressed each of the subpopulations or life stages.

In collaboration with NHF's Education Department, HANDI exhibited bleeding disorders information at NHF's 10th Anniversary Women's Conference, the American College of Obstetricians and Gynecologists (ACOG) Clinical Meeting in May 2008 and the World Federation of Hemophilia's 28th World Congress in Turkey in June 2008.

HANDI also works with NHF's Education Department to update brochures for Project Red Flag (PRF), the women with bleeding disorders awareness campaign, and for the National Prevention Program. To accommodate a burgeoning Spanish audience, it created a Spanish translation of NHF's general fact sheet on bleeding disorders.

HANDI and NHF's Education Department have begun preparations to be available 24 hours a day, 7 days a week to ensure that information dissemination and referrals for vital resources are maintained for the bleeding disorders community in an emergency. Staff members in the Education and Communications Departments have been trained by HANDI staff on proper procedures and resources available in a disaster emergency. Certain requirements have been set up for these additional staff such as the length of a shift, the ability to have Internet and phone access, a USB drive containing essential referral information and laptop computers. Education and HANDI are currently working on developing protocols for gathering information, creating an emergency services e-mail and means for remotely accessing the NHF database.

NHF National Prevention Program (NPP)

The National Prevention Program is NHF's primary education initiative collaborating with the Centers for Disease Control and Prevention (CDC), chapters, HTC's and consumers to help individuals make informed decisions to prevent or reduce the complications of bleeding disorders. NPP's theme is *Do the 5!*, five strategies for living a longer and healthier life. NHF conducts annual trainings, develops materials, and provides grants to chapters to get individuals to *Do the 5!* The campaign messages are featured prominently at the NHF Annual Meeting.

The *Do the 5!* messages are:

1. Get an annual comprehensive checkup at a hemophilia treatment center
2. Get vaccinated — Hepatitis A and B are preventable
3. Treat bleeds early and adequately
4. Exercise and maintain a healthy weight to protect your joints
5. Get tested regularly for blood-borne infections

Annual Meeting

The NHF Annual Meeting is the national education event of the year for the combined audiences of people with bleeding disorders and their families (\pm 60%); healthcare providers (\pm 20%) and industry representatives (approximately 20%). Unique among annual meetings of national voluntary health agencies, NHF brings together, at one conference, these varied but connected constituencies. The Annual Meeting is one of the methods NHF uses to deliver prevention education messages to the bleeding disorders community.

Reaching and Educating Individuals and Families with Bleeding Disorders:

In this report period, NHF conducted its Annual Meeting in November of 2007 in Orlando, Florida. Of the total 2762 attendees, 1,447 or 52% were consumers—with persons with bleeding disorders comprising 33% of consumer-attendees and family members/significant others 50%. Others in the consumer category describe themselves as “friends” or “supporters.”

Youth at the 59th Annual Meeting in Orlando, FL, totaled 413. This is typical for the location, which attracts the largest number of youth and children. Of these youth, 25 were the young adult members of the NHF National Youth Leadership Institute (NYLI), who receive training at the Annual Meeting.

Among consumers 75% report their race/ethnicity as Caucasian; 22% as a racial-ethnic minority: African-American (9%), Latino (8%), Asian (4%) and Native American (1%); 3% declare “other” or give no reply. Concerning specific bleeding disorders, the highest number of attendees is affected by hemophilia—613 reporting hemophilia as their personal/family disease; and 143 reporting von Willebrand disease (VWD).

The special character of the NHF meeting, bringing together the key, interacting constituencies in one location allows NHF to train and educate consumers (patients and families) simultaneously with their healthcare providers—delivering best practices and the same uniform, consistent messages across groups, and amplifying the efficacy and the learning impact.¹ HANDI staff disseminated more than 100 discrete resources and patient education materials throughout the Annual Meeting.

Education Sessions and the National Prevention Program (NPP) Messages:

Education Sessions are the centerpiece of the NHF Annual Meeting. They extend and enhance the core prevention messages stressed in NHF’s National Prevention Program (NPP) and help reach underserved populations and women with bleeding disorders. Sessions at the Annual

¹ Of almost 550 bleeding/clotting disorder healthcare providers: 35% were RNs, 19% MDs, 16% SWs and 8% PTs.

Meeting cover exercise and nutrition, proper treatment of bleeds; hepatitis and blood-borne infections; the value of HTC comprehensive care—all synchronizing with the *Do the 5!* prevention messages. And every annual meeting since 1998 has included sessions for women with bleeding disorders. Each of the education sessions is evaluated on a 4.0 scale, where 4 = excellent. Of the 43 Education Sessions offered to consumers (non-MD sessions) in 2007, 26 (60%) received scores equal or greater than 3.6. Examples of sessions with their ratings in 2007 include:

- ABCs of Bleeding Disorders (3.88)
- Building Resiliency (3.40)
- Hepatitis C: What You Need to Know (3.83)
- Evaluating Your Hepatitis C via Biopsy (3.46)
- Blood and Product Safety (3.41)
- Preparedness: A Refresher (3.87)
- NPP Chapter Grant Initiatives (3.79)
- Do the 5!—Fit Adults, Fit Kids (Lifestyles for a long and healthy life) (3.68)
- Workshop on VWD Basics: Women and Men (3.80)
- Managing and Living with VWD (3.50)
- Ask the Experts: Women (3.85)

NHF also recognized outstanding chapter programs with Awards of Distinction for health education, outreach and communications. Winning chapters received a \$1,000 incentive to enhance their program. NHF gave 16 Awards of Excellence to outstanding individuals in such areas as nursing, social work, research, physical therapy, genetic counseling, volunteering and advocacy. Physician and humanitarian of the year awards were also conferred.

Education in Thrombosis and Thrombophilia

Education in thrombosis and thrombophilia has been developed by NHF specifically for the providers within the Hemophilia Treatment Center (HTC) network. For example, at the 59th Annual Meeting of NHF, sessions that were specialty-specific were conducted, i.e., for Nurses, Social Workers and Physicians.

In developing our provider sessions in the area of clotting, we work with the National Alliance for Thrombosis and Thrombophilia to acquire the top faculty and for the appropriate support materials.

Through HANDI, NHF's information resource center, an average of five requests are received per month, from both patients and providers in the area of clotting disorders. NHF disseminates state-of-the-art treatment articles and refers patients to both NATT and to HTCs in their local area.

Annual Meeting Planning for 2008 – Denver, Colorado

In January 2008, HTC, chapter and consumer representatives, CDC partners and NHF staff met in Denver, Colorado, to plan the education sessions for the 60th Annual Meeting November 13-15, 2008. Using recent literature as well as evaluations of prior meetings as guidelines, the Annual Meeting Working Group developed more than 40 education sessions for constituents and 15 medical education sessions.

Meeting the Needs of Patients and Families

Parents of newly diagnosed children consistently report a high level of learning through Annual Meeting education sessions, both in evaluation grades and in their comments. “The sessions provide a good mix of technical information and everyday good advice,” wrote one parent. The written feedback on evaluation forms also provides suggestions to improve education offerings. Concerning the Emergency Preparedness session in 2007, participants asked for a template to guide them in creating their own emergency plan and a more hands-on learning approach to the session. Our Annual Meeting planning team for 2008 incorporated these elements, including a table-top practice exercise, for the next Annual Meeting. The context of the NHF Annual Meeting as a teaching/learning environment offers the singular opportunity to tackle substantive, poignant topics and issues openly and thoroughly. For example, several comments on the “Managing and Living with VWD” session are captured in this participant’s response: “I really appreciate the emphasis on problems and answers about life issues, (such as) intimacy and communication with your partner.”

Objectives and Activities

- *Newly diagnosed families, in 10 First Step-trained communities, will improve their knowledge, attitudes and behaviors concerning their bleeding disorder.*

NHF provides education, mentoring and social networking for parents/guardians and families with newly diagnosed children through its First Step Program. In this project period we have enhanced NHF’s First Step program with new education modules and activities including sections on inhibitors, physical activity/nutrition and ethics in the bleeding disorders community; monitored the First Step discussion board and online web services; funded 7 chapters to conduct First Step programs;² conducted 2 mentor training sessions; convened the First Step Task Force for program and strategic planning; conducted education and networking sessions at our Annual Meeting in 2007; conducted focus groups to explore topics of interest to families of children up to age 12; and trained veteran parents to become mentor parents; and distributed more than 300 First Step brochures and welcome kits to families with newly diagnosed children.

As of May 2008, of the 7 funded chapters, 6 had completed their programs. These chapters conducted education sessions at local First Step meetings and parent dinners, hosted support and networking groups, trained veteran parents as mentors and coordinated social outings with educational components. Each chapter conducted at least 3 First Step meetings and, on average, approximately 20-25 parents attended an event² or meeting. According to pre- and post-tests distributed at the First Step meetings, knowledge, attitudes and behaviors related to the prevention messages increased by at least 10% among the families of newly diagnosed children.

In April 2008, 7 new First Step grants were awarded (including 3 chapters that had never had a previous First Step program). A workshop to guide chapters on implementing First Step (Refresher Course) will be conducted September 9, 2008.

- *Improve self-efficacy and leadership skills of youth and young adults who participate in NHF events*

² Through a public-private partnership education grant

NHF's National Youth Leadership Institute (NYLI) fosters the development of youth leaders to help NHF chapters and associations across the country build strong youth programs. 25 NYLI members attended the Annual Meeting in November 2007, where they received leadership training in the following areas: presentation/public speaking skills, conflict of interest and marketing practices within the bleeding disorders community. NYLI also attended general education sessions on bleeding disorders to further their understanding of prevention behaviors. Several members presented their local project, which allow them to work with their local chapter. Some of the local projects included writing a children's book on bleeding disorders and siblings, preventive health education for youth attending summer camp, and creating a new camp for children with bleeding disorders in Mexico. Ninety-two percent (92%) of NYLI members in attendance found the sessions at Annual Meeting to be useful in helping them implement programs on the local level.

NYLI members also planned and implemented the first NHF Winter Youth Retreat., Forty-seven (47) teenagers from 26 states, Guam and Mexico attended the Youth Retreat at Camp-for-All in Burton, TX, in February 2008, and participated in activities that encouraged critical thinking, leadership and physical activity. Along with NYLI and NHF staff, collaboration from the medical staff of Gulf States Hemophilia and Thrombophilia Center, Youth Development Specialist Pat Torrey and the staff at Camp-for-All ensured the success of the retreat. The overall feedback from the retreat was positive. One camper said, "I learned new ways in which you can be a leader. I also learned that you don't have to be an expert at something to teach it to someone else."

Since the retreat, NHF has received many calls requesting further information about NYLI, how people can get involved and how younger youth, not yet old enough for NYLI, can get involved as well. Anne Henningfeld, Director, Camp Bold Eagle in Michigan, stated, "I have gotten calls now from kids out of state that attended the retreat and friends of those who attended the retreat asking to take part in our youth programs here. There has been a huge ripple effect from your retreat." One NYLI member chronicled his participation as a counselor at the Youth Retreat in the May/June 2008 issue of *HemAware*, NHF's bi-monthly magazine.

NYLI members attended NHF's Washington Days in March 2008, where they learned about the legislative process; how a bill becomes law, state vs. federal advocacy and how to share their stories with legislators. Additionally they sat in on a hearing on the Hill where Dr. Julie Gerberding, Director of the CDC, presented, "Health Issues and Opportunities."

In May, two women from NYLI and one alumnus facilitated "Things I wish my mother had told me..." a session at the NHF national women's conference., It provided young adults' perspective on living with a bleeding disorder for chapters, providers and consumers from across the country. The NYLI also takes advantage of opportunities that might arise where they can meet with and bring leadership training to youth in local chapters.³

- *Increase the knowledge of women's bleeding disorders and strategies for preventing*

³ NYLI took part in planning and implementing Team Hemophilia on Tour, a public awareness initiative with Andretti Green Racing and Bayer Healthcare. NYLI members boarded the tour bus and headed to different Indy Car Race sites during the summer, stopping at chapters and summer camps along the way to facilitate youth programs on leadership, self-efficacy and prevention education.

secondary conditions, among national women's conference attendees

At the NHF Annual Meeting in 2007 a pre-conference symposium for consumers, "Focus on von Willebrand disease (VWD)," was attended by 60 consumers and received an overall evaluation of 3.8 of a possible 4.0. Expert speakers included Roshni Kulkarni, MD; Andra James, MD; Thomas Abshire, MD, and Edward Kuebler, LMSW-ACP. The session, "Ask the Experts: Women," received an overall evaluation of 3.8 of a possible 4.0. Drs. Barbara Konkle and Andra James addressed hematologic as well as gynecologic concerns of women patients.

The Women with Bleeding Disorders Task Force and NHF staff planned a curriculum for a national women's conference⁴, May 16-17, 2008, in Durham, North Carolina, to address compelling issues for women in the bleeding disorders community and to mark the 10th anniversary of NHF's women's initiative – Project Red Flag (PRF). The conference focused on:

- reducing secondary complications for women with bleeding disorders and carriers
- reducing unnecessary medical procedures within the same population
- reducing obesity (within the same population)
- addressing areas of misinformation about bleeding disorders in women
- providing strategies to maximize the use of evidence-based medical guidelines published by the NHLBI on diagnosis and treatment of VWD
- addressing unmet needs identified by younger women with bleeding disorders

An expert faculty was recruited; approximately 150 people attended. Highlights of this 10th anniversary celebration along with an historical perspective on the success of Project Red Flag are presented in the May/June 2008 issue of *HemAware*.

In this project period, with CDC input, we have updated and redesigned all PRF brochures to reflect the NHLBI Guidelines on diagnosis and treatment of VWD. Two \$2500 Project Red Flag Scholarships have been awarded to women with bleeding disorders pursuing college degrees. Competitive applications were reviewed for best practice model programs at local organizations and 10 grants were awarded, totaling more than \$72,000. These grants provide much needed funds for local chapters to educate women and provide information on women's bleeding disorders. At ACOG in May 2008, Education and HANDI staff disseminated PRF materials and the NHLBI guidelines as well as hosted a symposium for 60 obstetricians and gynecologists, presented by Dr. Andra James (former chair of the Women with Bleeding Disorders Task Force), to raise awareness and improve the diagnosis and treatment of women with bleeding disorders.

- *Increase access to language-appropriate information and prevention strategies among minority populations*

The NHF Multicultural Task Force attended the NHF Annual Meeting in November 2007 to review and comment on the English version of NHF's "Fast Facts," summarizing general information on bleeding disorders, von Willebrand disease, clotting disorders and NHF programs. Three of the task force members translated the "Fast Facts" into Spanish for distribution to all federally funded HTC's and all chapters/associations. Translation of the Fast Facts sheets into Vietnamese began in September 2008.

For NHF's 59th Annual Meeting, the 5th Annual Travel Grant Program for first-time attendees

⁴ Through public-private partnership education grant

was implemented. NHF provided assistance to individuals and/or families with bleeding disorders who would be unable to attend due to financial constraints and had never attended an NHF Annual Meeting. Forty-three individuals, from 12 families affected by bleeding disorders, were awarded travel grant scholarships to attend. The families represented predominantly Latinos, Asian/Pacific Islanders, African-Americans and a small number of Caucasians. Registration data show that this program increased by approximately 10% the number of minority families who have attended the Annual Meeting in 2007. The families were very appreciative of the opportunity to meet other families with bleeding disorders. NHF will provide a six-month follow-up report from the awardees about what they learned at Annual Meeting and their use of this information.

- ***Increase awareness and knowledge of the importance of physical activity/nutrition for preventing secondary conditions among attendees at NHF national meetings***

The core activity for this objective is the Physical Activity and Nutrition Initiative NHF partners with the YMCA and CDC. We have developed draft program guidelines for chapters and local YMCAs to participate in a pilot physical activity/nutrition initiative and identified 6 local chapters (collaborating with an HTC) to participate in the initiative. NHF has been organizing and planning for this initiative for the first 6 months of this agreement – solidifying YMCA relations, developing program materials and canvassing and identifying 6 pilot chapters and corresponding local YMCA branches. In addition to this initiative, NHF conducted wellness education sessions at the 2007 Annual Meeting and planned wellness education sessions at the May national women’s conference to further encourage the importance of physical activity/nutrition for people with bleeding disorders.

NHF has worked toward meeting its objective of increasing awareness and knowledge of physical activity/nutrition at NHF national meetings through educational and fitness sessions. At the 2007 Annual Meeting, “Doing the 5--Fit Adults, Fit Kids: Lifestyles for a Long and Healthy Life” was attended by more than 100 individuals and received a score of 92.3% out of 100%. To take an active approach, NHF’s Education staff teamed up with the Physical Therapy Working Group to host a “Fit n’ Run/Walk” for all conference attendees. The Annual Meeting Working Group met in January 2008 in Denver, Colorado, to help plan wellness sessions for the 2008 Annual Meeting taking place in November 2008.

On May 17, 2008, at our national women’s conference we conducted a session on reducing obesity rates in women with bleeding disorders presented by our CDC partners. As the NHF/YMCA physical activity/nutrition initiative is in the planning phase, the creation and dissemination of educational materials has not yet taken place. In the meantime, HANDI continues to disseminate brochures to promote awareness and increase knowledge of participating in physical activity. Once the program officially begins, then we will be able to monitor the progress of individuals participating in it and measure intention to incorporate regular physical activity into their lifestyle in an ongoing manner, and adherence to regular physical activity for the project year as outcomes.

- ***Increase knowledge, attitude and behavior toward emergency preparedness among families with bleeding disorders in 5 local areas***

This year we have worked with both our chapters and the NHF Disaster Preparedness Task Force to meet this objective. As mentioned above, based on feedback we have received from

consumers at chapter preparedness meetings and at the NHF Annual Meeting, we have charged the Task Force with compiling a very detailed check list of preparedness activities for both consumers and chapters. This check list will act as a template for a preparedness plan ensuring that consumers and chapters have detailed instructions for how to prepare for possible emergencies in their areas. It was available at NHF's Annual Meeting in Denver, Colorado, rolled out in an interactive session run by the Task Force members and our CDC partner, so that those attending gained exposure to the type of questions that need to be answered to put their plans together.

At the NHF Annual Meeting in 2007 the session, *Preparedness: a Refresher*, was co-presented by Sally Owens of the CDC and Gregory Thomas, MS, then with Columbia University's National Center for Disaster Preparedness. The objective of this session was to lead families and individuals with bleeding disorders and chapter and HTC representatives through best practices in essential preparedness planning. (This session received an overall average rating of 3.87.) This education session complemented the information presented in the September/October 2007 issue of *HemAware* -- "Preparing for Disaster." This feature article included precautionary information for people with bleeding disorders and provided important links for additional emergency preparedness resources. And as stated, feedback from this session was integral to planning an interactive 2008 Annual Meeting preparedness training session.

We have also worked with chapters and are starting 3 pilot site programs in Preparedness. Specifically, the Nebraska Chapter of the NHF is working on patient education seminars throughout the state so that all their members have the important information they need in an emergency; Hemophilia Foundation of Michigan is developing preparedness plans for its off-site meetings and summer camping programs, and the Hemophilia Foundation of Hawaii chapter is working on an inter-island communication plan in case of a disaster. All pilot programs will receive a supply of NHF Emergency Go-Bags and emergency contact cards, or "NHF Readiness Cards," to distribute to their constituents.

As NHF and CDC have identified HANDI as the primary information center during an emergency in the community, NHF is currently implementing its 24/7 HANDI phone line and has trained the staff who will implement the plan.

- *Increase knowledge of HTC Social Workers on Insurance and Reimbursement Issues*
Recognizing the central role of social workers in increasing the patients' and families' understanding of insurance coverage, NHF inaugurated a special training workshop for social workers on this important topic. In April 2008, NHF conducted its third Insurance/Reimbursement workshop, *Access to Insurance at Every Life Stage*, for 36 social workers from across the country. The one-and-a-half-day workshop received an overall rating of 3.9 on a 4.0 (4=Excellent) scale; continuing education units (CEUs) were provided for the participants. In the program's 3 years, NHF has trained a total of 111 social workers.

Research and Medical Information Department

Awarded a Clinical Fellowship to:

- Mindy Grunzke, MD, University of Colorado at Denver and Health Science Center Mountain States Regional Hemophilia and Thrombosis Center

Awarded Career Development Awards to:

- Qizhen Shi, MD, PhD, Medical College of Wisconsin for her project, “Immune Response in Platelet-Derived FVIII Gene Therapy of Murine Hemophilia A.”
- Alisa Wolberg, PhD, University of North Carolina at Chapel Hill, for her project, “Recombinant Factor VIIa and RL Platelets as a Hemophilia Therapy.”

Awarded Judith Graham Pool Postdoctoral Research Fellowships to:

- Jyoti Mathur, PhD, Stanford University, for her project, “AAV Vectors for the Treatment of Hemophilia B.”
- Ruijin Su, MD, PhD, Puget Sound Blood Center for her project, “Targeting Dendritic Cells to Induce Immune Tolerance to Factor VIII.”
- Jun-Jiang Sun, MD, University of North Carolina at Chapel Hill, for his project, “Hemophilia Arthropathy: Gene Delivery Vectors for Determining Mechanisms and Therapy.”

Awarded a Nursing Excellence Fellowship to:

- Judith Kauffman, RN, BSN, MS, CPNP, and Kacie Kaufman, RN, MSN, BC-APN, The Children’s Mercy Hospital, Kansas City, MO, for their joint project, “The Effects of an Educational Intervention on Joint Health in Children with Hemophilia.”

Awarded a Physical Therapy Excellence Fellowship to:

- Jenny Robison, PT, Vanderbilt University Medical Center, Nashville, TN, for her project, “The Effect of Inframalleolar Orthotics on Temporal Gait Characteristics and Foot Pressures in Children with Hemophilia.”

Held in conjunction with Baxter BioScience the first meeting of all current and graduated NHF Clinical Fellows

Held NHF’s 9th Novel Technologies and Gene Transfer for Hemophilia Workshop, February 22-23, 2008, at the Children’s Hospital of Philadelphia

Exhibited NHF materials, answered questions and received requests for information at the American College of Obstetricians and Gynecologists Annual Meeting in New Orleans, LA, World Federation of Hemophilia Congress in Istanbul, Turkey, and the International Society on Thrombosis and Haemostasis Congress in Geneva, Switzerland.

Produced a new consumer publication, “Nosebleeds.”

Through NHF's resource center, HANDI, specialists answered approximately 4,500 requests for information and distributed more than 30,000 publications.

In conjunction with volunteers, HANDI staff assisted in developing all educational tracks for the providers--physicians, nurses, social workers and physical therapists-- who attended NHF's Annual Meeting in Orlando, FL.

Public Policy Department

In 2008, the highlight NHF's public policy work was the introduction of the Health Insurance Coverage Protection Act (S. 2706/H.R.6528), introduced by Senator Byron Dorgan (D-ND) and Representatives Anna Eshoo (CA), Betty Sutton (OH), Jason Altmire (PA) and James Langevin (RI) in the House. The legislation would ultimately set the minimum lifetime caps on private insurance plans at \$10 million with an annual inflationary index.

The Senate version of the legislation was introduced during NHF Washington Days 2008, an annual event where members of the bleeding and clotting disorders communities from across the country converge on the Hill to learn about key issues and meet with legislators and staff. This year's event attracted a record of more than 250 participants representing 40 states. Since its introduction, the bill has attracted the interest of many legislators as well as the media and a broad coalition of organizations representing healthcare consumers and industry. The original sponsors have agreed to reintroduce the legislation in the new Congress. NHF is now working with the rest of the coalition to commission a study from Price Waterhouse documenting the impact of lifetime caps and the potential impact of this legislation.

Also on the federal level, NHF is proud to have been part of the effort that led to the passage of the Genetic Information Nondiscrimination Act (GINA). In the bleeding disorders community, GINA is of particular importance to women who are interested in determining whether they are carriers of the gene for hemophilia but may have avoided testing in the past for fear of discrimination by insurers or employers.

Another important highlight was the establishment of pharmacy standards for hemophilia as outlined in NHF's Medical and Scientific Advisory Council's (MASAC) Recommendation #188, "MASAC Recommendations Regarding Standards of Service for Pharmacy Providers of Clotting Factor Concentrates for Home Use to Patients with Bleeding Disorders." This document recognizes the contribution of specialty pharmacy to the health and well-being of people with bleeding disorders. It furthermore establishes minimum standards that must be adhered to by pharmacies serving the bleeding disorders

population. Establishing such standards had become increasingly necessary as large specialty pharmacies lacking requisite experience on bleeding disorders began to enter the marketplace, in some cases as the recipient of sole or limited source contracts with large payers. NHF continues to work to promulgate these standards with pharmacies and payers. In addition, NHF is promoting these standards as a model initially for other groups dependent on specialty pharmacies for plasma-derived products and their recombinant analogues.

NHF has also worked closely with our chapters in a number of states around the country to respond to a variety of threats to access to high-quality care. These threats have included attempts by payers to reduce reimbursement rates for clotting factor, to limit access to products by means of restrictive formularies or preferred drug lists, or to establish sole source provider contracts. In almost every case, NHF has been successful in either completely preventing or at least mitigating the effects of these harmful actions. NHF is also working to minimize or prevent such actions through the establishment of legislative standards of care in the states or the establishment of bleeding disorders advisory boards to advise state governments on what is appropriate care for people with bleeding disorders.

Chapter Services Department

Beginning in 2005, the NHF Board, Senior Management, and chapter leaders throughout the U.S. engaged in a collaborative process of exploring new structures and models for NHF, aimed at improving services to individuals with bleeding and clotting disorders nationwide.

The consensus was that NHF was not adequately structured to face present and future challenges. This effort culminated in a Chapter Development plan designed to create a more viable and sustainable chapter network in order to better serve NHF's owners (individuals and their families affected by bleeding and clotting disorders) throughout the country.

Options were provided to all chapters for how they will affiliate with NHF, and a set of Chapter Standards were developed to ensure a minimum level of program services, fundraising and operations throughout the chapter network. NHF established a new Chapter Services Department, with regional staff in place to help guide and assist chapters.

To fund the Chapter Development plan, the Campaign for Our Future was launched late in 2008. Proceeds from this effort will assist chapters with staffing and operational needs as they strive to meet Chapter Standards.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2007 or other tax year beginning Jul 1, 2007, and ending Jun 30, 2008

2007

Department of the Treasury Internal Revenue Service (77)

See separate instructions.

Open to Public Inspection for 501(c)(3) Organizations Only.

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year; D Employer identification number; E Unrelated business activity codes; F Group exemption number; G Check organization type.

H Describe the organization's primary unrelated business activity. ADVERTISING REVENUE FOR HEMAWARE PERIODICAL DISTRIBUTED TO BLEEDING AND CLOTTING COMMUNITY AND OTHERS . USED TO DISTRIBUTE EDUCATIONAL INFORM

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No

J The books are in care of NATIONAL HEMOPHILIA FOUNDATION Telephone number (212) 328-3700

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales, 2 Cost of goods sold, 3 Gross profit, 4a Capital gain net income, 5 Income (loss) from partnerships and S corporations, 6 Rent income, 7 Unrelated debt-financed income, 8 Interest, annuities, royalties, and rents from controlled organizations, 9 Investment income, 10 Exploited exempt activity income, 11 Advertising income, 12 Other income, 13 Total.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 3 columns: Line number, Description, Amount. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest; 19 Taxes and licenses; 20 Charitable contributions; 21 Depreciation; 22 Less depreciation claimed; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses; 27 Excess readership costs; 28 Other deductions; 29 Total deductions; 30 Unrelated business taxable income before net operating loss deduction; 31 Net operating loss deduction; 32 Unrelated business taxable income before specific deduction; 33 Specific deduction; 34 Unrelated business taxable income.

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> . See instructions and: a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____ b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)..... \$ _____ (2) Additional 3% tax (not more than \$100,000)..... \$ _____ c Income tax on the amount on line 34..... 35 c 0.	
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041).....	36
37 Proxy tax. See instructions.....	37
38 Alternative minimum tax.....	38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies.....	39 0.

Part IV Tax and Payments

40 a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116).....	40 a	
b Other credits (see instructions).....	40 b	
c General business credit. Check here and indicate which forms are attached: <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form(s) (specify) ▶	40 c	
d Credit for prior year minimum tax (attach Form 8801 or 8827).....	40 d	
e Total credits. Add lines 40a through 40d.....	40 e	
41 Subtract line 40e from line 39.....	41	0.
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 .. <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule).....	42	
43 Total tax. Add lines 41 and 42.....	43	0.
44 a Payments: A 2006 overpayment credited to 2007.....	44 a	
b 2007 estimated tax payments.....	44 b	
c Tax deposited with Form 8868.....	44 c	
d Foreign organizations: Tax paid or withheld at source (see instructions).....	44 d	
e Backup withholding (see instructions).....	44 e	
f Other credits and payments: <input type="checkbox"/> Form 2439 _____ <input type="checkbox"/> Form 4136 _____ <input type="checkbox"/> Other _____ Total ...▶	44 g	
45 Total payments. Add lines 44a through 44f.....	45	
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached..... <input type="checkbox"/>	46	
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed.....	47	
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid.....	48	0.
49 Enter the amount of line 48 you want: Credited to 2008 estimated tax ▶ Refunded ▶	49	

Part V Statements Regarding Certain Activities and Other Information (see instructions.)

1 At any time during the 2007 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file Form TD F 90-22.1 If YES, enter the name of the foreign country here▶	Yes	No
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?.. If YES, see the instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ▶

1 Inventory at beginning of year.....	1	0	6 Inventory at end of year.....	6	
2 Purchases.....	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2.....	7	
3 Cost of labor.....	3				
4a Additional section 263A costs (attach schedule)	4 a				
b Other costs (attach sch)	4 b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?.....	Yes	No
5 Total. Add lines 1 through 4b.....	5			X	

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 taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: *[Signature]* Date: 2/10/09 Title: CEO
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer's Use Only
 Preparer's signature: _____ Date: _____ Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP code: NATIONAL HEMOPHILIA FOUNDATION, 116 W 32ND ST, NEW YORK, NY 10001-3212
 Preparer's SSN or PTIN: _____ EIN: _____ Phone no.: _____

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1 Description of property		2 Rent received or accrued		3 Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	(2)	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)				
(2)				
(3)				
(4)				
Total		Total		Total deductions. Enter here and on page 1, Part I, line 6, column (B) ... ▶
Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ... ▶				

Schedule E – Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property		2 Gross income from or allocable to debt-financed property	3 Deductions directly connected with or allocable to debt-financed property	
(1)	(2)		(a) Straight line depreciation (attach sch)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8.				

Schedule F – Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1 Name of Controlled Organization	2 Employer Identification Number	Exempt Controlled Organizations			
		3 Net unrelated income (loss) (see instructions)	4 Total of specified payments made	5 Part of column 4 that is included in the controlling organization's gross income	6 Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7 Taxable Income	8 Net unrelated income (loss) (see instructions)	9 Total of specified payments made	10 Part of column 9 that is included in the controlling organization's gross income	11 Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, part I, line 8, column (B).	

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1 Description of income	2 Amount of income	3 Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (column 3 plus column 4)
(1)				
(2)				
(3)				
(4)				
Totals	Enter here and on page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, column (A)	Enter here and on page 1, Part I, line 10, column (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (See instructions.)

Part I Income From Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (column 2 minus column 3). If a gain, compute columns 5 through 7.	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

(1) STATEMENT 1	1,011,523.	920,113.	91,410.			
(2)						
(3)						
(4)						
(5) Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, column (A).	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	1,011,523.	920,113.				

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
STATEMENT 2	attached	0.00 %	0.
		%	
		%	
		%	
Total. Enter here and on page 1, Part II, line 14			0.