

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning and ending

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

C Name of organization
NATIONAL HEMOPHILIA FOUNDATION
 Doing Business As
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
116 WEST 32ND STREET, 11TH FL
 City or town, state or country, and ZIP + 4
NEW YORK, NY 10001
F Name and address of principal officer: **VAL BIAS**
SAME AS C ABOVE

D Employer identification number
13-5641857

E Telephone number
212-328-3700

G Gross receipts \$ **12,903,051.**

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.HEMOPHILIA.ORG**

K Form of organization: Corporation Trust Association Other

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

Part I Summary

Activities & Governance			
1 Briefly describe the organization's mission or most significant activities: DEDICATED TO FINDING BETTER TREATMENTS AND CURES FOR BLEEDING AND CLOTTING DISORDERS.			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	47
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,104,450.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
Revenue		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,514,099.	8,872,565.
9	Program service revenue (Part VIII, line 2g)	591,729.	1,444,682.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-66,999.	110,765.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	316,473.	384,769.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,355,302.	10,812,781.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,034,610.	850,483.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,889,282.	3,953,826.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
16b	Total fundraising expenses (Part IX, column (D), line 25) 443,311.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	2,198,743.	5,242,588.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	5,122,635.	10,046,897.
19	Revenue less expenses. Subtract line 18 from line 12	232,667.	765,884.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,192,867.	10,291,209.
21	Total liabilities (Part X, line 28)	3,564,090.	4,683,187.
22	Net assets or fund balances. Subtract line 21 from line 20	4,628,777.	5,608,022.

Part II Signature Block

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

Sign Here
 Signature of officer: *Val Bias* Date: **8/4/11**
VAL BIAS, CHIEF EXECUTIVE OFFICER
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: **THERESA DOMINIANNI** Preparer's signature: *Theresa Dominianni* Date: **8/4/11** Check if self-employed PTIN:
 Firm's name: **WISS & COMPANY, LLP** Firm's EIN:
 Firm's address: **354 EISENHOWER PARKWAY LIVINGSTON, NJ 07039** Phone no. **973-994-9400**

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

THE NATIONAL HEMOPHILIA FOUNDATION IS DEDICATED TO FINDING BETTER TREATMENTS AND CURES FOR BLEEDING AND CLOTTING DISORDERS AND TO PREVENT THE COMPLICATIONS OF THESE DISORDERS THROUGH EDUCATION, ADVOCACY AND RESEARCH. THE FOUNDATION AND OTHER INDEPENDENT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No X

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No X

If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 4,465,285. including grants of \$ 33,711.) (Revenue \$ 340,232.)

HEALTH EDUCATION AND TRAINING - NATIONAL HEMOPHILIA (NHF) PROVIDED EDUCATION, TRAINING AND CONTINUING EDUCATION CREDITS TO CLOSE TO 522 HEALTH CARE PROVIDERS AT THE 62ND ANNUAL MEETING IN NEW ORLEANS, LA. NHF'S INFORMATION RESOURCE CENTER (HANDI), ANSWERED OVER 4500 REQUESTS FOR INFORMATION FROM PARENTS WITH NEWLY DIAGNOSED CHILDREN, PATIENTS WITH INHIBITORS TO FACTOR PRODUCTS, AS WELL AS THE GENERAL PUBLIC ON GENERAL INFORMATION REGARDING HEMOPHILIA, HEALTH INSURANCE ISSUES, AND THE PROPER CARE OF A CHILD WITH A BLEEDING DISORDER. NHF WORKED ON DEVELOPING CONTENT AND STRUCTURE FOR A NEW ON-LINE, INTERACTIVE, LIFE-STAGES APPROACH TO BLEEDING DISORDERS EDUCATION THAT WILL INCLUDE CRITICAL INFORMATION AND SUPPORT FOR PARENTS OF NEWLY DIAGNOSED CHILDREN AS WELL AS INFORMATION FOR YOUTH AND YOUNG ADULTS CALLED

4b (Code:) (Expenses \$ 1,683,904. including grants of \$ 0.) (Revenue \$)

COMMUNITY SERVICES - THE PUBLIC POLICY DEPARTMENT WORKS TO ESTABLISH AND ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND ACCESS TO CARE FOR PEOPLE WITH BLEEDING DISORDERS BY WORKING WITH FEDERAL AND STATE LAWMAKERS, OTHER GOVERNMENT OFFICIALS, THE MEDIA, INDUSTRY AND ALLIED ORGANIZATIONS. TWO KEY INITIATIVES: THE NATIONAL ADVOCACY EMPOWERMENT PROGRAM, WHICH PROVIDED CONSUMERS WITH THE TRAINING, TOOLS AND SUPPORT TO BE EFFECTIVE ADVOCATES; AND WASHINGTON DAYS, OUR ANNUAL GRASSROOTS EVENT, WHICH BROUGHT PATIENTS TO D.C. TO MEET WITH MEMBERS OF CONGRESS.

4c (Code:) (Expenses \$ 1,107,300. including grants of \$ 671,226.) (Revenue \$)

RESEARCH - NHF AWARDED A RESEARCH FELLOWSHIP TO A POSTDOCTORAL FELLOW FROM THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOR HER PROJECT TO UNDERSTAND FACTOR XA VARIANTS FOR THE TREATMENT OF HEMOPHILIA. NHF AWARDED TWO NEW CLINICAL FELLOWSHIPS TRAINING THEM FOR A FUTURE IN HEMOPHILIA CARE. ONE PHYSICIAN IS FROM CHILDREN'S HOSPITAL BOSTON/DANA FARBER CANCER INSTITUTE WHILE THE OTHER IS FROM CHILDREN'S HOSPITAL OF DENVER. NHF AWARDED A NURSING EXCELLENCE FELLOWSHIP TO UNDERSTAND EDUCATIONAL NEEDS OF WOMEN WITH PLATELET DISORDERS AND A SOCIAL WORK EXCELLENCE FELLOWSHIP TO STUDY SOCIALIZATION PATTERNS OF ADULT MEN WITH HEMOPHILIA. NHF HOSTED A NOVEL TECHNOLOGIES AND GENE TRANSFER WORKSHOP GATHERING RESEARCHERS FROM AROUND THE WORLD TO SHARE PROJECTS, RESULTS AND RECEIVE FEEDBACK FROM THEIR PEERS. NHF'S MEDICAL AND SCIENTIFIC

4d Other program services. (Describe in Schedule O.)

(Expenses \$ 1,295,288. including grants of \$ 97,743.) (Revenue \$)

4e Total program service expenses 8,551,777.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form with questions 1a through 14b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited tax shelter transactions, and contributions.

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **▶ AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
THE ORGANIZATION - 212-328-3700
116 WEST 32ND STREET, 11TH FL, NEW YORK, NY 10001

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEPHEN BENDER CHAIR	10.00	X		X				0.	0.	0.
SHANNON PENBERTHY VICE-CHAIR	10.00	X		X				0.	0.	0.
EILEEN F. BOSTWICK, PH.D. SECRETARY	10.00	X		X				0.	0.	0.
CLIFFORD BLAIR COHN, ESQ TREASURER	10.00	X		X				0.	0.	0.
JILL R. BIRDWHISTELL, PH.D. DIRECTOR	10.00	X						0.	0.	0.
MICHAEL LUETTGEN DIRECTOR	10.00	X						0.	0.	0.
RACHEL MILLER DIRECTOR	10.00	X						0.	0.	0.
TODD M. PFEIL, ESQ. DIRECTOR	10.00	X						0.	0.	0.
ADAM WILMERS DIRECTOR	10.00	X						0.	0.	0.
BARBARA GORDON DIRECTOR	10.00	X						0.	0.	0.
DANIELLE NANCE, MD DIRECTOR	10.00	X						0.	0.	0.
KENNETH TRADER DIRECTOR	10.00	X						0.	0.	0.
CRAIG KESSLER DIRECTOR	10.00	X						0.	0.	0.
GILBERT C. WHITE, II, MD DIRECTOR	10.00	X						0.	0.	0.
KATHLEEN M. GERUS-DARBISON DIRECTOR	10.00	X						0.	0.	0.
MICHAEL J. BORNHORST DIRECTOR 1/2010-4/2010	10.00	X						0.	0.	0.
STEVEN P. FAUST DIRECTOR 1/2010-2/2010	10.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RITA R. GONZALES DIRECTOR 1/2010-6/2010	10.00	X						0.	0.	0.
KENNETH G. MANN, PH.D. DIRECTOR 1/2010-4/2010	10.00	X						0.	0.	0.
MICHAEL O'CONNOR DIRECTOR 1/2010-4/2010	10.00	X						0.	0.	0.
RAY STANHOPE DIRECTOR 1/2010-6/2010	10.00	X						0.	0.	0.
JIM WASSERSTROM DIRECTOR 1/2010-6/2010	10.00	X						0.	0.	0.
VAL BIAS CEO	40.00			X				252,899.	0.	46,489.
HOWARD BALSAM COO	40.00			X				69,811.	0.	13,778.
JOSEPH KLEIBER V.P. FOR CHAPTER SERVICE	40.00				X			156,096.	0.	27,574.
JOHN INDENCE V.P. OF MARKETING AND COMM	40.00					X		124,250.	0.	16,809.
1b Sub-total								603,056.	0.	104,650.
c Total from continuation sheets to Part VII, Section A								530,029.	0.	66,528.
d Total (add lines 1b and 1c)								1,133,085.	0.	171,178.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **7**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
THE MAGAZINE GROUP, 1707 L STREET NW, 3RD FLOOR, WASHINGTON, DC 20036	PRODUCTION OF HEMAWARE	383,004.
MILLENIUM TECHNOLOGY, 850 SEVENTH AVENUE, PH-B, NEW YORK, NY 10019	COMPUTER DATABASE MAINT & IT ISSUES	255,188.
HOLLAND & KNIGHT P.O. BOX 864084, ORLANDO, FL 32886-4084	GOVERNMENT AFFAIRS	185,700.
INTEGRATED PUBLISHING SALES 519 SPICEBUSH LANE, CHARGIN FALLS, OH 44023	ADVERTISING SPACE FOR HEMAWARE	136,915.
MLA EVENTS LLC 1370 TRANCAS STREET, #384, NAPA, CA 94558	MEETINGS & EVENT PLANNER	121,843.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	29,677.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d	481,831.				
	e	Government grants (contributions)	1e	1,156,455.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,204,602.				
	g	Noncash contributions included in lines 1a-1f: \$						
	h	Total. Add lines 1a-1f		8,872,565.				
	Program Service Revenue	2 a	ADVERTISING	Business Code 541800	1,104,450.		1104450.	
b		EDUCATIONAL SEMINARS	611710	319,600.	319,600.			
c		PUBLICATIONS	900099	20,632.	20,632.			
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		1,444,682.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		162,097.			162,097.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		b	Less: rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less: cost or other basis and sales expenses					
		c	Gain or (loss)					
		d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	667,547.				
		b	Less: direct expenses	b	282,778.			
	c	Net income or (loss) from fundraising events			384,769.		384,769.	
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.			10812781.	340,232.	1104450.	495,534.	

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	850,483.	850,483.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	566,647.	498,592.	43,047.	25,008.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	2,625,787.	2,131,506.	312,544.	181,737.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	144,447.	129,336.	4,056.	11,055.
9 Other employee benefits	164,443.	151,087.	3,679.	9,677.
10 Payroll taxes	452,502.	413,851.	14,313.	24,338.
11 Fees for services (non-employees):				
a Management				
b Legal	215,409.	28,875.	183,458.	3,076.
c Accounting	58,289.		57,277.	1,012.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,358.		35,847.	2,511.
g Other	982,287.	677,269.	233,798.	71,220.
12 Advertising and promotion				
13 Office expenses	77,884.	62,851.	12,820.	2,213.
14 Information technology				
15 Royalties				
16 Occupancy	437,916.	408,944.	11,444.	17,528.
17 Travel	2,073,249.	1,978,386.	74,527.	20,336.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,622.	2,978.	407.	237.
23 Insurance	29,618.		29,618.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a STATIONERY AND PRINTING	565,943.	547,835.	4,849.	13,259.
b EQUIPMENT RENTAL	528,333.	488,752.	18,444.	21,137.
c POSTAGE AND SHIPPING	107,472.	97,171.	709.	9,592.
d TELEPHONE	67,097.	59,769.	2,311.	5,017.
e MEMBERSHIP DUES	49,325.	22,159.	3,273.	23,893.
f All other expenses	7,786.	1,933.	5,388.	465.
25 Total functional expenses. Add lines 1 through 24f	10,046,897.	8,551,777.	1,051,809.	443,311.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,144,178.	1	3,690,472.
	2 Savings and temporary cash investments	1,461,713.	2	420,093.
	3 Pledges and grants receivable, net	155,125.	3	503,445.
	4 Accounts receivable, net	608,467.	4	531,491.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	119,558.	9	100,482.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,359,983.		
	b Less: accumulated depreciation	10b 1,322,410.	16,875.	10c 37,573.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	4,686,951.	12	5,007,653.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,192,867.	16	10,291,209.	
Liabilities	17 Accounts payable and accrued expenses	1,971,824.	17	2,054,502.
	18 Grants payable		18	
	19 Deferred revenue	1,592,266.	19	2,628,685.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	3,564,090.	26	4,683,187.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,379,664.	27	3,081,565.
	28 Temporarily restricted net assets	1,999,113.	28	2,276,457.
	29 Permanently restricted net assets	250,000.	29	250,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,628,777.	33	5,608,022.	
34 Total liabilities and net assets/fund balances	8,192,867.	34	10,291,209.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,812,781.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,046,897.
3	Revenue less expenses. Subtract line 2 from line 1	3	765,884.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,628,777.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	213,361.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,608,022.

Part XII Financial Statements and Reporting

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

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

Form 990 (2010)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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

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

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

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____
 - (ii) A family member of a person described in (i) above? _____
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above? _____
- h Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6545491.	6836369.	7292490.	4994445.	8197715.	33866510.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6545491.	6836369.	7292490.	4994445.	8197715.	33866510.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13509268.
6 Public support. Subtract line 5 from line 4						20357242.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	6545491.	6836369.	7292490.	4994445.	8197715.	33866510.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	283,579.	279,383.	207,955.	83,065.	162,097.	1016079.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1146462.	1480725.	1335331.	650,680.	319,600.	4932798.
11 Total support. Add lines 7 through 10						39815387.
12 Gross receipts from related activities, etc. (see instructions)					12	688,179.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	51.13 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	83.36 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

THIS IS INCOME REPRESENTS REGISTRATION FEES FOR THE ANNUAL MEETING.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2010

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

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

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not 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. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Part II Noncash Property (see instructions)

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

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Part III

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2010
LHA

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

- A** Check if the filing organization belongs to an affiliated group.
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
 (The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e.	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	
Over \$17,000,000	\$1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures				0.	
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
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		206,797.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		73,007.
i Other activities? If "Yes," describe in Part IV		X	
j Total. Add lines 1c through 1i			279,804.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

HOLLAND & KNIGHT, LLP - CONSULTING EXPENSES OF \$182,911

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

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

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

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

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

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

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

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

a Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b Assets included in Form 990, Part X

▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

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

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 100.00 %
 - c Term endowment _____ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|-----------------------------|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? Yes No
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		175,302.	150,982.	24,320.
d Equipment		1,184,681.	1,171,428.	13,253.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				37,573.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CORPORATE BONDS	3,307,461.	END-OF-YEAR MARKET VALUE
(B) COMMON STOCKS	577,894.	END-OF-YEAR MARKET VALUE
(C) MUTUAL FUNDS	3,294.	END-OF-YEAR MARKET VALUE
(D) EXCHANGE TRADED EQUITY		
(E) FUNDS	1,119,004.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	5,007,653.	

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

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

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

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

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

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

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,812,781.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,046,897.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	765,884.
4	Net unrealized gains (losses) on investments	4	213,361.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	213,361.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	979,245.

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

1	Total revenue, gains, and other support per audited financial statements	1	11,026,142.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	213,361.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	213,361.
3	Subtract line 2e from line 1	3	10,812,781.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	10,812,781.

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

1	Total expenses and losses per audited financial statements	1	10,046,897.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	10,046,897.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,046,897.

Part XIV Supplemental Information

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

PART V, LINE 4: THE FOUNDATION TEMPORARILY RESTRICTS AT LEAST \$7,500

ANNUALLY REPRESENTING INCOME FROM THE FUND TO BE USED FOR A RESEARCH

GRANT. THE \$18,750 UNDER TEMPORARILY RESTRICTED ASSETS REPRESENTS INCOME

ACCUMULATION FROM INCEPTION JULY 1, 2008 TO DECEMBER 31, 2010.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		WALK-A-THON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	667,547.		667,547.
	2	Less: Charitable contributions	0.		
	3	Gross income (line 1 minus line 2)	667,547.		667,547.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	282,778.		282,778.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(282,778)
	11	Net income summary. Combine line 3, column (d), and line 10			384,769.

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

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

9 Enter the state(s) in which the organization operates gaming activities: _____
 a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a		%
13b		%

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization
NATIONAL HEMOPHILIA FOUNDATION

Employer identification number
13-5641857

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed.

Part II Grants and Other Assistance to Governments and Organizations in the United States.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF NORTH CAROLINA - 260 TOWN HILL DRIVE - MORRISVILLE, NC 27560	56-1273974	501(C)(3)	5,856.	0.			CHAPTER - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA FOUNDATION OF ILLINOIS 210 S. DESPLAINE CHICAGO, IL 60661	36-2390156	501(C)(3)	1,838.	0.			CHAPTER - VICTORY FOR WOMEN PROGRAM
HEMOPHILIA FOUNDATION OF INDIANA 5170 E. 65TH STREET, STE 106 INDIANAPOLIS, IN 46220	35-1278222	501(C)(3)	2,253.	0.			CHAPTER - VICTORY FOR WOMAN PROGRAM
NORTHERN OHIO HEMOPHILIA FOUNDATION; - ONE INDEPENDENCE PLACE; 4807 ROCKSIDE ROAD; STE 380; - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	750.	0.			RETROSPECTIVE EVALUATION PARTICIPATION GRANT
HEMOPHILIA FOUNDATION OF ILLINOIS 210 S. DESPLAINE CHICAGO, IL 60661	36-2390156	501(C)(3)	750.	0.			RETROSPECTIVE EVALUATION PARTICIPATION GRANT
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 WEST MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501(C)(3)	2,926.	0.			RETROSPECTIVE EVALUATION PARTICIPATION GRANT

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF SOUTHERN CALIFORNIA - 6720 MELROSE AVENUE - HOLLYWOOD, CA 90038	95-1916053	501(C)(3)	1,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
NORTHERN OHIO HEMOPHILIA FOUNDATION; - 4807 ROCKSIDE ROAD, STE 380 - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	1,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
ARIZONA HEMOPHILIA ASSOCIATION 818 EAST OSBORN ROAD, STE 105 PHOENIX, AZ 85014	86-0209257	501(C)(3)	1,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
CENTRAL OHIO CHAPTER OF NHF 834 WEST THIRD AVENUE, STE A COLUMBUS, OH 43212	31-1138375	501(C)(3)	1,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
VIRGINIA HEMOPHILIA FOUNDATION P.O. BOX 188 MIDLOTHIAN, VA 23113	54-1183181	501(C)(3)	1,000.	0.			NATIONAL PREVENTION PROGRAM - AWARDS OF DISTINCTION
GREAT LAKES HEMOPHILIA FOUNDATION 638 NORTH 18TH STREET, SUITE 108 MILWAUKEE, WI 53233	23-7367636	501(C)(3)	7,250.	0.			FIT FOR ALL PROGRAM
VIRGINIA HEMOPHILIA FOUNDATION P.O. BOX 188 MIDLOTHIAN, VA 23113	54-1183181	501(C)(3)	9,000.	0.			FIT FOR ALL PROGRAM
BAYLOR COLLEGE OF MEDICINE ONE BAYLOR PLAZA, BCM206 HOUSTON, TX 77030	74-1613878	501(C)(3)	25,000.	0.			CLINICAL RESEARCH FELLOWSHIP
UNIVERSITY OF COLORADO GRANTS & CONTRACTS - P.O. BOX 238, F428 - DENVER, CO 80291-0238	84-6000555	501(C)(3)	50,000.	0.			CLINICAL RESEARCH FELLOWSHIP

LHA Schedule I (Form 990)

NATIONAL HEMOPHILIA FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YALE UNIVERSITY GRANTS & CONTRACTS FINANCIAL ADMINISTRATION - 155 WHITNEY AVE, RM 230 - NEW HAVEN, CT 06520-8250	06-0646973	501(C)(3)	100,000.	0.			CLINICAL RESEARCH FELLOWSHIP
UNC AT CHAPEL HILL 104 AIRPORT DR., STE 2200, CB# 1350 CHAPEL HILL, NC 27599-1350	56-6001393	501(C)(3)	100,000.	0.			CLINICAL RESEARCH FELLOWSHIP
CHILDREN'S HOSPITAL OF BOSTON P.P. BOX 414413 BOSTON, MA 02241-4413	04-2774441	501(C)(3)	50,000.	0.			CLINICAL RESEARCH FELLOWSHIP
UNIVERSITY OF COLORADO & DENVER 13001 E 17TH PLACE, MSF416, WG109 AURORA, CO 80045	18-4600055	501(C)(3)	50,000.	0.			CLINICAL RESEARCH FELLOWSHIP
CHILDREN'S HOSPITAL OF PHILADELPHIA - 3615 CIVIC CENTER BLVD - PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	42,000.	0.			JUDITH GRAHAM POOL POSTDOCTORAL FELLOWSHIP
UNIVERSITY OF MICHIGAN 3003 S STATE STREET, RM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	42,000.	0.			JUDITH GRAHAM POOL POSTDOCTORAL FELLOWSHIP
CHILDREN'S HOSPITAL & CLINICS OF MN - 2525 CHICAGO AVENUE SOUTH - MINNEAPOLIS, MN 55404	41-1754276		9,000.	0.			NURSING EXCELLENCE FELLOWSHIP
WEILL-CORNELL MEDICAL COLLEGE 525 E 68TH STREET, P-695 NEW YORK, NY 10065	13-1623978	501(C)(3)	6,667.	0.			SOCIAL WORK EXCELLENCE FELLOWSHIP
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATSON PLANK RD MILWAUKEE, WI 53226 LHA	39-0806261	501(C)(3)	70,000.	0.			CAREER DEVELOPMENT RESEARCH AWARD

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNC AT CHAPEL HILL 104 AIRPORT DR., STE 2200, CB# 1350 CHAPEL HILL, NC 22599-1350	56-6001393	501(C)(3)	35,000.	0.			CAREER DEVELOPMENT RESEARCH AWARD
UNIVERSITY OF TEXAS - HOUSTON HEALTH SCIENCE - P.O.BOX 203382 - HOUSTON, TX 77216-3382	74-1761309	501(C)(3)	36,106.	0.			CAREER DEVELOPMENT RESEARCH AWARD
REGENTS OF THE UNIVERSITY OF MN NW 5957; P.O. BOX 1450 NEW YORK, NY 10029	41-6007513	501(C)(3)	137,500.	0.			NHLBI RESEARCH FELLOWSHIP
HARVARD UNIVERSITY 25 SHATTUCK STREET, STE 509 BOSTON, MA 02115	04-2103580	501(C)(3)	68,750.	0.			NHLBI RESEARCH FELLOWSHIP
OKLAHOMA HEMOPHILIA FOUNDATION 720 W WILSHIRE BLVD, #101-B OKLAHOMA CITY, OK 73116	31-1566840	501(C)(3)	21,250.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
MIDWEST HEMOPHILIA ASSOCIATION 1200 NW SOUTH OUTER RD, STE 319 BLUE SPRING, MO 64015	43-1595395	501(C)(3)	7,500.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
WESTERN PENNSYLVANIA CHAPTER - NHF 20411 RTE 19, UNIT 14 CRANBERRY TWP, PA 16066	25-1359331	501(C)(3)	8,250.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
NORTHERN OHIO HEMOPHILIA FOUNDATION - 4807 ROCKSIDE ROAD, STE 380 - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	8,000.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
LOUISIANA HEMOPHILIA FOUNDATION 3636 S SHERWOOD FOREST BLVD BATON ROUGE, LA 70816-2285	51-0207472	501(C)(3)	7,410.	0.			STAFFING ASSISTANCE FOR THE CHAPTER

NATIONAL HEMOPHILIA FOUNDATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEMOPHILIA FOUNDATION OF NORTHERN CALIFORNIA - 6400 HOLLIS STREET, STE 6 - EMERYVILLE, CA 94608	94-1638703	501(C)(3)	13,333.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
HEMOPHILIA OF NORTH CAROLINA 260 TOWN HILL DRIVE MORRISVILLE, NC 27560	56-1273974	501(C)(3)	17,500.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
ROCKY MOUNTAIN HEMOPHILIA & BLEEDING DISORDER ASSOCIATION - 2100 FAIRWAY DRIVE, STE 107 - BOZEMAN, MT 59715	81-0533720	501(C)(3)	6,500.	0.			STAFFING ASSISTANCE FOR THE CHAPTER
SOUTHWESTERN OHIO HEMOPHILIA FOUNDATION - 3131 S DIXIE DRIVE, STE 103 - MORaine, OH 45439	31-1527065	501(C)(3)	8,000.	0.			STAFFING ASSISTANCE FOR THE CHAPTER

NATIONAL HEMOPHILIA FOUNDATION

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
TRAINEE GRANTS AND SCHOLARSHIPS.	59	38,803.	0.	FMV	

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

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

ALL GRANTEEES FOR THE RESEARCH PROGRAMS MUST SUBMIT FINANCIAL REPORTS FROM

Part IV Supplemental Information

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

FORM 990, PART IX, LINE 2

ORGANIZATION AND GOVERNMENT GRANTS

THE DIFFERENCE BETWEEN THE TOTAL ORGANIZATION GRANTS OF \$955,389 AND
 THE GRANTS EXPENSE OF \$850,483 LISTED ON PART IX, LINE 2 REPRESENT
 REFUNDS RECEIVED FROM THE ORGANIZATIONS FOR FUNDS NOT USED.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2010

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

Open to Public Inspection

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment from the organization or a related organization?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2010

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 VAL BIAS	(i) 252,899.	(ii) 0.	(iii) 0.	25,359.	21,130.	299,388.	0.
	(ii) 0.			0.	0.	0.	0.
2 JOSEPH KLEIBER	(i) 156,096.	(ii) 0.	(iii) 0.	6,274.	21,300.	183,670.	0.
	(ii) 0.			0.	0.	0.	0.
3 MARY ANN LUDWIG	(i) 196,458.	(ii) 0.	(iii) 0.	19,790.	8,952.	225,200.	0.
	(ii) 0.			0.	0.	0.	0.
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part II Supplemental Information

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

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

PLAN.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number
13-5641857

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

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

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

"STEPS FOR LIVING". NHF RAN TRAINING PROGRAMS ON FOCUSED LEADERSHIP AND
PROVIDING EDUCATION FOR CONSUMERS ON PHYSICAL ACTIVITY, HEALTHY
NUTRITION AND MAKING HEALTHY LIFE STYLE DECISIONS. NHF, THROUGH ITS
"VICTORY FOR WOMEN" PROGRAM, CONTINUES TO PROVIDE EDUCATION TO WOMEN
WITH BLEEDING DISORDERS AND EDUCATION TO PROVIDERS ABOUT WOMEN WITH
BLEEDING DISORDERS. NHF PROVIDED EDUCATION ON TREATMENT, PSYCHOSOCIAL
ISSUES AND REIMBURSEMENT TO 500 INHIBITOR PATIENTS AND THEIR FAMILIES.

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

ADVISORY COUNCIL ISSUED DOCUMENTS REGARDING ORTHOPEDIC TREATMENT WITH
RADIONUCLIDE SYNOVECTOMY, CURRENT TREATMENT RECOMMENDATIONS FOR ALL
PEOPLE WITH BLEEDING DISORDERS, SPECIFIC RECOMMENDATIONS REGARDING VON
WILLEBRAND DISEASE AND WOMEN WITH BLEEDING DISORDERS AND FUTURE
TREATMENT OF HCV IN THESE PATIENTS.

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

THE CHAPTER SERVICES DEPARTMENT PROVIDES COMMUNITY SUPPORT BY HELPING
ITS 47 MEMBER CHAPTERS TO OFFER EDUCATION, RESOURCES AND REFERRALS TO
THE AFFECTED MEMBERS OF THE BLEEDING DISORDERS COMMUNITY IN THE AREAS
THAT EACH CHAPTER SERVES. CHAPTER SERVICES OFFERS THE CHAPTERS
FINANCIAL SUPPORT IN THE FORM OF GRANTS; SPONSORS CERTAIN

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

MEETING-RELATED COSTS, SUCH AS REGISTRATION FEES AND TRAVEL AND HOTEL EXPENSES. THE DEPARTMENT MENTORS CHAPTER LEADERS ON HOW TO CREATE, RUN AND EVALUATE EDUCATIONAL PROGRAMS DESIGNED FOR THEIR AFFECTED CONSTITUENTS. CHAPTER SERVICES ALSO ASSISTS CHAPTERS IN DELIVERING ADVOCACY PROGRAMS FOR ITS CONSTITUENTS AND TEACHES CHAPTERS HOW TO EDUCATE STATE LEGISLATORS ON THE ISSUES OF THE BLEEDING DISORDERS COMMUNITY.

EXPENSES \$ 1,295,288. INCLUDING GRANTS OF \$ 97,743. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS CHAPTER MEMBERS WHO ARE VOTING MEMBERS OF THE ORGANIZATION.

AN ORGANIZATION INCLUDED IN A GROUP EXEMPTION LETTER OR A 501(C)3 ORGANIZATION WHOSE MISSION AND PURPOSE IS CONSISTENT WITH THE MISSION OF NHF MAY APPLY TO BE A CHAPTER MEMBER. THE CEO IS AUTHORIZED TO ACCEPT OR DENY CHAPTER MEMBER STATUS.

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

FORM 990, PART VI, SECTION B, LINE 11: A COPY OF FORM 990 IS CIRCULATED ELECTRONICALLY TO THE ORGANIZATION'S BOARD MEMBERS. THE BOARD HOLDS A TELEPHONE CONFERENCE CALL WHERE THE CEO AND ACCOUNTANTS ARE PRESENT TO ANSWER QUESTIONS.

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

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number
13-5641857

CONFLICTS FOR EMPLOYEES.

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

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

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

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

NET UNREALIZED GAINS ON INVESTMENTS: 213,361.

FORM 990, PART XII, LINE 2C

AUDIT RESPONSIBILITY

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR 2010, THE ORGANIZATION DID NOT CHANGE ITS SELECTION OF AN INDEPENDENT ACCOUNTANT.