

Return of Organization Exempt From Income Tax

2006

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

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 2006 calendar year, or tax year beginning Jul 1, 2006, and ending Jun 30, 2007

B Check if applicable:

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

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

C Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

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

116 WEST 32ND STREET 11TH FLOOR

City, town or country

NEW YORK

State ZIP code + 4

NY 10001-3212

D Employer Identification Number

13-5641857

E Telephone number

(212) 328-3700

F Accounting method:

- Cash
[X] Accrual
Other (specify)

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

H and I are not applicable to section 527 organizations.

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

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

H (c) Are all affiliates included? Yes No

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

G Web site: WWW.HEMOPHILIA.ORG

J Organization type

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

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

I Group Exemption Number 1248

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

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 10,722,821.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with columns for Revenue, Expenses, and Net Assets. Rows include contributions, program service revenue, membership dues, interest on savings, dividends, gross rents, gross amount from sales of assets, special events, gross sales of inventory, other revenue, program services, management and general, fundraising, payments to affiliates, total expenses, and net assets at beginning and end of year.

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash \$ <u>0.</u> non-cash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22a	0.	0.		
22b Other grants and allocations (att sch) (cash \$ <u>1,127,734.</u> non-cash \$ <u>0.</u>) If this amount includes foreign grants, check here <input type="checkbox"/> ...	22b	1,127,734.	1,127,734.		
23 Specific assistance to individuals (attach schedule)	23				
24 Benefits paid to or for members (attach schedule)	24				
25a Compensation of current officers, directors, key employees, etc listed in Part V-A (attach sch) .See L-25a. Stmt	25a	264,464.	52,893.	211,571.	0.
b Compensation of former officers, directors, key employees, etc listed in Part V-B (attach sch)	25b				
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	2,818,118.	2,298,426.	293,846.	225,846.
27 Pension plan contributions not included on lines 25a, b, and c	27	172,775.	137,496.	13,874.	21,405.
28 Employee benefits not included on lines 25a - 27	28	286,998.	225,021.	36,621.	25,356.
29 Payroll taxes	29	233,075.	198,114.	16,315.	18,646.
30 Professional fundraising fees	30				
31 Accounting fees	31	41,119.	39,888.	654.	577.
32 Legal fees	32	12,630.	11,310.	1,320.	0.
33 Supplies	33	89,240.	67,644.	10,414.	11,182.
34 Telephone	34	59,263.	44,545.	10,621.	4,097.
35 Postage and shipping	35	105,966.	98,013.	2,398.	5,555.
36 Occupancy	36	342,018.	237,477.	87,215.	17,326.
37 Equipment rental and maintenance	37	259,191.	214,219.	31,979.	12,993.
38 Printing and publications	38	362,725.	347,992.	5,320.	9,413.
39 Travel	39				
40 Conferences, conventions, and meetings	40	1,116,065.	1,062,402.	9,513.	44,150.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	78,157.	60,950.	17,207.	0.
43 Other expenses not covered above (itemize):					
a <u>INSURANCE</u>	43a	29,026.	19,183.	8,008.	1,835.
b <u>MEMBERSHIP DUES</u>	43b	49,629.	26,025.	7,303.	16,301.
c <u>CONSULTING</u>	43c	914,265.	840,021.	2,058.	72,186.
d <u>EMPLOYMENT RECRUITING</u>	43d	2,715.	1,094.	176.	1,445.
e <u>IN-KIND EXPENSES</u>	43e	30,633.	27,500.	954.	2,179.
f <u>MISC</u>	43f	13,915.	10,601.	583.	2,731.
g <u>BANKING and INVESTMENTS FEES</u>	43g	19,161.	16,627.	2,534.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	8,428,882.	7,165,175.	770,484.	493,223.

Joint Costs. Check if you are following SOP 98-2.
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

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

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

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

a Health Education Training

SEE ADDITIONAL INFO SHEET (i)

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

3,882,488.

b Community Services

SEE ADDITIONAL INFO SHEET (ii)

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

2,125,584.

c Research

SEE ADDITIONAL INFO SHEET (iii)

(Grants and allocations \$ 0.) If this amount includes foreign grants, check here

1,157,103.

d

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

e Other program services

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

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

7,165,175.

BAA

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	4,207,581.	45	2,331,839.
	46 Savings and temporary cash investments	293,829.	46	
	47a Accounts receivable	47a 1,391,241.		
	b Less: allowance for doubtful accounts	47b	2,094,028.	47c 1,391,241.
	48a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	240,000.	48c
	49 Grants receivable	416,916.	49	346,607.
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule)	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges	118,811.	53	138,832.
	54a Investments – publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	4,081,575.	54a 5,756,188.
	b Investments – other securities (attach sch)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
	55a Investments – land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment: basis	57a 1,320,991.		
b Less: accumulated depreciation (attach schedule)	57b 1,288,884.	110,264.	57c 32,107.	
58 Other assets, including program-related investments (describe ▶			58	
59 Total assets (must equal line 74). Add lines 45 through 58	11,563,004.	59	9,996,814.	
LIABILITIES	60 Accounts payable and accrued expenses	1,014,347.	60	969,896.
	61 Grants payable	1,442,721.	61	112,148.
	62 Deferred revenue	1,031,581.	62	1,184,655.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶		65	
	66 Total liabilities. Add lines 60 through 65	3,488,649.	66	2,266,699.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	1,581,063.	67	1,804,765.
	68 Temporarily restricted	6,493,292.	68	5,925,350.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	8,074,355.	73	7,730,115.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	11,563,004.	74	9,996,814.	

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

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

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

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

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
ALAN KINNIBURGH PHD C/O NHF116 W 32 ST. NY NY 10001	CHIEF EXECUTIVE OFFICER 42.	228,610.	35,854.	0.
PAUL F. HAAS PHD C/O NHF116 W 32 ST. NY NY 10001	CHAIR OF THE BOARD as	0.	0.	0.
RAY STANHOPE C/O NHF116 W 32 ST. NY NY 10001	VICE CHAIR OF THE BOARD as	0.	0.	0.
RITA GONZALES C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as	0.	0.	0.
MICHAEL C. SELF C/O NHF116 W 32 ST. NY NY 10001	TREASURER as	0.	0.	0.
See List of Officers, Etc. Statement				

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

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

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
n/a				

Part VI Other Information (See the instructions.)

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

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 82a		X
b If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications? 83a	X	
83 b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions? 83b	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible? 84a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b			
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members? 85a	N/A	
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b	N/A	
If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
85 c	Dues, assessments, and similar amounts from members 85c	N/A	
85 d	Section 162(e) lobbying and political expenditures 85d	N/A	
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e	N/A	
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f	N/A	
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h			
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a	N/A	
86 b	Gross receipts, included on line 12, for public use of club facilities 86b	N/A	
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a	N/A	
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b	N/A	
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX 88a		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI 88b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction 89b		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0.		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶ _____		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? 89e		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract? 89f		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 89g		X
90 a	List the states with which a copy of this return is filed ▶ <u>NEW YORK</u>		
90 b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.) 90b		42
91 a	The books are in care of ▶ <u>THE ORGANIZATION</u> Telephone number ▶ <u>(212) 328-3700</u> Located at ▶ <u>116 WEST 32ND STREET 11TH FLOOR NEW YORK N.Y.</u> ZIP + 4 ▶ <u>10001-3212</u>		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____ 91b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? Yes No
 If 'Yes,' enter the name of the foreign country _____

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PUBLICATIONS					26,372.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					58,468.
95 Interest on savings & temporary cash invmnts					
96 Dividends & interest from securities			14	283,579.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	84,119.	
101 Net income or (loss) from special events			01	114,380.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b ADV. IN EDUC PUB	541800	1,032,082.			
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		1,032,082.		482,078.	84,840.
105 Total (add line 104, columns (B), (D), and (E))					1,599,000.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Sale of publications promoting Hemophilia awareness participation fees from the affiliated chapters \$26,372
94	Membership fees \$58,468. All membership fees received in connection with the organization's purpose of Education, Advocacy and Research

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

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

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

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

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

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

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

N/A
Yes No

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

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

Yes No

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

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

Yes No

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

Please Sign Here

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

Signature of officer: *[Signature]* Date: 4/3/08

Type or print name and title: Interim Chief Executive Officer

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____

Check if self-employed:

Preparer's SSN or PTIN (See General Instruction W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: NATIONAL HEMOPHILIA FOUNDATION
116 W 32ND ST
NEW YORK NY 10001-3212

EIN: _____ Phone no.: _____

SCHEDULE A
(Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>GLENN MONES</u> C/O NHF 116 W32ND ST.NY NY 10001	VP PUBLIC POLICY 42.4	176,800.	24,303.	0.
<u>Howard Balsam</u> C/O NHF 116 W32ND ST.NY NY 10001	COO 42.5	200,000.	19,163.	0.
<u>ANN-MARIE NAZZARO</u> C/O NHF 116 W32ND ST.NY NY 10001	VP EDUCATION 42.5	145,024.	20,916.	0.
<u>MARY ANN LUDWIG</u> C/O NHF 116 W32ND ST.NY NY 10001	VP DEVELOPMENT 42.5	182,750.	29,124.	0.
<u>NEIL FRICK</u> C/O NHF 116 W32ND ST.NY NY 10001	VP MEDICAL RESEARCH 42.5	104,500.	15,826.	0.
Total number of other employees paid over \$50,000 ▶	19			

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>MARC ASSOCIATES INC.</u> 1101 17TH ST. NW, WASHINGTON, DC 20036	GOVERNMENT RELATIONS	148,693.
<u>BRUCE ARBITT</u> 1105 1ST AVENUE, ASHBURY PARK, NJ 07712	DEVELOPMENT/FUNDRAISING	72,000.
<u>MWW GROUP</u> ONE MEADOWLANDS PLAZA, EAST RUTHERFORD, NJ 07073	GOVERNMENT RELATIONS	56,370.
<u>THE MAGAZINE GROUP</u> 1707 L ST. NW WASHINGTON DC 20036	PUBLICATIONS	157,500.
<u>THE McCORMICK GROUP</u> 448 TARPON BLVD FRIPP IS. SC 29920	ORGANIZATIONAL STRUCTURE CONSULTING	121,178.
Total number of others receiving over \$50,000 for professional services ▶	None	

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

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
<u>INTEGRATED PUBLISHING SALES</u> 280 Manor Brook Drive, Chagrin Falls, OH 44022	SALES	196,066.
<u>FORT ORANGE PRESS</u> 11 Sand Creek Rd, PO Box 828, Albany, NY 12201	PRINTING	77,036.
<u>STANFORD GROUP</u> 211 W. 56TH ST., NY NY 10019	DIRECT MAIL	88,170.
Total number of other contractors receiving over \$50,000 for other services ▶	None	

Part III Statements About Activities (See instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>205,209.</u> <u>205,209.</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
See Part V, Form 990		
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how the organization determines that recipients qualify to receive payments.)	X	
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If 'Yes,' complete lines 4b through 4g. If 'No,' complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____		0.

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

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

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

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

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

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

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

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

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.) ...	8,015,334.	6,585,825.	6,448,443.	9,647,969.	30,697,571.
16 Membership fees received	80,155.	66,025.	78,845.	76,125.	301,150.
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	31,104.	24,024.	31,318.	36,580.	123,026.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	265,015.	179,136.	145,860.	169,333.	759,344.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	1,112,211.	934,006.	1,417,982.	1,688,346.	5,152,545.
23 Total of lines 15 through 22	9,503,819.	7,789,016.	8,122,448.	11,618,353.	37,033,636.
24 Line 23 minus line 17	9,472,715.	7,764,992.	8,091,130.	11,581,773.	36,910,610.
25 Enter 1% of line 23	95,038.	77,890.	81,224.	116,184.	
26 Organizations described on lines 10 or 11:					
a Enter 2% of amount in column (e), line 24					26a 738,212.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 36,910,610.
d Add: Amounts from column (e) for lines:	18	759,344.	19		
	22	5,152,545.	26b		26d 5,911,889.
e Public support (line 26c minus line 26d total)					26e 30,998,721.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 83.98 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines:	15		16		
	17		20		27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?			
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?			
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?			
	If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----			
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered 'No' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
	If you answered 'Yes' to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.	35		

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

n/a

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

Limits on Lobbying Expenditures

(The term 'expenditures' means amounts paid or incurred.)

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

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45	Lobbying nontaxable amount				
46	Lobbying ceiling amount (150% of line 45(e))				
47	Total lobbying expenditures				
48	Grassroots non-taxable amount				
49	Grassroots ceiling amount (150% of line 48(e))				
50	Grassroots lobbying expenditures				

Part VI-B Lobbying Activity by Nonelecting Public Charities

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

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		205,209.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (add lines c through h.)			205,209.

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

- 51** Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting organization to a noncharitable exempt organization of:
 - (i) Cash
 - (ii) Other assets
 - b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations
 - c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees
 - d** If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

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

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If 'Yes,' complete the following schedule:

(a) Name of organization	(b) Type of organization	(c) Description of relationship

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

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2006

Name of organization

THE NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization

Form 990-PF

- 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

General Rule –

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

Special Rules –

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

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

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

Name of organization	Employer identification number :
-----------------------------	--

Part I **Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name as Shown on Return THE NATIONAL HEMOPHILIA FOUNDATION	Employer Identification No. 13-5641857
---	---

Compensation

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ALAN KINNIBURGH PHD	228,610.	45,722.	182,888.	0.
Total Compensation Received	228,610.	45,722.	182,888.	0.

Contributions to Employee Benefit Plans & Deferred Compensation Plans

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
ALAN KINNIBURGH PHD	35,854.	7,171.	28,683.	0.
Total Contributions to Employee Benefit Plans & Deferred Compensation Plans	35,854.	7,171.	28,683.	0.

Expense Account and Other Allowances

Name	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Total Expense Account and Other Allowances				
Total to Part II, Line 25a ... ▶	264,464.	52,893.	211,571.	0.

Additional Information

Sheet (i)Continued Part III (a) - Statement of Program Service Accomplishments

a)Health Education Training Purpose:

To educate persons and families with bleeding disorders so they can make informed decisions about preventing the complications of those disorders; and to educate healthcare providers to improve the care of persons and families with bleeding and clotting disorders.

Methods:

Provide an education-based Annual Meeting of 50 sessions for more than 2,000 participants, representing all key constituencies. Provide training in specific areas, e.g., the importance of physical activity/exercise and good nutrition, in different regions on the road. Provide \$50,000 to \$1000,000 annually in prevention program funding to chapters, working with HTC's, in order to identify and educate patients and families.

Additional Information

Sheet (ii) Continued Part III (b) Statement of Program Service Accomplishments

Community Services:

Through the National Hemophilia Foundation's helpline, HANDI, we provide people and their families with bleeding disorders all the current information available on testing, treatment, psychosocial support, reimbursement, and referrals to local organizations. Each month NHF sends out an electronic newsletter of current news articles that affect the bleeding and clotting disorders community and bimonthly we distribute a magazine entitled "HemAware" which includes in-depth articles on current topics as well as personal interest stories. Through our chapters, we provide educational programs that empower the community to learn and participate in their care and to educate the general public on the concerns of a person with a bleeding or clotting disorder.

Additional Information

Sheet (iii) Part III (c) Statement of Program Service Accomplishments

Research:

NHF provides research grants to each distinct provider group within the bleeding and clotting disorders community. Our Judith Graham Pool Postdoctoral Fellowship provides a grant to physicians and researchers within their fellowship on the basic science of coagulation in order to foster their interest in this research field. We provide a Clinical Fellowship Award which develops a new generation of physicians treating patients with bleeding and clotting disorders as well as performing clinical research. The Career Development Award is granted to a physician or researcher developing their career in coagulation research in order that they can have a future career in the field. We also provide fellowships to nurses, social workers and physical therapists who work in the comprehensive care system to perform research that is specific to their specialty.

Form 990, Page 5, Part V-A

List of Officers, Etc. Statement

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
RICHARD METZ MD C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
KATHELEN GERUS-DARBISON C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
BRIAN ANDREW C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
MICHAEL J. BORNHORST C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
PHILLIP KUCAB C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
KENNETH G. MANN PHD C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
MICHAEL O'CONNOR C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
CLIFFORD COHEN C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
EILEEN BOSTWICK C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
JEFFREY DAVIES C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.
STEVEN P. FAUST C/O NHF116 W 32 ST. NY NY 10001	DIRECTOR as nee	0.	0.	0.

Form 990, Page 1, Part I, Line 9

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Conference Events	270,269.	0.	270,269.	124,001.	146,268.
Genes for Jeans	19,236.	0.	19,236.	8,997.	10,239.
Dress Down Day	12,398.	0.	12,398.	3,455.	8,943.
Team Hemophilia	19,628.	0.	19,628.	48,840.	-29,212.
Leadership Weekend	117,085.	0.	117,085.	70,546.	46,539.
NHF JR. GOLF CLASSIC	39,900.	0.	39,900.	21,777.	18,123.
Direct Mail	59,307.	0.	59,307.	170,211.	-110,904.

Form 990, Page 1, Part I, Line 9

Continued

Special Events and Activities Statement

List of Three Largest Events and Type and Number of Others	Gross Receipts	Less Contributions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
Walkathon	42,003.	0.	42,003.	17,619.	24,384.
Total	<u>579,826.</u>	<u>0.</u>	<u>579,826.</u>	<u>465,446.</u>	<u>114,380.</u>

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

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
furniture fixturers & equipment	185,234.	185,234.	0.
computers	984,775.	952,668.	32,107.
leasehold improvements	150,982.	150,982.	0.
Total	<u>1,320,991.</u>	<u>1,288,884.</u>	<u>32,107.</u>

Supporting Statement of:

Form 990 p 4/Line 47a

Description	Amount
other receivables	1,016,241.
long term receivables	375,000.
Total	<u>1,391,241.</u>

Supporting Statement of:

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

Description	Amount
accounts payable	372,140.
accrued expenses	478,438.
accrued payroll & accrued vacation	163,769.
Total	<u>1,014,347.</u>

Supporting Statement of:

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

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