

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)
▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047

2011

Open to Public Inspection

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

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

C Name of organization
North American Thrombosis Forum Inc
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
368 Boylston Street
 City or town, state or country, and ZIP + 4
Brookline MA 02445

D Employer identification number
20-4818196

E Telephone number
617-730-4120

F Name and address of principal officer:
Samuel Z. Goldhaber, MD
same as C above

G Gross receipts \$ **2,446,351**

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.natfonline.org**

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: **2006** **M** State of legal domicile: **MA**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	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 6	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 6	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 6	
	6 Total number of volunteers (estimate if necessary)	6 0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	1,015,207	573,144
	9 Program service revenue (Part VIII, line 2g)	155,610	15,549
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	75,473	314,191
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,074	-3,308
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,260,364	899,576
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0
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)		182,341	284,207
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	12,711
b Total fundraising expenses (Part IX, column (D), line 25) ▶		20,551	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		469,226	449,533
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	651,567	746,451	
19 Revenue less expenses. Subtract line 18 from line 12	608,797	153,125	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	2,367,836	2,342,699
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	2,367,836	2,342,699

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: *John Fanikos* Date: *11/13/2012*
John Fanikos Treasurer
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: **Ronald Rice, CPA** Preparer's signature: _____ Date: **11/12/12** Check if self-employed PTIN: **P00072849**
 Firm's name: **Weiner & Rice, PC** Firm's EIN: _____
 Firm's address: **70 Wells Ave Ste 102**
Newton Center, MA 02459 Phone no. **617-969-3232**

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

For Paperwork Reduction Act Notice, see the separate instructions.