

Form **990**

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

2010

Open to Public Inspection

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: **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 \$: **2,165,500**

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)

H(c) Group exemption number: _____

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 2010 (Part V, line 2a)	5	6
	6 Total number of volunteers (estimate if necessary)	6	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	945,275	1,015,207
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,759	155,610
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,039	75,473
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,145	14,074
		992,218	1,260,364
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	152,611	182,341
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) 54,923		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	375,351	469,226
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	527,962	651,567	
19 Revenue less expenses. Subtract line 18 from line 12	464,256	608,797	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,120,514	2,367,836
	22 Net assets or fund balances. Subtract line 21 from line 20	500,000	0
		1,620,514	2,367,836

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: **Samuel Z. Goldhaber, MD** Date: _____
 Type or print name and title: **President**

Paid Preparer Use Only

Print/Type preparer's name: **Ronald Rice, CPA** Preparer's signature: _____ Date: **11/14/11** Check if self-employed PTIN: **P00072849**

Firm's name: **Weiner & Rice, PC** Firm's EIN: **04-3237554**

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.