112TH CONGRESS
1st Session

COMMITTEE PRINT

S. PRT.
112–20

STAFF REPORT ON SANOFI'S STRATEGIC USE OF THIRD PARTIES TO INFLUENCE THE FDA

PREPARED BY THE STAFF OF THE

COMMITTEE ON FINANCE
UNITED STATES SENATE

MAY 2011

Printed for the use of the Committee on Finance

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Staff Report on Sanofi's Strategic Use of Third Parties To Influence the FDA

A June 24, 2010 *Wall Street Journal* article reported that two medical groups and a doctor with financial ties to Sanofi submitted letters to the Food and Drug Administration (FDA) supporting Sanofi's citizen petition requesting that the FDA delay approval of a generic version of the blood-thinner Lovenox.

The Finance Committee requested records from Sanofi detailing its relationship with the North American Thrombosis Forum (NATF), the Society of Hospital Medicine (SHM), and Dr. Victor Tapson, based on a concern that there may have been a misuse or abuse of the citizen petition process.[1]

The documents obtained by the Committee suggest that NATF, SHM, and Dr. Tapson served as components of a coordinated public relations strategy by Sanofi to use FDA's citizen petition process in an attempt to prevent or delay generic alternatives to its blockbuster drug Lovenox from coming on the market.

A review of the documents provided by Sanofi revealed the following facts:

- According to a 2009 Sanofi slide presentation on its "Lovenox Patient Safety Strategy," a core issue faced by Sanofi was the "imminent threat to [Sanofi's] Lovenox franchise" posed by "generic alternatives." The slides show that Sanofi sought to encourage "independent interaction with regulatory authorities." Specifically, the "Progress To Date" slide identifies the "Independent communication with FDA by professional organizations and prominent [key opinion leaders]" regarding Lovenox.[2]
- Duke University medical professor Dr. Victor Tapson, who was paid $260,604 by Sanofi for "Speaker/Consultant Services," wrote a May 21, 2008 letter from the American College of Chest Physicians to the FDA encouraging the agency "to learn more of the findings and recommendations" of a March 28, 2008 "scientific interchange roundtable" in Huntington Beach, CA, which Sanofi paid $190,000 to sponsor.[3]

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[1] Letter to Sanofi CEO Greg Irace from Chairman Baucus and Ranking Member Grassley, August 11, 2010.

[2] E-mail from Makovsky and Company Executive Vice President Gil Bashe to Sanofi Senior Director of U.S. Advocacy James Caro and Sanofi Associate Vice President of Employers and Quality Associations for U.S. Managed Markets Eric Racine, January 21, 2009, SA–SFC–0000330; Sanofi Power-point, Summary: Lovenox Patient Safety Strategy, January 2009, SA–SFC–0000331—SA–SFC–0000336.

[3] Payments from Sanofi to Dr. Victor Tapson from 2007 to August 11, 2010; e-mail from Sanofi Director of External Affairs Rachel Couchenour to Sanofi's James Caro, July 7, 2008, SA–SFC–0000442; the Committee learned that Sanofi sponsored the March 2008 ACCP roundtable and

Continued

- SHM received $2,675,850 from Sanofi from January 2007 through August 11, 2010 for conference exhibits, sponsorship, and grants. Sanofi's payments to SHM totaled $1,132,500 between July 1, 2007 and June 30, 2009, accounting for 8 percent of SHM's total revenue during those 2 years.[4]
- SHM's August 2008 letter to the FDA stated that an "untested generic substitution for [low-molecular weight heparins] is not in our patients' best interest." Sanofi's public relations team considered this letter to be a "key accomplishment."[5]
- Internal Sanofi communications indicate that SHM consulted with the American College of Chest Physicians and Dr. Tapson about sending a letter to the FDA after "a very positive meeting" with Sanofi officials.[6]
- Before sending the letter to the FDA, the CEO of SHM told Sanofi in an e-mail: "SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec [Executive Committee] might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. . . . That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration."[7]
- NATF received $2,351,750 from Sanofi between January 2007 and August 2010. From 2007 through 2009, Sanofi's payments of over $2 million accounted for 81 percent of NATF's total revenue during those 3 years.[8]
- After Sanofi officials met with NATF officials on "Lovenox and [follow-on-biologic] strategies," Sanofi officials wrote about the need to "keep Vic and especially NATF on task for the FDA communication."[9]
- E-mails show Sanofi officials coordinated their media strategy with NATF and were sensitive to how Sanofi's close relationship with NATF was perceived by the FDA and in the press. In one case, Sanofi officials decided against quoting a scientist affiliated with NATF in Sanofi's press release on a generic version of Lovenox because they were concerned about NATF losing credibility with the FDA. In another case, Sanofi officials were concerned about how the press would perceive Sanofi's relationship with NATF after a public relations firm

a subsequent paid supplement in the ACCP newspaper for $190,000 during a telephone conversation between Committee staff and ACCP staff on February 8, 2011.

[4] Payments from Sanofi to SHM from 2007 to August 11, 2010; Society of Hospital Medicine, IRS Form 990s for fiscal year 2007 and fiscal year 2008.

[5] "U.S. Communications & Public Affairs Major Activities Update for August, 2008", SA–SFC–0000191; e-mail from Sanofi's Rachel Couchenour to Sanofi Associate Terri Yannotta, "Monthly Report—Action Item," August 21, 2008, SA–SFC–0000270.

[6] E-mail from Sanofi's Rachel Couchenour to Sanofi's Eric Racine, "RE: Timeline," May 29, 2008, SA–SFC–0000272; e-mail from Sanofi's Rachel Couchenour to Senior Manager of Sanofi-Aventis Groupe Mary Easterday and President of Pharmaceutical Strategic Initiatives Charles Carter, "SHM Meeting Follow-up," May 16, 2008, SA–SFC–0000273.

[7] E-mail from the CEO of the Society of Hospital Medicine Larry Wellikson to Sanofi's Rachel Couchenour, "FW: LMWH Safety Letter," June 27, 2008, SA–SFC–0000422.

[8] Payments from Sanofi to NATF from 2007 to August 11, 2010; North American Thrombosis Forum, IRS Form 990s for fiscal year 2007, fiscal year 2008 and fiscal year 2009.

[9] E-mail from Sanofi's James Caro to Sanofi's Eric Racine, "NATF," April 4, 2009, SA–SFC–0000308; e-mail from Sanofi's James Caro to Sanofi Director of U.S. Policy and Strategic Advocacy John Agos, "Re: Status of Article From Nov. Roundtable," May 6, 2009, SA–SFC–0000661.

hired by Sanofi e-mailed a reporter to promote an NATF *Wall Street Journal* advertisement raising concerns about generic Lovenox.[10]

- According to Sanofi e-mails, Sanofi Senior Vice President and U.S. Chief Science Officer/Chief Medical Officer Paul Chew discussed "doing grassroot [sic] on [follow-on-biologics]" with associations. Vice President of Advocacy Eric Racine mentioned "that some groups send 100–200 letters on a specific issue."[11]

[10] E-mail from Sanofi's Noelle Boyd to James Caro and Eric Racine, "ISTH Quote in the press release," January 26, 2010, SA–SFC–0000255; e-mail from Sanofi Associate Vice President for Lovenox Marketing Susan Barrett to Sanofi Senior Director of U.S. Communications Noelle Boyd, "ASH PR plan," November 22, 2009, SA–SFC–0000265; Sanofi e-mails, "WSJ ad on Lovenox generic," January 28, 2010, SA–SFC–0000256.

[11] E-mail from Sanofi's Eric Racine to Sanofi's James Caro, "Grassroot and Orthopods and Canada," July 22, 2009, SA–SFC–0000306.

APPENDIX

SELECT DOCUMENTS CITED IN THIS REPORT

FOOTNOTE 1

United States Senate

COMMITTEE ON FINANCE

WASHINGTON, DC 20510–6200

August 11, 2010

Greg Irace
President and CEO
Sanofi-Aventis U.S.
55 Corporate Drive
Bridgewater, NJ 08807

Via Electronic Transmission

Dear Mr. Irace:

The United States Senate Committee on Finance (Committee) has jurisdiction over the Medicare and Medicaid programs. As senior members of the United States Senate and as Chairman and Ranking Member of the Committee, we have a special responsibility to the more than 100 million Americans who receive health care coverage under those programs to ensure that beneficiaries receive pharmaceuticals that are safe and effective.

Over the last six years, the Committee made inquiries into various aspects of the medical industry, including corporate funding for Continuing Medical Education and the failure of physicians to disclose payments from industry while serving on medical boards that make decisions affecting medical research and practices. These inquiries revealed that pharmaceutical and device companies spend a great deal of money funding physicians, often with little or no transparency.

According to a June 24, 2010 *Wall Street Journal* article, the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Victor F. Tapson at Duke University submitted letters to the Food and Drug Administration (FDA) in support of a citizen petition filed by Sanofi-Aventis in 2003 requesting the delay of approval of generic versions of the blood-thinner Lovenox.

The *Wall Street Journal* reports that the Duke University professor and two medical groups have financial ties to Sanofi-Aventis and did not disclose these financial ties in their letters to the FDA.

Last month, the FDA finally responded to the citizen petition, more than seven years after it was filed. We are concerned, however, that the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Tapson may have submitted their letters to the FDA at the behest of Sanofi-Aventis in order to delay or prevent competitors from selling a generic version of Lovenox. When there are questions or concerns about the safety of a drug, they ought to be raised and resolved in a timely and thorough manner. The citizen petition process is one way that individuals and entities can express their concerns and seek appropriate government action. However, when misused or abused, the process can lead to delays in patient access to potentially affordable, safe, and effective generic alternatives.

Accordingly, please provide us with the following information:

1. A detailed account of any payments that Sanofi-Aventis made to the North American Thrombosis Forum, the Society of Hospital Medicine, including employees of these organizations, and Dr. Victor F. Tapson from January 1, 2007 to the present.

2. For each individual and organization identified in question number 1 above, please provide the following information for each payment in table format:
   a. Date of payment
   b. Payment description (CME, honorarium, research support, etc.)
   c. Amount of payment
   d. Year end or year-to-date payment total

3. Did any employee or organization affiliated with Sanofi-Aventis instruct or advise the North American Thrombosis Forum, the Society of Hospital Medicine, or Dr. Victor F. Tapson to submit letters to the FDA in support of the Sanofi-Aventis citizen petition to the FDA requesting a delay in the approval of generic versions of Lovenox? If yes, please provide the following:

   a. All documents and communications related to Sanofi-Aventis' citizen petition to the FDA requesting a delay in the approval of generic versions of Lovenox from January 1, 2007 to the present.

   b. All documents and communications regarding the North American Thrombosis Forum and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and the North American Thrombosis Forum from January 1, 2007 to the present.

c. All documents and communications regarding the Society of Hospital Medicine and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and the Society of Hospital Medicine from January 1, 2007 to the present.

d. All documents and communications regarding Dr. Victor F. Tapson and FDA approval of generic Lovenox, including communications between Sanofi-Aventis and Dr. Victor F. Tapson from January 1, 2007 to the present.

e. Copies of any contracts or agreements between Sanofi-Aventis and the North American Thrombosis Forum, the Society of Hospital Medicine, and Dr. Victor F. Tapson from January 1, 2007 to the present related to Sanofi-Aventis' citizen petition to the FDA requesting a delay in the approval of generic versions of Lovenox.

In cooperating with the Committee's review, no documents, records, data, or other information related to these matters, either directly or indirectly, shall be destroyed, modified, removed, or otherwise made inaccessible to the Committee.

We look forward to hearing from you by no later than August 30th, 2010. All documents responsive to this request should be sent electronically, on a disc, in searchable PDF format to [redacted] and [redacted] If you have any questions, please do not hesitate to contact [redacted] with Senator Baucus or [redacted] with Senator Grassley at (202) 224-4515.

Sincerely,

Charles E. Grassley
Ranking Member

Max Baucus
Chairman

FOOTNOTE 2

From: Gil Bashe [redacted]
Sent: Wednesday, January 21, 2009 9:48 PM
To: Caro, James PH/US; Racine, Eric PH/US
Subject: LMWH
Attachments: Lovenox Patient Safety Plan Summary -01.21.09A.ppt

Dear All:

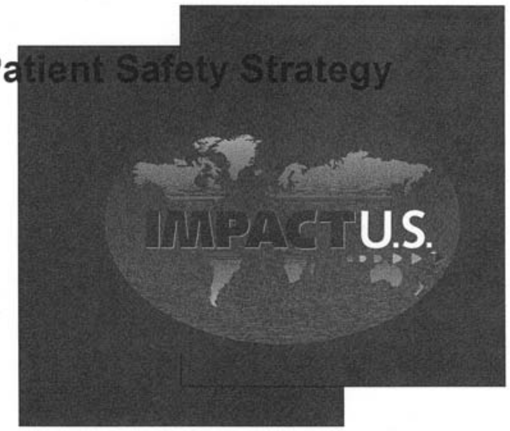
The discussion deck for our conversation at 5PM.

Regards,

Gil

Gil Bashe
Health Practice
Makovsky + Company
[redacted]
New York, NY 10016
[redacted] (office)
(cell)
[redacted]

Summary:
Lovenox Patient Safety Strategy



January 2009

sanofi aventis

Because health matters

Lovenox Patient Safety

- Core Issue

  We face an imminent threat to our Lovenox franchise from introduction of generic alternatives
  - Lovenox compound patent successfully challenged/invalidated
  - Lovenox currently regulated as a drug rather than biologic despite its complex polysaccharide structure
  - FDA is currently reviewing "J Pathway" applications for generic enoxaparin
  - Momenta claims an ability to fully characterize and reproduce enoxaparin, but this has not been documented
  - There is skepticism and concern among key clinicians and scientists about the adequacy of FDA's review process and the clinical equivalence of potential alternatives

IMPACT U.S.

sanofi aventis

Lovenox Patient Safety

- S-A Position
  - Lovenox has established an unequalled record of safety and efficacy across all its indications
  - The LMWH products in the marketplace are not considered interchangeable
  - The science surrounding characterization of polysaccharides is new and untested
  - The complexity of these products, combined with the life-threatening nature of their indications demands that:
    - Alternative products be subject to robust evaluation, including clinical trials to document equivalency and potential issues with immunogenicity
    - Alternative products should be uniquely identified to enable ongoing market surveillance
  - LMWH would be most appropriately regulated as biologics

IMPACT U.S.

sanofi aventis

Reasonable Safety Mission

- Science essential – need clinical trials to validate approval of biosimilars – they are similar and not identical products
- Safety required – need avenues to track what LMWHs are used in any patient due to black-box warning and immunogenicity:
  - J-Codes
  - Patient registry
  - Unique generic names

IMPACTU.S.

sanofi aventis

Lovenox Patient Safety

Action Plan

- Budget 2009=$1.2MM
- Advocacy
  - Identify key stakeholders, provide issue briefings, and facilitate independent evaluation of issues
  - encourage independent interaction with regulatory authorities
  - Monitor political and regulatory developments and respond
- Communications
  - Conference strategy to aggressively represent s-a position at targeted events and monitor evolving information
  - S-A sponsored Conference on Regulatory Issues for Complex Compounds planned Q1 2009
- Political Strategy:
  - Briefings for targeted legislators and key transition staff (in development)
  - FOB Legislation: Focus on 1) Expanding definition of biologics to include complex polysaccharides; 2) Adequate clinical trials to establish patient safety; and 3) Require unique product names and reimbursement codes for FOBs.

IMPACT U.S.

sanofi aventis

Progress To Date

- Expert Scientific Advocacy Taskforce held in DC
- Outreach to 32 organizations; expert visits with 19 organizations
- 12 organizations have conducted formal internal reviews of this issue
- Independent communication with FDA by professional organizations and prominent KOLs:
  - Case Management Society of America
  - American Pharmacists Association
  - American College of Chest Physicians
  - Society of Hospital Medicine
  - American Heart Association
  - KOLs; Vic Tapson, MD, Professor of Medicine, Duke Univ. and James Groce, PharmD., Professor of Pharmacy, UNC
- **S-A participation confirmed for key FOB Conference in March, with speaking roles on two targeted panel discussions**

IMPACT U.S. sanofi aventis

FOOTNOTES 3, 4, 8

Senate Finance Committee Letter to Sanofi-Aventis U.S. (August 11, 2010)

RESPONSE TO REQUESTS 1 and 2 — Payments from Sanofi-Aventis U.S.

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount $
VICTOR TAPSON MD	2007	02/08/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	02/14/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	02/22/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	03/02/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	03/08/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	03/12/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	03/12/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	03/16/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	03/16/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	03/21/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	03/23/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	03/29/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	04/20/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	04/24/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	04/26/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	05/01/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	05/02/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	05/02/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	05/09/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	05/17/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	06/01/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/04/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/06/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/08/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	06/12/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	06/22/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/22/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	06/25/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	06/25/2007	Speaker/Consultant Services	1,500.00
VICTOR TAPSON MD	2007	07/06/2007	Speaker/Consultant Services	1,000.00
VICTOR TAPSON MD	2007	09/05/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	09/26/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	11/15/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	11/27/2007	Speaker/Consultant Services	2,000.00
VICTOR TAPSON MD	2007	12/20/2007	Speaker/Consultant Services	2,500.00
VICTOR TAPSON MD	2007	2007 Total		80,000.00
VICTOR TAPSON MD	2008	03/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/10/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	3,225.00

VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/12/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	03/25/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	04/03/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/05/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/15/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,838.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	05/21/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	06/12/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	06/23/2008	Speaker/Consultant Services	2,064.00
VICTOR TAPSON MD	2008	06/26/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	07/28/2008	Speaker/Consultant Services	2,838.00
VICTOR TAPSON MD	2008	08/08/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	08/18/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	08/20/2008	Speaker/Consultant Services	9,804.00
VICTOR TAPSON MD	2008	08/29/2008	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2008	10/23/2008	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2008	2008 Total		83,979.00
VICTOR TAPSON MD	2009	01/05/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	01/23/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	01/30/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	03/09/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	03/19/2009	Speaker/Consultant Services	4,902.00
VICTOR TAPSON MD	2009	03/30/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	07/24/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/10/2009	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2009	08/11/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/13/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/17/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	08/25/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	12/11/2009	Speaker/Consultant Services	3,225.00
VICTOR TAPSON MD	2009	12/14/2009	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2009	2009 Total		48,762.00
VICTOR TAPSON MD	2010	01/04/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	03/23/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	03/24/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	04/29/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	06/02/2010	Speaker/Consultant Services	5,676.00
VICTOR TAPSON MD	2010	06/03/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	06/07/2010	Speaker/Consultant Services	2,451.00
VICTOR TAPSON MD	2010	07/12/2010	Speaker/Consultant Services	5,766.00

VICTOR TAPSON MD	2010	08/13/2010	Speaker/Consultant Services	8,127.00
VICTOR TAPSON MD	2010	08/16/2010	Speaker/Consultant Services	4,902.00
VICTOR TAPSON MD	2010	2010 Total		39,177.00
VICTOR TAPSON MD	Tapson Total			251,918.00

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount $
SOCIETY OF HOSP MEDICINE	2007	02/09/2007	Meeting/Conference Exhibit	5,000.00
SOCIETY OF HOSP MEDICINE	2007	05/01/2007	Sponsorship—VTE Prevention	250,000.00
SOCIETY OF HOSP MEDICINE	2007	08/23/2007	Sponsorship—Meetings/Conferences	25,000.00
SOCIETY OF HOSP MEDICINE	2007	08/27/2007	Sponsorship—Award Program	25,000.00
SOCIETY OF HOSP MEDICINE	2007	09/24/2007	Sponsorship—Glycemic Control Presentation	5,000.00
SOCIETY OF HOSP MEDICINE	2007	10/17/2007	Sponsorship—Expert Training	140,000.00
SOCIETY OF HOSP MEDICINE	2007	2007 Total		450,000.00
SOCIETY OF HOSP MEDICINE	2008	01/15/2008	Meeting/Conference Exhibit	2,500.00
SOCIETY OF HOSP MEDICINE	2008	01/31/2008	Meeting/Conference Exhibit	2,500.00
SOCIETY OF HOSP MEDICINE	2008	02/13/2008	Grant—Meetings/Conferences	4,000.00
SOCIETY OF HOSP MEDICINE	2008	06/02/2008	Sponsorship—Award Program	25,000.00
SOCIETY OF HOSP MEDICINE	2008	10/03/2008	Sponsorship—Advisory Board; VTE Prevention	374,500.00
SOCIETY OF HOSP MEDICINE	2008	11/06/2008	Meeting/Conference Exhibit	18,000.00
SOCIETY OF HOSP MEDICINE	2008	11/19/2008	Sponsorship—Glycemic Control Program	500,000.00
SOCIETY OF HOSP MEDICINE	2008	2008 Total		926,500.00
SOCIETY OF HOSP MEDICINE	2009	02/05/2009	Meeting/Conference Exhibit	3,000.00
SOCIETY OF HOSP MEDICINE	2009	02/06/2009	Meeting/Conference Exhibit	3,000.00
SOCIETY OF HOSP MEDICINE	2009	02/17/2009	Grant—Meetings/Conferences	5,000.00
SOCIETY OF HOSP MEDICINE	2009	08/05/2009	Grant—Educational Program	9,600.00
SOCIETY OF HOSP MEDICINE	2009	2009 Total		20,600.00
SOCIETY OF HOSP MEDICINE	2010	01/13/2010	Sponsorship—VTE Prevention	450,000.00
SOCIETY OF HOSP MEDICINE	2010	01/22/2010	Sponsorship—Glycemic Control Program	825,000.00
SOCIETY OF HOSP MEDICINE	2010	03/08/2010	Meeting/Conference Exhibit	250.00
SOCIETY OF HOSP MEDICINE	2010	06/03/2010	Meeting/Conference Exhibit	3,500.00
SOCIETY OF HOSP MEDICINE	2010	2010 Total		1,278,750.00
SOCIETY OF HOSP MEDICINE	SHM Total			2,675,850.00

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount $
NORTH AMER THROMBOSIS FORUM	2008	10/02/2008	Grant—Educational Program	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	12/17/2008	Sponsorship—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	2008 Total		500,000.00
NORTH AMER THROMBOSIS FORUM	2009	03/05/2009	Grant—Educational Program	15,000.00
NORTH AMER THROMBOSIS FORUM	2009	05/19/2009	Sponsorship—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2009	09/04/2009	Meeting/Conference Exhibit	1,000.00
NORTH AMER THROMBOSIS FORUM	2009	09/15/2009	Grant—Educational Program	30,000.00
NORTH AMER THROMBOSIS FORUM	2009	11/05/2009	Sponsorship—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2009	11/06/2009	Sponsorship—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2009	12/15/2009	Sponsorship—Award Program	5,000.00
NORTH AMER THROMBOSIS FORUM	2009	2009 Total		801,000.00
NORTH AMER THROMBOSIS FORUM	2010	03/08/2010	Grant—Educational Program	20,000.00
NORTH AMER THROMBOSIS FORUM	2010	04/02/2010	Meeting/Conference Exhibit	750.00

NORTH AMER THROMBOSIS FORUM	2010	08/02/2010	Grant—Educational Program	30,000.00
NORTH AMER THROMBOSIS FORUM	2010	2010 Total		50,750.00
NORTH AMER THROMBOSIS FORUM	NATF Total			1,351,750.00
Overall Total				4,279,518.00

Senate Finance Committee Letter to Sanofi-Aventis U.S. (August 11, 2010)

RESPONSE TO REQUESTS 1 and 2 — Payments from Sanofi-Aventis, Paris, France

INDIVIDUAL/ORGANIZATION	Fiscal Year	Payment date	Payment Description	Amount $
VICTOR TAPSON MD	2007	08/02/2007	Speaker/Consultant Services — Honorarium	3,000.00
VICTOR TAPSON MD	2007	09/06/2007	Speaker/Consultant Services — Honorarium	2,070.00 €
VICTOR TAPSON MD	2007	12/20/2007	Speaker/Consultant Services — Honorarium	1,500.00
VICTOR TAPSON MD	2007	2007 Total		$4,500 + 2070 €
VICTOR TAPSON MD	2008	07/24/2008	Speaker/Consultant Services — Honorarium	1,587.00
VICTOR TAPSON MD	2008	2008 Total		1,587.00
VICTOR TAPSON MD	2010	04/22/2010	Speaker/Consultant Services — Honorarium	188.00
VICTOR TAPSON MD	2010	06/30/2010	Speaker/Consultant Services — Honorarium	2,411.00
VICTOR TAPSON MD	2010	2010 Total		2,599.00
VICTOR TAPSON MD	Tapson Total			$8,686 + 2070 €
INDIVIDUAL/ORGANIZATION	**Fiscal Year**	**Payment date**	**Payment Description**	**Amount $**
NORTH AMER THROMBOSIS FORUM	2007	01/12/2007	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2007	2007 Total		250,000.00
NORTH AMER THROMBOSIS FORUM	2008	11/01/2008	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	11/07/2008	Sponsorship—Meeting/Conference	250,000.00
NORTH AMER THROMBOSIS FORUM	2008	2008 Total		500,000.00
NORTH AMER THROMBOSIS FORUM	2009	05/14/2009	Grant—Educational/Research Activities	250,000.00
NORTH AMER THROMBOSIS FORUM	2009	2009 Total		250,000.00
NORTH AMER THROMBOSIS FORUM	NATF Total			1,000,000.00
Overall Total				$1,008,686 + 2070 €

FOOTNOTE 3

From: Couchenour, Rachel PH/US
Sent: Monday, July 07, 2008 3:23 PM
To: Caro, James PH/US
Subject: FW: LMWH Safety Letter
Attachments: MAY.21.ACCP FDA Final.doc

Jim-
Here's the letter. Not certain if we can use it but thought you'd like a copy.
Rachel

From: Larry Wellikson [redacted]
Sent: Saturday, June 28, 2008 12:41 PM
To: Couchenour, Rachel PH/US
Subject: RE: LMWH Safety Letter

A short while ago I received the attached draft of the letter Vic Tapson wrote for ACCP. I have this on our Exec Comm agenda to discuss if SHM wants to support this letter, write our own letter, or not comment. One distinction is that this letter was the product of a meeting on the subject, which obviously the SHM EC and Board would not have detailed knowledge about. The second issue is that SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. As you might imagine since we touch so many different disease states SHM gets asked to evaluate guidelines, comment on regulations, etc and we probably take action on 5-10% of these requests.That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration.

Let me see what they say and get back to you either way

Larry Wellikson, MD
CEO
Society of Hospital Medicine
[redacted]

"Wisdom is the quality that helps keep you out of situations where you would need it"

May 21, 2008

Janet Woodcock, M.D
FDA Deputy Commissioner and Chief Medical Officer
U. S. Food and Drug Administration
5600 Fishers Lane, Rockville MD 20857-0001

Dear Dr. Woodcock:

The America College of Chest Physicians is a leading resource for the improvement in cardio-pulmonary health and critical care in the United States. With a membership of over 16,000 professionals representing over 100 countries, this organization focuses on the promotion of prevention and treatment of diseases of the chest through leadership, education, research, and communication.

As an organization, the College has always been in the forefront of cardiopulmonary medicine. I work with the College to publish the ACCP Guidelines for Antithrombotic Therapy for Prevention and Treatment of Thrombosis, which represents the interpretation of the vast clinical literature pertaining to thrombosis with stringent analyses. The guidelines have been used worldwide and provide clinician recommendations to effectively prevent and treat thrombotic disorders in patients.

Over the last several months, the College has monitored the potential development and approval of generic forms of certain products that are deemed critical to cardiopulmonary clinicians. One area of recent interest of the College is the class of agents commonly referred to as low-molecular-weight heparins or LMWHs (FDA Docket # 203P-0064).

With the current consideration for generic LMWHs, the concern for appropriate evidenced-based use and safety for patients increases significantly. There are currently three LMWH products available for use in the United States. The College has a longstanding caution that since these agents differ in pharmacokinetic properties and anticoagulant profiles, they are not to be considered clinically interchangeable. The clinical data produced through randomized clinical trials by the sponsors of the various branded LMWHs clearly supports the College's recommendation against interchange. Scientifically, the current LMWHs have a common biologic origin, vary in manufacturing process, and are incompletely characterized.

With the above considerations in mind, the convening of a roundtable was deemed warranted. On March 28, 2008 – a scientific interchange roundtable entitled "Low Molecular Weight Heparins: Patient Safety and Clinical Data Requirements with Biosimilar Generic Compounds" was convened by the College in Huntington Beach, California. I had the pleasure of serving as co-chair for the development of this session. I encourage the FDA to learn more of the findings and recommendations of the roundtable, by either contacting myself or the College directly. Although I, and many of my professional colleagues, support the development and availability of generic products, we urge the Food and Drug Administration require that potential generic LMWHs produce data from randomized clinical trials for comparable indications of use with the branded LMWHs. Such trials are the basis of guideline recommendations that not only assist the clinician community in this country in routinely making therapeutic decisions, but also comfortable in knowing their patients are receiving the best possible care throughout the entire healthcare system.

If you have further questions or require additional information or would like to meet with myself, or members of the College, please contact use the contact information found on the bottom of this letter.

Sincerely,

Victor F. Tapson, MD, FCCP
Professor of Medicine
Division of Pulmonary and Critical Care Medicine
Director, Center for Pulmonary Vascular Disease
Room [redacted]
Duke University Medical Center
Durham, NC 27710 USA
Office: [redacted]
Mobile: [redacted]
Email: [redacted]

CC: Douglas C. Throckmorton, MD, Deputy Director
Gary J. Buehler, RPh, Director, Office of Generic Drugs
Helen Winkle, Director, Office of Pharmaceutical Science

FOOTNOTE 4

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 | **2007** | **Open to Public Inspection**

A For the 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOCIETY OF HOSPITAL MEDICINE

Number and street (or P O box if mail is not delivered to street address): 190 N. INDEPENDENCE MALL W. | Room/suite

City or town, state or country, and ZIP + 4: PHILADELPHIA, PA 19106

D Employer identification number: 23-3057353

E Telephone number: 215-351-7754

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).**

G Website: ▶WWW.HOSPITALMEDICINE.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 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,258,694.

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates ▶ N/A

H(c) Are all affiliates included? N/A ☐ Yes ☐ No (If "No," attach a list)

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

I Group Exemption Number ▶ N/A

M Check ▶ ☐ if the organization is **not** required to attach Sch B (Form 990, 990-EZ, or 990-PF)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	1,929,540.		
	c	Indirect public support (not included on line 1a)	1c			
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	**Total** (add lines 1a through 1d) (cash $ 1,929,540. noncash $)			1e	1,929,540.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)			2	2,549,253.
	3	Membership dues and assessments			3	1,062,700.
	4	Interest on savings and temporary cash investments			4	47,482.
	5	Dividends and interest from securities			5	279,132.
	6 a	Gross rents	6a			
	b	Less rental expenses	6b			
	c	Net rental income or (loss) Subtract line 6b from line 6a			6c	
	7	Other investment income (describe ▶)			7	
	8 a	Gross amount from sales of assets other than inventory	(A) Securities: 249,389.	8a	(B) Other	
	b	Less cost or other basis and sales expenses	305,922.	8b		
	c	Gain or (loss) (attach schedule)	<56,533.>	8c		
	d	Net gain or (loss) Combine line 8c, columns (A) and (B) STMT 1			8d	<56,533.>
	9	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ ☐				
	a	Gross revenue (not including $ of contributions reported on line 1b)	9a			
	b	Less direct expenses other than fundraising expenses	9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a			9c	
	10 a	Gross sales of inventory, less returns and allowances	10a			
	b	Less cost of goods sold	10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a			10c	
	11	Other revenue (from Part VII, line 103)			11	1,141,198.
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	6,952,772.
Expenses	13	Program services (from line 44, column (B))			13	3,797,360.
	14	Management and general (from line 44, column (C))			14	2,362,062.
	15	Fundraising (from line 44, column (D))			15	147,823.
	16	Payments to affiliates (attach schedule)			16	
	17	**Total expenses.** Add lines 16 and 44, column (A)			17	6,307,245.
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12			18	645,527.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	4,893,101.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2			20	<637,913.>
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	4,900,715.

RECEIVED NOV 2 6 2008 075 IRS-OSC

SCANNED DEC 2 3 2008

723001 12-27-07 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form 990 (2007)

)9361009 759040 016-33980-A 2007.06030 SOCIETY OF HOSPITAL MEDICIN 016-3391

18

Form 990 (2007) SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 2

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 schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22a				
22b Other grants and allocations (attach schedule) (cash $ 0. noncash $ 0.) If this amount includes foreign grants, check here ▶ ☐	22b				
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	25a	360,505.	247,660.	80,604.	32,241.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	8,703.	8,703.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c				
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,376,027.	693,294.	615,171.	67,562.
27 Pension plan contributions not included on lines 25a, b, and c	27	19,297.	11,592.	7,552.	153.
28 Employee benefits not included on lines 25a - 27	28	171,689.	95,297.	75,397.	995.
29 Payroll taxes	29	126,837.	66,975.	58,019.	1,843.
30 Professional fundraising fees	30				
31 Accounting fees	31	99,421.		99,421.	
32 Legal fees	32	13,602.		13,602.	
33 Supplies	33	25,744.	3,571.	22,173.	
34 Telephone	34	35,766.	1,205.	32,487.	2,074.
35 Postage and shipping	35	84,525.	20,072.	64,091.	362.
36 Occupancy	36	44,571.		41,897.	2,674.
37 Equipment rental and maintenance	37	25,895.	8,009.	16,813.	1,073.
38 Printing and publications	38	110,004.	46,928.	62,887.	189.
39 Travel	39	255,193.	164,875.	86,564.	3,754.
40 Conferences, conventions, and meetings	40	1,454,566.	1,440,936.	13,630.	
41 Interest	41				
42 Depreciation, depletion, etc. (attach schedule)	42	101,165.		95,095.	6,070.
43 Other expenses not covered above (itemize):					
a	43a				
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g SEE STATEMENT 3	43g	1,993,735.	988,243.	976,659.	28,833.
44 **Total functional expenses.** Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	6,307,245.	3,797,360.	2,362,062.	147,823.

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 [X] No

If "Yes," enter (i) the aggregate amount of these joint costs $ N/A ; (ii) the amount allocated to Program services $ N/A ;

(iii) the amount allocated to Management and general $ N/A , and (iv) the amount allocated to Fundraising $ N/A

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12-27-07

Form 990 (2007)

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

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

What is the organization's primary exempt purpose? ▶ SEE STATEMENT 4 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) orgs., and 4947(a)(1) trusts; but optional for others.)
a TO EDUCATE PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND PUBLIC ABOUT THE ROLE OF HOSPITALISTS AND PROMOTE HIGH QUALITY COST EFFECTIVE CARE THROUGH NEWSLETTERS AND PERIODIC MEETINGS. (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	3,797,360.
b (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
d (Grants and allocations $) If this amount includes foreign grants, check here ▶ ☐	
e Other program services (attach schedule) (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) ▶	3,797,360.

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			68,678.	45	207,213.
	46	Savings and temporary cash investments			1,178,015.	46	1,380,844.
	47 a	Accounts receivable	47a	310,214.			
	b	Less: allowance for doubtful accounts	47b		98,734.	47c	310,214.
	48 a	Pledges receivable	48a				
	b	Less: allowance for doubtful accounts	48b			48c	
	49	Grants receivable				49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees				50a	
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				50b	
	51 a	Other notes and loans receivable	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use				52	
	53	Prepaid expenses and deferred charges			52,514.	53	95,551.
	54 a	Investments - publicly-traded securities STMT 5 ▶ ☐ Cost ☒ FMV			5,064,033.	54a	4,650,854.
	b	Investments - other securities ▶ ☐ Cost ☐ FMV				54b	
	55 a	Investments - land, buildings, and equipment: basis	55a				
	b	Less: accumulated depreciation	55b			55c	
	56	Investments - other				56	
	57 a	Land, buildings, and equipment: basis	57a	721,096.			
	b	Less: accumulated depreciation	57b	494,689.	171,460.	57c	226,407.
	58	Other assets, including program-related investments (describe ▶)				58	
	59	**Total assets** (must equal line 74). Add lines 45 through 58			6,633,434.	59	6,871,083.
Liabilities	60	Accounts payable and accrued expenses			502,296.	60	542,312.
	61	Grants payable				61	
	62	Deferred revenue			1,110,752.	62	896,950.
	63	Loans from officers, directors, trustees, and key employees				63	
	64 a	Tax-exempt bond liabilities				64a	
	b	Mortgages and other notes payable				64b	
	65	Other liabilities (describe ▶ DEFERRED MEMBERSHIP DUES)			127,285.	65	531,106.
	66	**Total liabilities.** Add lines 60 through 65			1,740,333.	66	1,970,368.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶** ☒ and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted			4,893,101.	67	4,900,715.
	68	Temporarily restricted				68	
	69	Permanently restricted				69	
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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)			4,893,101.	73	4,900,715.
	74	**Total liabilities and net assets/fund balances.** Add lines 66 and 73			6,633,434.	74	6,871,083.

Form **990** (2007)

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12-27-07

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	6,317,059.
b	Amounts included on line a but not on Part I, line 12:				
1	Net unrealized gains on investments	b1	<637,913.>		
2	Donated services and use of facilities	b2	2,200.		
3	Recoveries of prior year grants	b3			
4	Other (specify):	b4			
	Add lines b1 through b4			b	<635,713.>
c	Subtract line b from line a			c	6,952,772.
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	0.
e	**Total revenue** (Part I, line 12). Add lines c and d ▶			e	6,952,772.

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

a	Total expenses and losses per audited financial statements			a	6,309,445.
b	Amounts included on line a but not on Part I, line 17:				
1	Donated services and use of facilities	b1	2,200.		
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	2,200.
c	Subtract line b from line a			c	6,307,245.
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	0.
e	**Total expenses** (Part I, line 17). Add lines c and d ▶			e	6,307,245.

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 & deferred compensation plans	(E) Expense account and other allowances
SEE STATEMENT 6		318,876.	21,567.	20,062.

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 at board meetings ▶ 12			
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c		X
d	Does the organization have a written conflict of interest policy?	75d	X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
WILLIAM D. ATCHLEY JR MD FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	0.	0.	0.	5,237.
MARY JO GORMAN MD MBA 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	0.	0.	0.	3,466.

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?	78a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	78b		
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?	80a		X
b	If "Yes," enter the name of the organization ▶ N/A and check whether it is ☐ exempt or ☐ nonexempt			
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.			
b	Did the organization file **Form 1120-POL** for this year?	81b		X

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Part VI Other Information *(continued)*

					Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?			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	2,200.			
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b	Did the organization comply with the disclosure requirements relating to *quid pro quo* 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?		N/A	84b		
85 a	*501(c)(4), (5), or (6).* Were substantially all dues nondeductible by members?		N/A	85a		
b	Did the organization make only in-house lobbying expenditures of $2,000 or less?		N/A	85b		
	If "Yes" was answered to either 85a or 85b, **do not** complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.					
c	Dues, assessments, and similar amounts from members	85c	N/A			
d	Section 162(e) lobbying and political expenditures	85d	N/A			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	85g		
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?		N/A	85h		
86	*501(c)(7) organizations.* Enter: a Initiation fees and capital contributions included on line 12	86a	N/A			
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87	*501(c)(12) organizations.* Enter: a Gross income from members or shareholders	87a	N/A			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX			88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI ▶			88b		X
89 a	*501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.					
b	*501(c)(3) and 501(c)(4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction			89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		0.			
e	*All organizations.* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f	*All organizations.* Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g	*For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X
90 a	List the states with which a copy of this return is filed ▶ PA, IL, NJ, NY					
b	Number of employees employed in the pay period that includes March 12, 2007	90b	26			
91 a	The books are in care of ▶ BOB ZIPPERLEN Telephone no ▶ 215-351-7754					
	Located at ▶ 190 N. INDEPENDENCE MALL W., PHILADELPHIA, PA ZIP + 4 ▶ 19106					
					Yes	No
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 ▶ N/A. See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			91b		X

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Part VI | Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶ N/A	91c		X
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	N/A		

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

Note: Enter gross amounts unless otherwise indicated.	Unrelated business income (A) Business code	(B) Amount	Excluded by section 512, 513, or 514 (C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a MEETINGS & EXHIBITS					725,968.
b REGISTRATION FEES					1,823,285.
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					1,062,700.
95 Interest on savings and temporary cash investments			14	47,482.	
96 Dividends and interest from securities			14	279,132.	
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 personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					<56,533.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a ROYALTY INCOME			15	1,141,198.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,467,812.	3,555,420.
105 **Total** (add line 104, columns (B), (D), and (E)) ▶					5,023,232.

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)
	SEE STATEMENT 7

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

(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
	%			
N/A	%			
	%			
	%			

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).*

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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.

Laurence Wellikson 11/7/08

Signature of officer Date

Laurence Wellikson CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	CPA	Date 10/15/08	Check if self-employed ☐	Preparer's SSN or PTIN (See Gen. Inst. X) P00010875
Firm's name (or yours if self-employed), address, and ZIP + 4	AMPER, POLITZINER & MATTIA, LLP 101 WEST AVENUE, P.O. BOX 458 JENKINTOWN, PA 19046-0458		EIN ▶ 26-2842766 Phone no. ▶ (215) 881-8800

Form **990** (2007)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information-(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2007

Name of the organization: SOCIETY OF HOSPITAL MEDICINE

Employer identification number: 23 3057353

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the 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 & deferred compensation	(e) Expense account and other allowances
GERALDINE BARNES 190 N INDEPENDENCE MALL W., PHILADELP	ED & QUAL INITIATIVE 40.00	95,924.		
TODD VON DEAK 190 N INDEPENDENCE MALL W., PHILADELP	MEMBERSHIP/MARKETING 40.00	91,182.	2,720.	
SCOTT JOHNSON 190 N INDEPENDENCE MALL W., PHILADELP	BUS SERVICES/TECH 40.00	83,654.		
SANDRA RIDDICK 190 N INDEPENDENCE MALL W., PHILADELP	CONTROLLER (FORMER) 40.00	69,538.		
SHANNON ROACH 190 N INDEPENDENCE MALL W., PHILADELP	MTGS COORD (FORMER) 40.00	62,348.	1,191.	
Total number of other employees paid over $50,000 ▶	3			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the 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
JOSEPH MILLER 130 MEADOWBROOK ROAD, NEEDHAM, MA 02492-1935	MANAGEMENT CONSULTANT	175,515.
LAURA L. ALLENDORF 9009 AVIS COURT, VIENNA, VA 22182	PUBLIC POLICY	85,627.
TINA BUDNITZ 5696 ALTO CT, NORCROSS, GA 30092	QUALITY INTIATIVES	74,089.
MARK WILLIAMS 2111 MINUTE COURT, STONE MOUNTAIN, GA 30087	EDITOR	65,755.
YOUR PART TIME CONTROLLER PO BOX 3252, CHERRY HILL, NJ 08003	FINANCIAL SERVICES	63,056.
Total number of others receiving over $50,000 for professional services ▶ 1		

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 page 2 of the instructions)

(a) Name and address of each independent contractor paid more than $50,000	(b) Type of service	(c) Compensation
TRIGON TECHNOLOGY 640 LEE ROAD, STE 230, WAYNE, PA 19087	IT SERVICES	106,335.
LANE SERVICES 922 S WOODBOURNE RD SUITE 117, LEVITTOWN, PA 1905	IT CONSULTANT	65,294.
Total number of other contractors receiving over $50,000 for other services ▶ 0		

Schedule A (Form 990 or 990-EZ) 2007 SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 2

Part III Statements About Activities (See page 2 of the 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 ▶ $ ______ $ ______ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		X
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? *(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)*			
a	Sale, exchange, or leasing of property?	2a		X
b	Lending of money or other extension of credit?	2b		X
c	Furnishing of goods, services, or facilities?	2c		X
d	Payment of compensation (or payment or reimbursement of expenses if more than $1,000)? SEE STATEMENT 8	2d	X	
e	Transfer of any part of its income or assets?	2e		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		X
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		X
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		X
b	Did the organization make any taxable distributions under section 4966? N/A	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person? N/A	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year ▶		N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶		N/A	
f	Enter the total number of separate funds or accounts owned at the end of the 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 in all funds or accounts included on line 4f at the end of the tax year ▶			0.

Schedule A (Form 990 or 990-EZ) 2007

Part IV **Reason for Non-Private Foundation Status** (See pages 4 through 8 of the 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)
11a [X] 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)
11b [ ] 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 page 8 of the 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? Yes	(d) No	(e) Amount of support
Total ▶					

14 [ ] An organization organized and operated to test for public safety Section 509(a)(4) (See page 8 of the instructions)

Schedule A (Form 990 or 990-EZ) 2007 SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 4

Part IV-A **Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.**
Note: *You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.*

	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15	Gifts, grants, and contributions received (Do not include unusual grants See line 28)	1,316,058.	1,421,989.	999,125.	354,070.	4,091,242.
16	Membership fees received	986,303.	796,560.	650,183.	445,416.	2,878,462.
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	2,127,898.	1,747,455.	1,223,651.	787,005.	5,886,009.
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	1,115,284.	64,425.	55,960.	40,217.	1,275,886.
19	Net income from unrelated business activities not included in line 18	0.	78,271.	55,143.	31,348.	164,762.
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					
23	Total of lines 15 through 22	5,545,543.	4,108,700.	2,984,062.	1,658,056.	14,296,361.
24	Line 23 minus line 17	3,417,645.	2,361,245.	1,760,411.	871,051.	8,410,352.
25	Enter 1% of line 23	55,455.	41,087.	29,841.	16,581.	

26 **Organizations described on lines 10 or 11:** a Enter 2% of amount in column (e), line 24 ▶ 26a 168,207.

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a **Do not file this list with your return.** Enter the total of all these excess amounts ▶ 26b 2,321,375.

c Total support for section 509(a)(1) test. Enter line 24, column (e) ▶ 26c 8,410,352.

d Add Amounts from column (e) for lines 18 1,275,886. 19 164,762. 22 ______ 26b 2,321,375. ▶ 26d 3,762,023.

e Public support (line 26c minus line 26d total) ▶ 26e 4,648,329.

f **Public support percentage (line 26e (numerator) divided by line 26c (denominator))** ▶ 26f 55.2691%

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 N/A

(2006) (2005) (2004) (2003)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year N/A

(2006) (2005) (2004) (2003)

c Add Amounts from column (e) for lines 15 ______ 16 ______ 17 ______ 20 ______ 21 ______ ▶ 27c N/A

d Add Line 27a total ______ and line 27b total ______ ▶ 27d N/A

e Public support (line 27c total minus line 27d total) ▶ 27e N/A

f Total support for section 509(a)(2) test Enter amount on line 23, column (e) ▶ 27f N/A

g **Public support percentage (line 27e (numerator) divided by line 27f (denominator))** ▶ 27g N/A %

h **Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))** ▶ 27h N/A %

28 **Unusual Grants:** For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant **Do not file this list with your return.** Do not include these grants in line 15

NONE

Part V **Private School Questionnaire** (See page 9 of the instructions) N/A
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

			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?	29		
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?	30		
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?	31		
	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)			
34 a	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 page 11 of the instructions) N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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
		N/A	
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 on page 13 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B **Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the 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	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h.)			0.

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 page 14 of the 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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of			
(i) Cash	51a(i)		X
(ii) Other assets	a(ii)		X
b Other transactions			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b(i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b(ii)		X
(iii) Rental of facilities, equipment, or other assets	b(iii)		X
(iv) Reimbursement arrangements	b(iv)		X
(v) Loans or loan guarantees	b(v)		X
(vi) Performance of services or membership or fundraising solicitations	b(vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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. N/A

(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 N/A

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

723152 12-27-07

SOCIETY OF HOSPITAL MEDICINE 23-3057353

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF PUBLICLY TRADED SECURITIES	249,389.	305,922.	0.	<56,533.>
TO FORM 990, PART I, LINE 8	249,389.	305,922.	0.	<56,533.>

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
DECREASE IN MARKET VALUE OF INVESTMENTS	<637,913.>
TOTAL TO FORM 990, PART I, LINE 20	<637,913.>

FORM 990 OTHER EXPENSES STATEMENT 3

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
MISCELLANEOUS	1,303.		1,303.	
ROOM RENTAL	1,828.	1,828.		
PROFESSIONAL FEES & CONSULTING	478,058.	365,597.	105,058.	7,403.
EDITORS/WRITERS	102,303.	102,303.		
EDUCATION EXPENSES	80,374.	80,374.		
EMPLOYEE RELATIONS	20,523.	2,822.	17,701.	
BANKING CREDIT CARD AND INVESTMENT FEES	103,332.		97,132.	6,200.
PROMOTIONS	5,464.	5,464.		
SUBSCRIPTIONS	307,075.	307,075.		
PUBLICATION EXPENSE	77,800.	77,800.		
BOARD EXPENSE	1,669.		1,669.	
DUES	17,321.		17,321.	
TRAINING	59,502.		59,502.	
SALES PRODUCTS	1,249.		1,249.	
WEB SITE MAINTENANCE & DEVELOPMENT	236,133.		221,965.	14,168.
INSURANCE	7,000.		6,580.	420.
LICENSE & REGISTRATION FEES	9,038.		8,496.	542.

MARKETING	30,645.		30,645.	
FEDERAL·STATE & LOCAL TAXES	250.		250.	
COMMITTEE EXPENSES	394,962.		394,862.	100.
BAD DEBTS	12,926.		12,926.	
CONTINUING EDUCATION	44,980.	44,980.		
TOTAL TO FM 990, LN 43	1,993,735.	988,243.	976,659.	28,833.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4
PART III

EXPLANATION

TO EDUCATE PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND THE PUBLIC ABOUT THE ROLE OF HOSPITALS AND PROMOTE HIGH QUALITY AND COST EFFECTIVE CARE.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
TRUST INVESTMENTS	FMV			4,650,854.	4,650,854.
TO FORM 990, LINE 54A, COL B				4,650,854.	4,650,854.

SOCIETY OF HOSPITAL MEDICINE 23-3057353

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
LARRY D. WELLIKSON, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	CHIEF EXECUTIVE OFFICER 40.00	297,876.	21,567.	2,971.
RUSSELL L. HOLMAN, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 3.00	16,500.	0.	7,040.
LISA S. KETTERING, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 2.00	0.	0.	804.
PATRICK J. CAWLEY, MD, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	PRESIDENT 3.00	0.	0.	1,568.
ALPESH AMIN, MD, MBA, FACP 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 2.00	0.	0.	1,081.
SCOTT FLANDERS, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	PRESIDENT - ELECT 3.00	2,000.	0.	564.
STACY GOLDSHOLL, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 1.00	500.	0.	144.
JACK PERCELAY, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	TREASURER 1.00	0.	0.	0.
LAKSHMI HALASYAMANI, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	SECRETARY 1.00	1,500.	0.	415.
JOSEPH M. LI, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 2.00	0.	0.	3,056.
JEFFREY WIESE, MD 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 2.00	0.	0.	0.

SOCIETY OF HOSPITAL MEDICINE 23-3057353

SYLVIA MCKEAN 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 1.00	500.	0.	757.
SHAUN FROST 190 N INDEPENDENCE MALL W. PHILADELPHIA, PA 19106	BOARD MEMBER 1.00	0.	0.	1,662.
TOTALS INCLUDED ON FORM 990, PART V-A		318,876.	21,567.	20,062.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES STATEMENT 7

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A-	THE REGISTRATION FEES, MEETINGS & EXHIBITS; & MEMBERSHIP DUES PROMOTE
93B-	THE EDUCATION OF PHYSICIANS, OTHER HEALTH CARE PROFESSIONALS AND THE
-94	PUBLIC ABOUT THE ROLE OF HOSPITALISTS.
93A-	THE REGISTRATION FEES, MEETINGS AND EXHIBITS; AND MEMBERSHIP
93B-	DUES ALSO PROMOTE THE HIGH QUALITY AND COST EFFECTIVE
94	HEALTH CARE.

SCHEDULE A	EXPLANATION OF TRANSACTIONS PART III, LINE 2D	STATEMENT 8

SEE 990 PART V

SHM				
Fixed Assets and Depreciation Summary				
As of June 30, 2008				
	Date in Service	**Useful Lives**	**Cost**	**FY2008 Depreciation**
IMAS Database	8/13/2004	3	199,192	5,533
WEB	4/30/2005	3	170,138	47,261
LAN	5/1/2004	5	43,691	8,738
LEASHOLD IMPROVEMENTS	Various	5	3,255	651
EQUIPMENT	Various	5	5,047	1,009
COMPUTER EQUIPMENT	Various	3	24,673	3,638
Subtotal FY05			445,997	66,831
ADDITIONS FY06				
IMIS Database Reorg	9/30/2006	5	10,800	2,160
IMIS Database eSeries	9/30/2006	5	22,783	4,557
Subtotal FY06			33,583	6,717
ADDITIONS FY07				
Software/Licenses	see equip	5	17,162	3,432
Computer Equipment	see equip	3	16,188	5,396
Server Equipment	see equip	5	38,217	7,643
Computer Equipment	see equip	3	3,000	1,000
Catalyst 2960 Lan-Base	see equip	5	3,185	637
Computer Equipment	see equip	3	4,426	1,475
Computer Equipment	see equip	3	3,130	1,043
Subtotal FY07			85,307	20,627
FY 07 Total Fixed Assets Per Above			564,886	
ADDITIONS FY08				
Chassis (Softmart)	9/6/2007	3	8,164	2,268
Dell LTO Tape Drive (Softmart)	10/24/2007	3	1,756	439
HP Notebook 2710P	12/24/2007	3	1,971	329
HP Notebook 2710P	12/24/2007	3	1,971	329
HP Notebook 8710W	12/24/2007	3	2,423	404
HP Desktop DC5700	12/24/2007	3	831	138
HP Desktop DC5700	12/24/2007	3	831	138
HP Desktop DC5700	12/24/2007	3	831	138
HP Monitor L1750	12/24/2007	3	221	37
HP Monitor L1750	12/24/2007	3	221	37
HP Monitor L1750	12/24/2007	3	221	37
HP Notebook 6710B	12/24/2007	3	1,269	212
HP Desktop DC7800	12/27/2007	3	1,827	304
HP Desktop DC7800	12/27/2007	3	1,827	304
HP Notebook 2510P	1/9/2008	3	1,573	262
HP DL140 Server	12/27/2008	5	2,188	219
HP DL380 Server	1/17/2008	5	4,234	423
Web Server (Softmart)	2/7/2008	5	4,234	353
GP Server (Softmart)	4/16/2008	5	2,386	119
GP Server Drives(Softmart)	4/16/2008	5	550	27
CS3 Design Sfwe	11/28/2007	5	4,051	473
Win XP & UIU sfwe	3/25/2008	5	1,762	88
2 laptops & assessories	6/19/2008	3	4,214	-
LJ Mono & DC5800	6/20/2008	3	1,118	-
C Swipe license	10/29/2007	5	995	133
SSL Certificate	12/4/2007	3	1,790	348
iMis - Cust Serv & Xtender modules	7/19/2007	3	4,425	1,352
iMis - iFlow module	7/31/2007	3	5,175	1,581
iMis - add'l seat license	3/19/2008	3	7,383	615
Great Plains and telephone systems	6/30/2008	3	85,769	
Subtotal FY08			156,210	6,991
		Total Fixed Assets	721,096	101,165
		A/D FY2008		494,689

SCANNED FEB 2 4 2010

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

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009

B Check if applicable: [X] Address change; [ ] Name change; [ ] Initial return; [ ] Termination; [ ] Amended return; [ ] Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: SOCIETY OF HOSPITAL MEDICINE

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite: 1500 SPRING GARDEN STREET, SUITE 50

City or town, state or country, and ZIP + 4: PHILADELPHIA, PA 19130

D Employer identification number: 23-3057353

E Telephone number: 267-702-2600

G Gross receipts $ 13,608,140.

F Name and address of principal officer: LAURENCE WELLIKSON
1500 SPRING GARDEN STREET, PHILADELPHIA, PA

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c) (3) ◀ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ▶ WWW.HOSPITALMEDICINE.ORG

K Type of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ▶ | L Year of formation 2000 | M State of legal domicile PA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SHM HAS IMPLEMENTED KEY PROJECTS TO IMPROVE HEALTHCARE INCLUDING REDUCING PREVENTABLE VENOUS

2 Check this box ▶ [ ] if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	49
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,929,540.	2,379,905.
	9	Program service revenue (Part VIII, line 2g)	3,611,953.	4,678,680.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	326,614.	<1,211,406.>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,084,665.	1,356,416.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,952,772.	7,203,595.
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)	1,936,221.	2,624,362.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 209,258.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,371,024.	5,866,838.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	6,307,245.	8,491,200.
	19	Revenue less expenses. Subtract line 18 from line 12	645,527.	<1,287,605.>
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	6,871,083.	7,775,357.
	21	Total liabilities (Part X, line 26)	1,970,368.	3,898,595.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,900,715.	3,876,762.

RECEIVED
E1-106 FEB 04 2010 IRS-OSC
OGDEN, UT

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 — Date 11/15/09

▶ LAURENCE WELLIKSON, CHIEF EXECUTIVE OFFICER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ CPA — Date 11/13/09 — Check if self-employed ▶ [ ] — Preparer's identifying number (see instructions) P00010475

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ AMPER, POLITZINER & MATTIA, LLP
101 WEST AVENUE, P.O. BOX 458
JENKINTOWN, PA 19046-0458

EIN ▶ 26 2842766

Phone no ▶ (215) 881-8800

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

832001 12-18-08 LHA **For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **990** (2008)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9-15 2

Form 990 (2008) SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 2

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:
SHM IS DEDICATED TO PROMOTING THE HIGHEST QUALITY CARE FOR ALL HOSPITALIZED PATIENTS. SHM IS COMMITTED TO PROMOTING EXCELLENCE IN THE PRACTICE OF HOSPITAL MEDICINE THROUGH EDUCATION, ADVOCACY AND RESEARCH.

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
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
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.
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 3,144,876. including grants of $) (Revenue $ 3,226,910.)
THE EDUCATION ACHIEVEMENTS OF SHM ARE PROVIDING RESOURCES AND TOOLS TO IMPROVE THE TEACHING AND LEARNING SKILLS OF PHYSICIANS AND THE HEALTH-CARE TEAM, PROVIDE ACCESS TO EDUCATION TO FACILITATE IMPROVED OUTCOMES IN HEALTH CARE, AND SUPPORT THE MAINTENANCE OF CURRENT KNOWLEDGE AND COMPETENCE, AND TO PREPARE HOSPITALISTS FOR WORKING EFFECTIVELY IN THE HOSPITAL ENVIRONMENT.
DURING THE FISCAL YEAR, THERE WERE 458 HOURS OF EDUCATIONAL AND LEARNING SESSIONS HELD AT VARIOUS SEMINARS, TRAINING SESSIONS AND TWO NATIONAL CONFERENCES. THESE WERE ATTENDED BY 4,277 HOSPITALISTS WHO ARE CLINICIANS, RESEARCHERS AND ACADEMICIANS.

4b (Code:) (Expenses $ 1,292,464. including grants of $) (Revenue $)
QUALITY INITIATIVES (QI) AND IMPROVEMENT PROMOTES HIGH QUALITY HEALTH CARE. QI FOCUSES ON PROCESSES OF CARE, REDUCES VARIATION BY SHIFTING ENTIRE PRACTICE, CREATES THE POTENTIAL FOR RADICAL CHANGE THROUGH CHANGING THE DESIGN OF CARE THOUGH ENGAGEMENT OF A TEAM OF CLINICIANS. ON THE SHM WEBSITE ARE THE QUALITY IMPROVEMENT RESOURCE ROOMS DEVELOPED BY SHM. THESE RECEIVED OVER 160,000 PAGE VIEWS DURING THE FISCAL YEAR, WHICH IS AN AVERAGE OF OVER 400 PER DAY. THESE PRESENT THE INFORMATION AND TOOLS NEEDED TO LEAD QUALITY IMPROVEMENT PROJECTS. THIS STEPWISE GUIDE BEGINS WITH SETTING GOALS AND CONTINUES THROUGH POST-IMPLEMENTATION TASKS INCLUDING ANALYZING OUTCOMES AND SUSTAINING IMPROVEMENTS. CONTENT IS ARRANGED SO YOU CAN FREELY NAVIGATE TO AND WITHIN SECTIONS, REVIEW WHAT OTHERS HAVE DONE, EXCHANGE IDEAS WITH

4c (Code:) (Expenses $ 945,310. including grants of $) (Revenue $ 1,380,698.)
MEMBER SERVICES - SHM IS DEDICATED TO PROMOTING THE HIGHEST CARE FOR ALL HOSPITALIZED PATIENTS. THE ORGANIZATION ENHANCES THE PRACTICES OF HOSPITALISTS AND THE PATIENTS THEY SERVE WITH OVER 10,000 MEMBERS. SHM PROVIDES ITS MEMBERS WITH A RANGE OF PRODUCTS, SERVICES, INFORMATION, AND PROGRAMS INCLUDING BUT NO LIMITED TO: THE HOSPITALIST (PUBLISHED MONTHLY), THE JOURNAL OF HOSPITAL MEDICINE (9X PER ANNUM), VARIOUS NEWLETTERS SUCH AS THE HOSPITALIST E-WIRE (WEEKLY), SHM'S E-WIRE (BI-WEEKLY), INFOPOEMS (2X PER MONTH) AND E-TOCS (MONTHLY). ALL REQUESTS FOR DISCOUNTED MEMBERSHIP FEES OR ATTENDANCE FEES AT MEETINGS ON THE BASIS OF FINANCIAL NEED ARE CONSIDERED BY MANAGEMENT ON A CASE BY CASE BASIS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ▶ $ 5,382,650. *(Must equal Part IX, Line 25, column (B).)*

Form **990** (2008)

832002
12-18-08

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)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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 U.S.? *If "Yes," complete Schedule F, Part I*	14b		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? *If "Yes," complete Schedule F, Part II*	15		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? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	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 questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		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*	32		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*	33		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*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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*	36		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*	37		X

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Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S. Information Returns. Enter -0- if not applicable	1a	83			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	49			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country: ▶					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter: N/A					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter: N/A					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body (1a) 12			
b	Enter the number of voting members that are independent (1b) 11			
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 organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material 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	
9a	Does the organization have local chapters, branches, or affiliates?	9a		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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
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? Describe the process in Schedule O. (see instructions)	15b	X	
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,AR,AZ,CA,CO,CT,DE,DC,FL,GA,HI

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.
[X] Own website [X] Another's website [X] 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: ▶
BOB ZIPPERLEN - 267-702-2605
1500 SPRING GARDEN STREET, SUITE 501, PHILADELPHIA, PA 19130

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
RUSSELL L. HOLMAN, MD BOARD MEMBER	1.00	X						17,500.	0.	0.
PATRICK J. CAWLEY, MD, F IMMEDIATE PAST PRESIDENT	2.00	X		X				0.	0.	0.
SCOTT FLANDERS, MD PRESIDENT	3.00	X		X				2,000.	0.	0.
STACY GOLDSHOLL, MD BOARD MEMBER	1.00	X						0.	0.	0.
JACK PERCELAY, MD BOARD MEMBER	1.00	X						0.	0.	0.
MAHALALAKSHMI HALASYAMAN SECRETARY	2.00	X		X				5,000.	0.	0.
JOSEPH M. LI, MD TREASURER	2.00	X		X				0.	0.	0.
JEFFREY WIESE, MD PRESIDENT - ELECT	3.00	X		X				0.	0.	0.
SYLVIA MCKEAN BOARD MEMBER	1.00	X						0.	0.	0.
SHAUN FROST BOARD MEMBER	1.00	X						0.	0.	0.
DANIEL DRESSLER BOARD MEMBER	1.00	X						0.	0.	0.
ERIC HOWELL BOARD MEMBER	1.00	X						11,000.	0.	0.
BURKE KEALY BOARD MEMBER	1.00	X						1,700.	0.	0.
LAURENCE D. WELLIKSON, M CHIEF EXECUTIVE OFFICER	40.00			X		X		339,439.	0.	13,000.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
1b Total							▶	376,639.	0.	13,000.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1

		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*	3		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*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		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
JOSEPH MILLER 130 MEADOWBROOK ROAD, NEEDHAM, MA 02492	MANAGEMENT CONSULTANT	185,056.
LAURA ALLENDORF 9009 AVIS COURT, VIENNA, VA 22182	CONSULTING AND ADVOCACY SERVICES	100,235.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 2

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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				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2379905.				
	g Noncash contributions included in lines 1a-1f $					
	h Total. Add lines 1a-1f ▶		2,379,905.			
Program Service Revenue		Business Code				
	2 a REGISTRATION FEES	541900	2,630,475.	2,630,475.		
	b MEMBERSHIP FEES	541900	1,380,698.	1,380,698.		
	c JOB FAIRS & EXHIBITS	541900	596,435.	596,435.		
	d					
	e					
	f All other program service revenue	541900	71,072.	71,072.		
	g Total. Add lines 2a-2f ▶		4,678,680.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		155,888.			155,888.
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶		1,356,416.			1356416.
		(i) Real / (ii) Personal				
	6 a Gross Rents					
	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 5037251. / (ii) Other				
	b Less: cost or other basis and sales expenses	6404545.				
	c Gain or (loss)	<1367294>				
	d Net gain or (loss) ▶		<1367294.>	<1367294.>		
	8 a Gross income from fundraising events (not including $ ____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	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. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		7,203,595.	3,311,386.	0.	1512304.

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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				
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	415,325.	293,960.	84,685.	36,680.
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	1,804,511.	1,028,273.	695,392.	80,846.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	229,801.	127,430.	87,216.	15,155.
10 Payroll taxes	174,725.	103,520.	61,861.	9,344.
11 Fees for services (non-employees):				
a Management	190,000.	114,000.	66,500.	9,500.
b Legal	31,602.		29,753.	1,849.
c Accounting	61,592.		57,989.	3,603.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	894,385.	320,817.	566,349.	7,219.
12 Advertising and promotion	293,408.	240,201.	53,207.	
13 Office expenses	195,827.		188,193.	7,634.
14 Information technology	183,867.	22,200.	157,088.	4,579.
15 Royalties	481.	481.		
16 Occupancy	181,272.		176,708.	4,564.
17 Travel	221,287.	80,056.	135,056.	6,175.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,899,005.	2,794,493.	104,194.	318.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,384.		191,486.	11,898.
23 Insurance	6,137.		5,778.	359.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a SUBSCRIPTIONS	250,507.	250,507.		
b MERCHANT CREDIT CARD FE	137,302.		129,270.	8,032.
c STAFF TRAINING	48,186.		48,186.	
d INVESTMENT FEES	22,547.		22,547.	
e MISCELLANEOUS	12,658.		12,212.	446.
f All other expenses	33,391.	6,712.	25,622.	1,057.
25 **Total functional expenses.** Add lines 1 through 24f	8,491,200.	5,382,650.	2,899,292.	209,258.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 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	207,213.	1	268,419.
	2	Savings and temporary cash investments	1,380,844.	2	1,598,648.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	310,214.	4	313,660.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	95,551.	9	93,255.
	10a	Land, buildings, and equipment: cost basis 10a 2,530,898.			
	b	Less: accumulated depreciation. Complete Part VI of Schedule D 10b 698,073.	226,407.	10c	1,832,825.
	11	Investments - publicly traded securities	4,650,854.	11	3,668,550.
	12	Investments - other securities. See Part IV, line 11		12	
	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)	6,871,083.	16	7,775,357.
Liabilities	17	Accounts payable and accrued expenses	542,312.	17	1,570,326.
	18	Grants payable		18	
	19	Deferred revenue	896,950.	19	953,931.
	20	Tax-exempt bond liabilities		20	
	21	Escrow 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		24	
	25	Other liabilities. Complete Part X of Schedule D	531,106.	25	1,374,338.
	26	**Total liabilities.** Add lines 17 through 25	1,970,368.	26	3,898,595.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,900,715.	27	3,876,762.
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] 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	4,900,715.	33	3,876,762.
	34	Total liabilities and net assets/fund balances	6,871,083.	34	7,775,357.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990. [ ] Cash [X] Accrual [ ] Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to lines 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?	2c	X	
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?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A (Form 990 or 990-EZ)
Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization SOCIETY OF HOSPITAL MEDICINE
Employer identification number 23-3057353

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: (Please check only **one** organization.)

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).** (Attach Schedule H.)
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 the Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
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
(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?	11g(i)		
(ii) A family member of a person described in (i) above?	11g(ii)		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports.

(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 Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule A (Form 990 or 990-EZ) 2008**

Schedule A (Form 990 or 990-EZ) 2008 SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 2

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
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 - 3	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
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)						4580136.
6 Public Support. Subtract line 5 from line 4						6962227.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	1649308.	2218549.	2302361.	2992240.	2379905.	11542363.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	55,960.	517,696.	1292701.	1467812.	122,463.	3456632.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	55,143.	78,271.				133,414.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						15132409.

12 Gross receipts from related activities, etc. (see instructions) | 12 | 12,326,937.

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 ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 46.01 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | 55.27 %

16a **33 1/3% support test - 2008.** 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 ▶ ☒

b **33 1/3% support test - 2007.** 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 ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** 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 ▶ ☐

b **10% -facts-and-circumstances test - 2007.** 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 ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2008

Part III | **Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 - 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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** 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 - 2007.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: SOCIETY OF HOSPITAL MEDICINE

Employer identification number: 23-3057353

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

2 Complete lines 2a-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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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, 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, 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ____________

b Assets included in Form 990, Part X ▶ $ ____________

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12-23-08

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

3 Using the organization's 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 Trust, Escrow and Custodial Arrangements. Complete if 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 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ ______ %

b Permanent endowment ▶ ______ %

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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - 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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,277,169.	84,062.	1,193,107.
d Equipment		353,921.	156,725.	197,196.
e Other		899,808.	457,286.	442,522.
Total. Add lines 1a-1e. *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,832,825.

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
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12) ▶		

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
Total. (Col (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
DEFERRED MEMBERSHIP DUES	868,719.
DEFERRED RENT	505,619.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25.)* ▶	1,374,338.

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.

Schedule D (Form 990) 2008 SOCIETY OF HOSPITAL MEDICINE 23-3057353 Page 4

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	7,203,595.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,491,200.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<1,287,605.>
4	Net unrealized gains (losses) on investments	4	263,652.
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 4-8	9	263,652.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<1,023,953.>

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	8,415,991.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	990.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,367,294.		
e	Add lines 2a through 2d			2e	1,368,284.
3	Subtract line 2e from line 1			3	7,047,707.
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	155,888.		
c	Add lines 4a and 4b			4c	155,888.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	7,203,595.

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

1	Total expenses and losses per audited financial statements			1	8,469,643.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	990.		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	990.
3	Subtract line 2e from line 1			3	8,468,653.
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	22,547.		
c	Add lines 4a and 4b			4c	22,547.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)			5	8,491,200.

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, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

REALIZED LOSS

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST INCOME

DIVIDEND INCOME

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

INVESTMENT FEES

SCHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

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

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: SOCIETY OF HOSPITAL MEDICINE

Employer identification number: 23-3057353

Part I | Questions Regarding Compensation

			Yes	No
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. ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e.g., maid, chauffeur, chef)			
b	If line 1a is 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	1b		
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?	2		
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. ☐ Compensation committee ☒ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a:			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
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?	5a		X
b	Any related organization?	5b		X
	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?	6a		X
b	Any related organization?	6b		X
	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	7		X
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 Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 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) 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 compensation				
LAURENCE D. WELLIKSON, M	(i)	280,439.	59,000.	0.	0.	13,000.	352,439.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, lines 38a or 40b.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization	Employer identification number
SOCIETY OF HOSPITAL MEDICINE	23-3057353

Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II **Loans to and/or From Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total			▶ $							

Part III **Grants or Assistance Benefiting Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV **Business Transactions Involving Interested Persons.**

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
RUSSELL HOLMAN	FORMER BOARD MEMBER	17,500.	INDEPENDENT		X

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule L (Form 990 or 990-EZ) 2008

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047 **2008** Open to Public Inspection

Name of the organization: SOCIETY OF HOSPITAL MEDICINE

Employer identification number: 23-3057353

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

THROMBOEMBOLISMS, IMPROVING THE HOSPITAL DISCHARGE PROCESS , AND IMPROVING THE MANAGEMENT OF DIABETES FOR HOSPITALIZED PATIENTS. SHM HAS ALSO EDUCATED HEALTH PROFESSIONALS ABOUT MANY OF THE NEW UPDATES FOR CARING FOR THE HOSPITALIZED PATIENT THROUGH FACE TO FACE MEETINGS AND WEBINARS AND OTHER MEDIA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

TEAMS DOING SIMILAR QI WORK, AND POSE QUESTIONS TO SUBJECT MATTER EXPERTS.

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

SHM PROVIDES ITS MEMBERS WITH A VARIETY OF TOOLS AND SERVICES THAT FACILITATE COMMUNICATION AND NETWORKING. THROUGH ITS WEBSITE, MEMBERS CAN PARTICIPATE IN SEVERAL DISCUSSION FORUMS ON TOPICS OF INTEREST TO HOSPITALISTS. THROUGH LOCAL OUTREACH, MEMBERS CAN MEET THEIR PEERS AND HEAR PRESENTATIONS FROM EXPERTS IN THE FIELD. MEMBERS HAVE ACCESS TO SHM'S LEGISLATIVE ACTION CENTER, ON-LINE EDUCATIONAL RESOURCE ROOMS, CORE COMPETENCIES, DISCOUNTED REFERENCE MATERIALS AND EDUCATIONAL SEMINARS.

FORM 990, PART VI, SECTION A, LINE 10: ONCE THE 990 IS COMPLETED BY THE TAX PREPARERS, IT IS SHARED REVIEWED AND DISCUSSED BY THE CONTROLLER AND THE CEO. ONCE THE VERSION TO BE FILED IS FINALIZED, THE 990 IS SENT TO EACH OF THE 12 BOARD MEMBERS FOR REVIEW. THE BOARD IS THEN SOLICITED FOR INPUT AND QUESTIONS PRIOR TO FILING OF FORM 990.

SCHEDULE O (Form 990)
Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: SOCIETY OF HOSPITAL MEDICINE
Employer identification number: 23-3057353

FORM 990, PART VI, SECTION B, LINE 12C: SHM HAS A YEARLY POLICY REVIEW AT THE TIME OF THE ANNUAL AUDIT. THE BOARD RECEIVES A REPORT FROM ITS OUTSIDE AUDITORS IN WRITING AND ORALLY AS TO SHM'S CONTINUED COMPLIANCE WITH ALL POLICIES.

FORM 990, PART VI, SECTION B, LINE 15: THE CEO COMPENSATION WAS DETERMINED FIRST BY THE EXECUTIVE COMMITTEE OF THE BOARD, INCLUDING REVIEW OF THE CEO COMPENSATION ARRANGMENTS OF SEVERAL OTHER SIMILAR PROFESSIONAL MEDICAL ORGANIZATIONS. THIS INFORMATION IS THEN EXAMINED BY SHM'S LEGAL COUNSEL AND OUR OUTSIDE AUDIT FIRM. FINALLY, THE COMPENSATION ARRANGEMENT IS APPROVED BY THE BOARD AND DOCUMENTED IN A WRITTEN CONTRACT.

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

FORM 990, PART VI, SECTION C, LINE 19: SHM DIRECTS ANY REQUESTS FROM SHM MEMBERS OR OUTSIDE PARTIES TO GUIDESTAR.COM WHICH POSTS SHM'S 990 AFTER FILING. SHM'S CONFLICT OF INTEREST POLICY IS POSTED ON SHM'S WEBSITE IN THE SECTION AVAILABLE TO THE PUBLIC. THE BYLAWS AND OTHER POLICY DOCUMENTS CAN ALSO BE FOUND IN THIS SECTION. FORM 1023 IS AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 2C

THE FINANCE COMMITTEE IS RESPONSIBLE FOR THE MONITORING OF THE FINANCIAL STATUS OF THE ORGANIZATION AND THE REPORTING OF ALL FINANCE

SCHEDULE O (Form 990)
Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No. 1545-0047
2008
Open to Public Inspection

Name of the organization: SOCIETY OF HOSPITAL MEDICINE
Employer identification number: 23-3057353

MATTERS TO THE BOARD OF DIRECTORS.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: RUSSELL HOLMAN

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

FORMER BOARD MEMBER

(C) AMOUNT OF TRANSACTION $ 17500.

(D) DESCRIPTION OF TRANSACTION: INDEPENDENT CONTRACTOR AS A COURSE DIRECTOR

(E) SHARING OF ORGANIZATION REVENUES? = NO

FORM 990, PART V, LINE 1C

COMPLIANCE WITH BACKUP WITHHOLDING RULES

DURING 2008, THERE WERE NO VENDORS FOR WHICH BACKUP WITHHOLDING WAS REQUIRED

FORM 990, PART VI, LINE 13

WHISTLEBLOWER POLICY

THE ORGANIZATION APPROVED A WHISTLEBLOWER POLICY ON AUGUST 6, 2009.

Form **8868** . (Rev. April 2009) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization	Employer identification number
	SOCIETY OF HOSPITAL MEDICINE	23-3057353
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 1500 SPRING GARDEN STREET, SUITE 500	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions PHILADELPHIA, PA 19130	

Check type of return to be filed (file a separate application for each return):

[X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720
[ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227
[ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069
[ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870

- The books are in the care of ▶ BOB ZIPPERLEN - 1500 SPRING GARDEN STREET, SUITE 501 - PHILADELPHIA, PA 19130

Telephone No. ▶ 267-702-2605 FAX No. ▶

- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______ . If this is for the whole group, check this box ▶ [ ] . If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2010 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ______ or
▶ [X] tax year beginning JUL 1, 2008 , and ending JUN 30, 2009 .

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$
c	**Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA **For Privacy Act and Paperwork Reduction Act Notice, see Instructions.** Form **8868** (Rev 4-2009)

823831 05-26-09

FOOTNOTE 5

U.S. Communications & Public Affairs
Major Activities Update for August, 2008

External Communications

- Continued media outreach for "Sleeping Smart" program in partnership with the National Sleep Foundation (NSF). To date, more than 62 million people have been reached with this effort.
- Finalized statement to respond to media inquiries related to the Citizen Petition filed by sanofi-aventis on generic formulations of Ambien CR. Supplement to the petition also filed, in addition to comments posted by another company; no media coverage observed and no media inquiries.
- Coordinated 25 media interviews in connection with Team Type 1 activities.
- Secured approval of diabetes fact sheet, based on new statistics released by the Centers for Disease Control (CDC), for use in U.S. Internet Media Relations press room, as well as for media pitching/background information.
- The Coalition to Prevent DVT and patient spokesperson Melanie Bloom participated in a presentation to the Florida Healthcare Coalition where Melanie served as the keynote speaker to a crowd of nearly 250 attendees.
- Distributed press release announcing FDA priority review for Multaq; contacted top media outlets.
- Developed communications strategy for upcoming ESC meeting in Munich in collaboration with Paris colleagues.
- Conducted media training session with U.S. internal medical spokespeople in preparation for media deskside briefings and media outreach for Multaq.
- Secured Scholastic partnership for the Clearly Spirited campaign, and an interview with Cody Lindley, BenzaClin spokesperson, on BetterTV (aired in nine markets and totaled 117,207 impressions).
- Developed contingency plan for the upcoming FDA action date for Sculptra cosmetic.
- Conducted local market event in Pawtucket/Boston for the BPH Game Plan Starts with U: Catch the Whole Game campaign; resulted in 18 media interviews for spokesperson Mike Schmidt (4 print, 3 television, 9 radio and 2 online).
- Drafted company response for a study published in the European Heart Journal on a sub-analysis for TRITON sub-study.
- Coordinated company response to a research report that was issued in Cancer Research on the beneficial role of CB1 receptors in suppressing colorectal tumors.

Internal Communications

- Continued event registration for Sept. 9 Oncology Day at 55 Corporate site; worked with Oncology to execute communications to employees about the event.
- Finalized event registration/logistics for "Take the Plunge," an annual employee family event at the Dorney Park amusement park, to be held Sept. 13.
- Published 21 Company News and Local News articles.

IMPACT U.S.:

- Published three IMPACT U.S. Newsbriefs and six IMPACT U.S. Views.
- Updated IMPACT U.S. internal communications plan for remainder of 2008 and presented for approval.

U.S. Public Policy

- Arranged meeting between sanofi-aventis and the U.S. Agency for Healthcare Research & Quality (AHRQ) to discuss counterfeit prevention activities.
- Worked with the eplivanserin team on its USP submission – provided input, assisted with the procedure and checked on possible changes to the 2009 submission form.
- Organized and led appropriations process and preliminary 2009 strategic planning meeting with U.S. Public Policy and New Products teams.
- Analyzed most-recent information on Medicare Part D donut hole and communicated to various internal stakeholders.
- Initiated cross-functional team to draft sanofi-aventis policy position on U.S. health reform in preparation for public debate on the issue.

Legislative Affairs

- Hosted, helped staff and support the Frosted Pink with a Twist reception at the Democratic National Convention in Denver. Event was designed to raise awareness about the significant efforts and contributions of sanofi-aventis and patient and physician groups to educate politicians and the public about the increasing numbers of diagnosed and treated cases of breast cancer throughout the U.S. This was the best non-sanctioned event activity at the Convention. A number of PhRMA companies contributed millions of dollars to host other events that were sanctioned because of their contributions to the Democrats. Representatives from U.S. Philanthropy, Community Affairs and External Relations & Strategic Advocacy also helped staff the reception.

External Relations & Strategic Advocacy

- Partnered with the National Business Coalition on Health (NBCH), a national coalition representing 10,000 U.S. employers, 34 million employees and their dependents, to kick off the Hospital Acquired Conditions (HAC) Initiative that will align hospital payment with better DVT/PE prophylaxis and glycemic control. Sanofi-aventis is a key stakeholder.
- Educated the Society of Hospital Medicine (SHM), a national association representing 20,000 physician hospitalists, on the potential patient safety issues with follow-on biosimilars. SHM sent an official letter to the FDA requesting that any generic Low-Molecular Weight Heparins (LMWHs) be required to demonstrate clinical efficacy and safety before gaining approval.
- Managed grassroots meetings in three large U.S. cities to discuss the importance of improving patient outcomes through better patient transitions, in partnership with the National Transitions of Care Coalition (NTOCC). NTOCC is a sanofi-aventis U.S.-led coalition of 29 associations representing key stakeholders in the U.S. healthcare system.

U.S. Philanthropy

- Scheduled senior executives and began coordination with Internal Communications on remarks needed for Grand Opening activities for the sanofi-aventis Wellness Boutique located at the Somerset Medical Center. These activities will occur in September and include a special "donor" reception that will be attended by approximately 250 sanofi-aventis employees and external guests.

-

From: Couchenour, Rachel PH/US
Sent: Thursday, August 21, 2008 6:29 PM
To: Yannotta, Terri PH/US
Cc: Racine, Eric PH/US; Schmidt, Annette PH/US
Subject: RE: Monthly Report- Action Item

Key accomplishments from Rachel & Annette:
1. SHM LMWH Safety letter sent to FDA
2. AMDA TOC Clinical Practice Guidelines (CPG) task force convened to develop LTC TOC guidelines.
3. HSAG presentation at ACHE meeting on engaging C-Suite.
4. NTOCC Local meetings held in Atlanta, Charlotte, Chapel Hill with press release picked up by several wire services including YAHOO! Finance.
5. The Lovenox business case for the C-Suite multi-disciplinary working group consisting of HSAG, ASHP, SHM convened in DC to launch project.

RLC

Rachel Couchenour, PharmD, CDE
sanofi-aventis U.S.
Sr. Manager
USMM, Employer & Quality Association Accounts
[redacted]
Washington, DC 20004
Phone: [redacted]
Fax: [redacted]

From: Racine, Eric PH/US
Sent: Monday, August 11, 2008 11:42 AM
To: Couchenour, Rachel PH/US; Agos, John PH/US; Caro, James PH/US; Schmidt, Annette PH/US; Fanuka, Franz PH/US; Hare, Leslie PH/US; Tilahun, Fikir PH/US
Cc: Yannotta, Terri PH/US
Subject: Monthly Report- Action Item

Team,

The Communications & Public Affairs (COMPA) group publishes a monthly report detailing key accomplishments. This report is sent to Paris. Our new group will be providing our accomplishments to be included in the report.

Here are the guidelines:

- Only include major activities that occurred during the month;
- Don't include "planning" activities, but completed activities, per Ed. If there is a long-lead project and what occurred was "continued planning and preparation for event in October," for example, it wouldn't be included in the August report. It might be that the project wouldn't be reported on until October, depending

on when reportable activity actually takes place.

- The number of bullets for each group in the report varies widely based on activities each month. Some months a group might have 4 bullets and the next month, that same group might have 9 bullets. That reflects the varying levels of activity, due to some projects not having completed activities in every month. It's normal for that to be the case.

Action:

First report is due by August 25th. Each of you to forward 1 to 2 executive-style bullet points to Terri and I by Friday August 22. I will then select 4-9 bullet points to send up to Sheila and Ed.

Thanks

Eric

FOOTNOTE 6

From: Couchenour, Rachel PH/US
Sent: Thursday, May 29, 2008 9:09 PM
To: Racine, Eric PH/US
Subject: RE: Timeline

Eric-
I don't have an exact timeline. I know that Larry has been doing his "due diligence" and has reached out to ACCP and Vic Tapson. I understand Vic was going to share his letter with Larry. Next steps will be his discussion with the board. I'll follow-up with him.
Thanks-
Rachel

-----Original Message-----
From: Racine, Eric PH/US
Sent: Thursday, May 29, 2008 4:49 PM
To: Couchenour, Rachel PH/US
Subject: Timeline

Any expected/proposed timeline for SHM FDA?
Regards,
Eric

Sent from my BlackBerry Wireless Handheld

From: Couchenour, Rachel PH/US
Sent: Friday, May 16, 2008 2:49 AM
To: Easterday, Mary PH/US; Charles Carter
Cc: Racine, Eric PH/US; Schmidt, Annette PH/US; Agos, John PH/US
Subject: SHM Meeting Follow-up

Chuck -
As you are aware we had a very positive meeting with SHM on Tuesday of this week. Larry verbally agreed to the next step of composing a letter to the FDA. He asked for several follow-up things from me that we discussed on Wednesday, including a contact at ACCP. As I recall from our conversation, you wanted to discuss with John Agos and would get back to me. Have you had the opportunity and what are your thoughts @ this point?
Honestly, I think Larry wants to reach out to someone who will share their letter. Thanks for your assistance.

Mary-
Larry also requested the name & address of who he should send the letter to. Can you advise or should I just reach out directly to Brian Harvey? Should he include the document number in his letter? Thanks.

Regards-
Rachel

Rachel Couchenour, PharmD, CDE
sanofi-aventis
Sr. Manager
USMM, Employer & Quality Association Accounts
[redacted]
Washington, DC 20004
Phone: [redacted]
Fax: [redacted]

FOOTNOTE 7

-

From: Couchenour, Rachel PH/US
Sent: Thursday, March 12, 2009 2:52 PM
To: Caro, James PH/US
Subject: FW: LMWH Safety Letter
Attachments: FDA letter August 2008.doc

Jim-
Here is the draft letter. I'm fairly certain this is what was sent. The letter is also posted as I recall on the FDA docket.
RLC

Rachel Couchenour, PharmD, BCPS
sanofi-aventis, US LLC
Director, External Affairs
[redacted]
Washington, DC 20004
Phone: [redacted]
Fax: [redacted]

From: Larry Wellikson [redacted]
Sent: Friday, August 08, 2008 10:31 AM
To: Couchenour, Rachel PH/US
Subject: RE: LMWH Safety Letter

Rachel
here is the current draft of a letter we are considering sending to the FDA. Don't share beyond the two of us for now
Talk to you at 1pm EDT today. Call me at [redacted]

Larry Wellikson, MD
CEO
Society of Hospital Medicine
[redacted]

"Only those who risk going too far can possibly find out how far they can go"- T.S. Eliot

---

From: [redacted] [mailto[redacted]
Sent: Tuesday, July 01, 2008 1:06 PM
To: [redacted]
Subject: RE: LMWH Safety Letter

Larry-

Thanks for the update and really glad to hear that you are presenting this to your EC. I certainly appreciate that SHM needs to scrutinize all requests and hopefully the perspective and background that Dr. Pollack provided to you regarding this patient safety issue will be useful in your discussion.

It's always good to hear that SHM values our partnership but I want to reiterate that the importance of this patient safety issue transcends that. I've heard many times from you, and your membership, that hospitalists "own" DVT and also that they like to be proactive on issues affecting patient safety and quality. If your EC feels they need more information, I'm happy to work with SHM to support a similar meeting as the one ACCP convened or to bring in someone like Dr. Paulson to present the data to the board. Please let me know if either of those options would be helpful.

I look forward to hearing from you following your EC discussion.

Regards,
Rachel

From: Larry Wellikson [mailto:[redacted]
Sent: Saturday, June 28, 2008 12:41 PM
To: Couchenour, Rachel PH/US
Subject: RE: LMWH Safety Letter

A short while ago I received the attached draft of the letter Vic Tapson wrote for ACCP. I have this on our Exec Comm agenda to discuss if SHM wants to support this letter, write our own letter, or not comment. One distinction is that this letter was the product of a meeting on the subject, which obviously the SHM EC and Board would not have detailed knowledge about. The second issue is that SHM has no history of making similar comments to the FDA or any government agency of this kind. While the Ec might be supportive they may feel this is not something that SHM has the expertise or knowledge to say much about. As you might imagine since we touch so many different disease states SHM gets asked to evaluate guidelines, comment on regulations, etc and we probably take action on 5-10% of these requests.That being said when something is important to any of our partners (like Sanofi) that we have a long term relationship with we want to give any issue that is important to our partner careful consideration.

Let me see what they say and get back to you either way

Larry Wellikson, MD
CEO
Society of Hospital Medicine
[redacted]

"Wisdom is the quality that helps keep you out of situations where you would need it"

From: [redacted] [mailto[redacted]
Sent: Friday, June 27, 2008 8:54 AM
To: [redacted]
Subject: LMWH Safety Letter

Larry-
Hope all is well. I haven't followed-up recently from our meeting to discuss the issues surrounding

LMWH safety as it relates to follow-on biologics with Dr. Charlie Pollack. Did you get the information you needed from ACCP & Dr. Tapson? Are you still working on a letter to be submitted to the FDA? I would like to chat at your convenience to see where SHM is in the process. Let me know when might be a good time.

Thanks-
Rachel

Rachel Couchenour, PharmD, CDE
sanofi-aventis
Sr. Manager
USMM, Employer & Quality Association Accounts
[redacted]
Washington, DC 20004
Phone: [redacted]
Fax: [redacted]

FOOTNOTE 8

Form **990**

Department of the Treasury Internal Revenue Service(77)

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

2007

Open to Public Inspection

A For the 2007 calendar year, or tax year beginning , 2007, and ending ,

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

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

C North American Thrombosis Forum, Inc
1620 Tremont Street #3022
Roxbury Crossing, MA 02120

D Employer Identification Number 20-4818196

E Telephone number 617-525-8326

F Accounting method: [X] Cash [ ] Accrual [ ] Other (specify) ►

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

H and I are not applicable to section 527 organizations

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

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

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

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

G Web site: ► www.NATFonline.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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

I Group Exemption Number ►

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 ► 343,556.

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

REVENUE	1	Contributions, gifts, grants, and similar amounts received:					
	a	Contributions to donor advised funds		1a			
	b	Direct public support (not included on line 1a)		1b	322,019.		
	c	Indirect public support (not included on line 1a)		1c			
	d	Government contributions (grants) (not included on line 1a)		1d			
	e	Total (add lines 1a through 1d) (cash $ 322,019. noncash $)				1e	322,019.
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				2	
	3	Membership dues and assessments				3	
	4	Interest on savings and temporary cash investments				4	21,537.
	5	Dividends and interest from securities				5	
	6a	Gross rents		6a			
	b	Less: rental expenses		6b			
	c	Net rental income or (loss). Subtract line 6b from line 6a				6c	
	7	Other investment income (describe ►)				7	
			(A) Securities		(B) Other		
	8a	Gross amount from sales of assets other than inventory		8a			
	b	Less, cost or other basis and sales expenses		8b			
	c	Gain or (loss) (attach schedule)		8c			
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)				8d	
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ► [ ]					
	a	Gross revenue (not including $ of contributions reported on line 1b)		9a			
	b	Less: direct expenses other than fundraising expenses		9b			
	c	Net income or (loss) from special events. Subtract line 9b from line 9a				9c	
	10a	Gross sales of inventory, less returns and allowances		10a			
	b	Less: cost of goods sold		10b			
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				10c	
	11	Other revenue (from Part VII, line 103)				11	
	12	**Total revenue.** Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11				12	343,556.
EXPENSES	13	Program services (from line 44, column (B))				13	114,499.
	14	Management and general (from line 44, column (C))				14	90,245.
	15	Fundraising (from line 44, column (D))				15	
	16	Payments to affiliates (attach schedule)				16	
	17	**Total expenses.** Add lines 16 and 44, column (A)				17	204,744.
NET ASSETS	18	Excess or (deficit) for the year. Subtract line 17 from line 12				18	138,812.
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	287,508.
	20	Other changes in net assets or fund balances (attach explanation)				20	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20				21	426,320.

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15 G17

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	22a				
22b Other grants and allocations (att sch) (cash $ ____ non-cash $ ____) If this amount includes foreign grants, check here ► ☐	22b				
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	25a	30,115.	0.	30,115.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c	0.	0.	0.	0.
26 Salaries and wages of employees not included on lines 25a, b, and c	26				
27 Pension plan contributions not included on lines 25a, b, and c	27				
28 Employee benefits not included on lines 25a - 27	28				
29 Payroll taxes	29	2,723.		2,723.	
30 Professional fundraising fees	30				
31 Accounting fees	31	3,650.		3,650.	
32 Legal fees	32	13,975.		13,975.	
33 Supplies	33	3,645.	1,885.	1,760.	
34 Telephone	34				
35 Postage and shipping	35	1,603.	1,284.	319.	
36 Occupancy	36	525.	525.		
37 Equipment rental and maintenance	37				
38 Printing and publications	38	14,610.	13,226.	1,384.	
39 Travel	39	31,284.	30,754.	530.	
40 Conferences, conventions, and meetings	40	40,663.	39,803.	860.	
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	277.		277.	
43 Other expenses not covered above (itemize)					
a See Statement 1	43a	61,674.	27,022.	34,652.	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 **Total functional expenses** Add lines 22a through 43g (Organizations completing columns (B) - (D), carry these totals to lines 13 - 15)	44	204,744.	114,499.	90,245.	0.

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 $ ________.

Form **990** (2007) North American Thrombosis Forum, Inc 20-4818196 Page **3**

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

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

What is the organization's primary exempt purpose? ► See Statement 2 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 See Statement 3 (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	114,499.
b (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
c (Grants and allocations $) If this amount includes foreign grants, check here ► ☐	
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) ►	114,499.

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Part IV | Balance Sheets *(See the instructions.)*

Note: *Where required, attached schedules and amounts within the description column should be for end-of-year amounts only*			(A) Beginning of year		(B) End of year
ASSETS 45 Cash – non-interest-bearing			35,140.	45	49,924.
46 Savings and temporary cash investments			252,388.	46	373,924.
47a Accounts receivable	47a				
b Less: allowance for doubtful accounts	47b			47c	
48a Pledges receivable	48a				
b Less: allowance for doubtful accounts	48b			48c	
49 Grants receivable				49	
50 a 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				53	
54a Investments – publicly-traded securities ► ☐ Cost ☐ FMV				54a	
b Investments – other securities (attach sch) ► ☐ Cost ☐ 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	2,769.			
b Less: accumulated depreciation (attach schedule) Statement 4	57b	277.		57c	2,492.
58 Other assets, including program-related investments (describe ►)				58	
59 **Total assets** (must equal line 74). Add lines 45 through 58			287,528.	59	426,340.
LIABILITIES 60 Accounts payable and accrued expenses			20.	60	20.
61 Grants payable				61	
62 Deferred revenue				62	
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			20.	66	20.
NET ASSETS OR FUND BALANCES **Organizations that follow SFAS 117, check here** ► ☐ and complete lines 67 through 69 and lines 73 and 74.					
67 Unrestricted				67	
68 Temporarily restricted				68	
69 Permanently restricted				69	
Organizations that do not follow SFAS 117, check here ► [X] 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			287,508.	72	426,320.
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)			287,508.	73	426,320.
74 **Total liabilities and net assets/fund balances.** Add lines 66 and 73			287,528.	74	426,340.

BAA Form 990 (2007)

TEEA0104L 08/02/07

Form 990 (2007) North American Thrombosis Forum, Inc 20-4818196 Page 5

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	343,556.
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	343,556.
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	343,556.

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

a	Total expenses and losses per audited financial statements			a	204,744.
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	204,744.
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	204,744.

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
Samuel Z Goldhaber, MD 1620 Tremont Street Roxbury Crossing, MA 02120	President 0	0.	0.	0.
Jawed Fareed, PhD 1620 Tremont Street Roxbury Crossing, MA 02120	Director 0	0.	0.	0.
Arthur A Sasahara, MD 1620 Tremont Street Roxbury Crossing, MA 02120	Director 0	0.	0.	0.
John Fanikos, RPh 1620 Tremont Street Roxbury Crossing, MA 02120	Treasurer 0	0.	0.	0.
Kimberly Mahoney 1620 Tremont Street Roxbury Crossing, MA 02120	Exec Director 0	30,115.	0.	0.

Form 990 (2007) North American Thrombosis Forum, Inc 20-4818196 Page 6

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

		Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings ► 4			
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If 'Yes,' attach a statement that identifies the individuals and explains the relationship(s)	75b		X
c Do any officers, directors, trustees, or key employees listed in form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of 'related organization' ►	75c		X
If 'Yes,' attach a statement that includes the information described in the instructions.			
d Does the organization have a written conflict of interest policy?	75d	X	

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

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation plans	(E) Expense account and other allowances
None				

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?	77		X
If 'Yes,' attach a conformed copy of the changes.			
78a Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	78a		X
b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?	78b	N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc, to any other exempt or nonexempt organization?	80a		X
b If 'Yes,' enter the name of the organization ► N/A and check whether it is ☐ exempt or ☐ nonexempt.			
81a Enter direct and indirect political expenditures. (See line 81 instructions) 81a 0.			
b Did the organization file **Form 1120-POL** for this year?	81b		X

BAA Form **990** (2007)

Form **990** (2007) North American Thrombosis Forum, Inc 20-4818196 Page **7**

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	N/A			
83a Did the organization comply with the public inspection requirements for returns and exemption applications?			83a	X	
b Did the organization comply with the disclosure requirements relating to *quid pro quo* contributions?			83b	X	
84a 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	N/A	
85a *501(c)(4), (5), or (6)* Were substantially all dues nondeductible by members?			85a	N/A	
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.					
c Dues, assessments, and similar amounts from members	85c	N/A			
d Section 162(e) lobbying and political expenditures	85d	N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?			85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?			85h	N/A	
86 *501(c)(7) organizations* Enter: **a** Initiation fees and capital contributions included on line 12	86a	N/A			
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A			
87 *501(c)(12) organizations* Enter: **a** Gross income from members or shareholders	87a	N/A			
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A			
88 a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX			88a		X
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Part XI			88b		X
89a *501(c)(3) organizations.* Enter: Amount of tax imposed on the organization during the year under: section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0.					
b *501(c)(3) and 501(c)(4) organizations* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction			89b		X
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	►	0.			
d Enter. Amount of tax on line 89c, above, reimbursed by the organization	►	0.			
e *All organizations* At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			89e		X
f *All organizations* Did the organization acquire a direct or indirect interest in any applicable insurance contract?			89f		X
g *For supporting organizations and sponsoring organizations maintaining donor advised funds* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			89g		X

90a List the states with which a copy of this return is filed ► MA

b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.) | 90b | 0

91a The books are in care of ► John Fanikos, RPh Telephone number ► 617-525-8326

Located at ► 1620 Tremont Street Roxbury Crossing MA ZIP + 4 ► 02120

		Yes	No
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b		X
If 'Yes,' enter the name of the foreign country ►			
See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**, Report of Foreign Bank and Financial Accounts.			

Form 990 (2007) North American Thrombosis Forum, Inc 20-4818196 Page 8

Part VI Other Information *(continued)*

		Yes	No
c At any time during the calendar year, did the organization maintain an office outside of the United States? If 'Yes,' enter the name of the foreign country ►	91c		X
92 *Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of* **Form 1041** – Check here N/A ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ►	92		N/A

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		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
93 Program service revenue:					
a					
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts					21,537.
96 Dividends & interest from securities					
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					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					21,537.
105 **Total** (add line 104, columns (B), (D), and (E)) ►					21,537.

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).
N/A	

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

(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
N/A	%			
	%			
	%			
	%			

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).*

Form 990 (2007) North American Thrombosis Forum, Inc 20-4818196 Page 9

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)*

		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		X

	(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		X

	(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?		X

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

► S Z Goldhaber 6/13/2008

Signature of officer Date

►

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Thomas W. Bates	Date 5/16/08	Check if self-employed ► [X]	Preparer's SSN or PTIN (See General Instruction X) N/A
Firm's name (or yours if self-employed), address, and ZIP + 4 ► Thomas W. Bates & Assoc., CPAs, 80 Maple Street, Stoneham, MA 02180		EIN ► N/A	Phone no ► (781) 438-6655

BAA Form 990 (2007)

TEEA0110L 08/03/07

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information — (See separate instructions.)

► MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.

OMB No 1545-0047

2007

Name of the organization: North American Thrombosis Forum, Inc

Employer identification number: 20-4818196

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
None				
Total number of other employees paid over $50,000 ►	0			

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
None		
Total number of others receiving over $50,000 for professional services ► 0		

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
None		
Total number of other contractors receiving over $50,000 for other services ► 0		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ. Schedule **A** (Form 990 or 990-EZ) 2007

TEEA0401L 12/27/07

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

11a ☐ 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.)

11b ☐ 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? Yes	No	(e) Amount of support
Total				►	0.

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

Schedule A (Form 990 or 990-EZ) 2007 North American Thrombosis Forum, Inc 20-4818196 Page 4

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

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

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	330,308.				330,308.
16 Membership fees received					0.
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					0.
18 Gross income from interest, dividends, amts rec'd from payments on securities loans (sec 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	2,388.				2,388.
19 Net income from unrelated business activities not included in line 18					0.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0.
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					0.
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0.
23 Total of lines 15 through 22	332,696.				332,696.
24 Line 23 minus line 17	332,696.				332,696.
25 Enter 1% of line 23	3,327.				

26 Organizations described on lines 10 or 11: **a** Enter 2% of amount in column (e), line 24 N/A ► 26a

b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. **Do not file this list with your return.** Enter the total of all these excess amounts ► 26b

c Total support for section 509(a)(1) test: Enter line 24, column (e) ► 26c

d Add: Amounts from column (e) for lines: 18 ______ 19 ______ 22 ______ 26b ______ 26d

e Public support (line 26c minus line 26d total) ► 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ► 26f %

27 Organizations described on line 12:

a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' **Do not file this list with your return.** Enter the sum of such amounts for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the **larger** of **(1)** the amount on line 25 for the year or **(2)** $5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) **Do not file this list with your return.** After computing the difference between the amount received and the larger amount described in **(1)** or **(2)**, enter the sum of these differences (the excess amounts) for each year:

(2006) 0. (2005) 0. (2004) 0. (2003) 0.

c Add Amounts from column (e) for lines: 15 330,308. 16 ______ 17 ______ 20 ______ 21 ______ 27c 330,308.

d Add: Line 27a total 0. and line 27b total 0. ► 27d 0.

e Public support (line 27c total minus line 27d total) ► 27e 330,308.

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) ► 27f 332,696.

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ► 27g 99.28 %

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ► 27h 0.72 %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. **Do not file this list with your return.** Do not include these grants in line 15.

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

		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?	29		
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?	30		
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?	31		
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		

Schedule A (Form 990 or 990-EZ) 2007 North American Thrombosis Forum, Inc 20-4818196 Page 6

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 –	41		
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		

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
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

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) ►	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
(For reporting only by organizations that did not complete Part VI-A) (See instructions.) N/A

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			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (add lines c through h.)			

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?

		Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:			
(i) Cash	51 a (i)		X
(ii) Other assets	a (ii)		X
b Other transactions:			
(i) Sales or exchanges of assets with a noncharitable exempt organization	b (i)		X
(ii) Purchases of assets from a noncharitable exempt organization	b (ii)		X
(iii) Rental of facilities, equipment, or other assets	b (iii)		X
(iv) Reimbursement arrangements	b (iv)		X
(v) Loans or loan guarantees	b (v)		X
(vi) Performance of services or membership or fundraising solicitations	b (vi)		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	c		X

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:

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

52a 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
N/A		

Form **8868** (Rev April 2007)
Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (not automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print

File by the due date for filing your return See instructions

Name of Exempt Organization	Employer identification number
North American Thrombosis Forum, Inc	20-4818196
Number, street, and room or suite number If a P O box, see instructions: 1620 Tremont Street #3022	
City, town or post office, state, and ZIP code For a foreign address, see instructions: Roxbury Crossing, MA 02120	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► John Fanikos, RPh

Telephone No. ► 617-525-8326 FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ► [ ]. If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until 8/15, 20 08, to file the exempt organization return for the organization named above. The extension is for the organization's return for
► [X] calendar year 20 07 or
► [ ] tax year beginning ________, 20 ___, and ending ________, 20 ___.

2 If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Statement 1
Form 990, Part II, Line 43
Other Expenses

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
Advertising	1,427.	1,028.	399.	
Bank Charges	75.		75.	
Computer Expense	169.		169.	
Entertainment & Meals	3,371.	719.	2,652.	
Filing Fees	140.		140.	
Mailing Lists	1,420.	1,420.		
Patient Education	11,075.	11,075.		
Payroll Service	1,188.		1,188.	
Software	1,200.		1,200.	
Video Production	16,530.	12,780.	3,750.	
Web Maintenance/Design	25,079.		25,079.	
Total	$ 61,674.	$ 27,022.	$ 34,652.	$ 0.

Statement 2
Form 990 , Part III
Organization's Primary Exempt Purpose

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, outcomes, and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and to broaden training opportunities for physicians, scientists, and other health professionals.

Statement 3
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
In 2007, NATF held a symposium at Brigham and Women's Hospital in Boston, MA. The Symposium, entitled "Proactive Thrombosis Prevention" was held Thursday, February 15, 2007 at Brigham and Women's Hospital in Boston, MA. The objective of this course was to provide a comprehensive overview for the prevention and therapeutic targets ans approaches of the epidemiology of venous thromboembolism, which is comprised of deep vein thrombosis (DVT) and pulmonary embolism. The 2007 course presentations and guest speakers were as follows: 1.Patient Advocacy and the United States Congress, Geno		

Statement 3 (continued)
Form 990, Part III, Line a
Statement of Program Service Accomplishments

Description	Grants and Allocations	Program Service Expenses
Merli, MD 2.Patient Advocacy and the British Parliament, Ajay K. Kakkar, MD, PhD 3.Human Alerts vs. Electronic Alerts, Karen Fiumara, PharmD 4.Anticoagulation Armamentarium: Update on Drugs and Mechanisms, Sudha Parasuraman, MD 5.Outpatient Treatment of Venous Thromboembolism, Sylvia McKean, MD 6.Hospital Pharmacists and DVT Prevention During Hospitalization and at the Time of Hospital Discharge:A Patient Safety Issue, John Fanikos, RPh, MBA 7.Implications of an Out-of-Range INR: Bleeding and Clotting Complications, Elaine Hylek, MD 8.Warfarin Genetics and Dosing: The New Pharmacogenomic Frontier, Samuel Z. Goldhaber, MD 9.Substituting Generic Drugs for Brand Name Drugs, Jawed Fareed, PhD		114,499.
Includes Foreign Grants: No		
	$ 0.	$ 114,499.

Statement 4
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Machinery and Equipment	$ 2,769.	$ 277.	$ 2,492.
Total	$ 2,769.	$ 277.	$ 2,492.

NOTICE

GuideStar has been informed of an IRS processing error on electronically filed Forms 990 between January 1, 2009 and December 3, 2010 for filing year 2008. These processing errors have resulted in inaccurate data appearing on the scanned images of these tax returns and do not reflect the information filed with the IRS.

These errors include:

1. Organization's mission description (Part III, line 1) and the description of program achievements (Part III, line 4a) may not reflect what was originally submitted by the nonprofit organization

2. Gross Income for Special Events value transposed
   - Part VIII - The value in Line 8a may not be accurate

3. Other Salaries and Wages, Management and General Expenses is not reported
   - Part IX - Line 7c might show a blank where a value was originally reported

4. Endowments Funds, Possession by Related Organizations checkbox transposed
   - Schedule D, Part V - Line 3a (ii) checkbox values may be transposed

GuideStar is working with the IRS and reaching out directly to this organization to obtain a true and accurate copy of the 2008 Form 990.GuideStar will replace this Form 990 when the accurate return is made available.

Please direct any questions to nposervices@guidestar.org.

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316006379

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2008

Open to Public Inspection

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

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 2008 calendar year, or tax year beginning 01-01-2008 and ending 12-31-2008

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
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
1620 Tremont Street

City or town, state or country, and ZIP + 4
Roxbury Crossing, MA 02120

D Employer identification number
20-4818196

E Telephone number
(617) 525-8326

G Gross receipts $ 1,206,324

F Name and address of Principal Officer
Samuel Z Goldhaber MD
1620 Tremont Street
Roxbury Crossing, MA 02120

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) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site: ▶ www NATFonline org

K Type 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 Additional Data Table

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	4
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	322,019	1,189,155
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,537	17,169
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	343,556	1,206,324
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
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	30,115	111,998
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	(Total fundraising expenses, Part IX, column (D), line 25 16,589)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	174,629	438,335
	18	Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A))	204,744	550,333
	19	Revenue less expenses Subtract line 18 from line 12	138,812	655,991
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	426,340	1,082,332
	21	Total liabilities (Part X, line 26)	20	20
	22	Net assets or fund balances Subtract line 21 from line 20	426,320	1,082,312

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

Please Sign Here

****** | 2009-11-12
Signature of officer | Date

Samuel Z Goldhaber MD President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Thomas W Bates | Date | Check if self-empolyed ▶ ☑ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Thomas W Bates & Assoc CPAs
80 Maple Street
Stoneham, MA 02180

EIN ▶

Phone no ▶ (781) 438-6655

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

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

1 Briefly describe the organization's mission

Roundtable 2008On September 28, 2008, the organization held an international summit to recognize timely issues related to the evolution of guidelines for the objective and ethical development of Generic Antithrombotic drugs with particular reference to Low Molecular Weight Heparins

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

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

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 (4) organizations and 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 $ 153,648 including grants of $) (Revenue $)

Roundtable 2008On September 28, 2008, the organization held an international summit to recognize timely issues related to the evolution of guidelines for the objective and ethical development of Generic Antithrombotic drugs with particular reference to Low Molecular Weight Heparins

4b (Code) (Expenses $ 18,582 including grants of $) (Revenue $)

Proactive Thrombosis Prevention Forum 2008the Forum's objective is to improve patient care through the advancement of thrombosis education The approach is multi-disiplinary, targeting patients, advocates, office-based physicians, hospitalists, nurse practitioners, nurses, pharmacists, physician assistants and hospital administrators The forum provides a unique educational experience allowing patients and their families to interact with the professionals who carry out research, provide clincal care or work on public policy or advocacy issues related to thrombosis Attendance was approximately 150 individuals

4c (Code) (Expenses $ 141,162 including grants of $) (Revenue $)

North American Thrombosis Summit 2008The organization hosted a 1 day symposium for national and international leaders in the field of thrombosis The program provided a concise state-of-the-art overview of prophylaxis measures and critical developments in the disgnois, treatment, and prevention of thrombotic disorders Approximately 300 individuals attended

4d Other program services (Describe in Schedule O)

(Expenses $ 30,409 including grants of $) (Revenue $)

4e Total program service expenses $ 343,801 *Must equal Part IX, Line 25, column (B).*

Form 990 (2008) Page **3**

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		No
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? *If "Yes," complete Schedule F, Part II*	15		No
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? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		No
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
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*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
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*	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		No
36	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*	**36**		No
37	Did the organization conduct more than 5 percent 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*	**37**		No

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns*. Enter -0- if not applicable	1a	25			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*			2b		No
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		No
4a	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)?			4a		No
b	If "Yes," enter the name of the foreign country ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*			5c		No
6a	Did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		No
7	*Organizations that may receive deductible contributions under section 170(c).*					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	*Section 501(c)(7) organizations.* Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI **Governance, Management, and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

			Yes	No
1a	Enter the number of voting members of the governing body . . 1a 4			
b	Enter the number of voting members that are independent . . 1b 0			
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
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?	9b		No
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or 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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization? Describe the process in Schedule O	15b		No
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		No
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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed MA

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Ilene Sussman PhD
1620 Tremont Street 3022
Roxbury Crossing, MA 02120
(617) 525-8326

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* 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, or 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 the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Samuel Z Goldhaber MD , President	15 00	X		X				0	0	0
Kimberly Mahoney , Exec Director							X	39,511	0	0
John Fanikos RPh , Treasurer	10 00	X		X				0	0	0
Jawed Fareed PhD , Vice President	10 00	X		X				0	0	0
Ilene Sussman , Exec Director	60 00			X	X			34,402	0	0
Arthur A Sasahara MD , Director	10 00	X						0	0	0

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply): Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total . . . . ▶								73,913		

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization▶0

		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*	3	Yes	
4 For any individual listed online 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*	4		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		No

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization . . . . ▶ 0

Part VIII **Statement of Revenue**

			(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	1,189,155				
	g Noncash contributions included in lines 1a-1f $					
	h **Total (Add lines 1a-1f)** . . . . ▶		1,189,155			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total. Add lines 2a-2f** . . . . ▶ $ 0					
Other Revenue	3 Investment income (including dividends, interest other similar amounts) . . . . ▶		17,169	17,169		
	4 Income from investment of tax-exempt bond proceeds . . ▶		0			
	5 Royalties . . . . ▶		0			
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶		0			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) . . . . ▶		0			
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* . . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000* a					
	b Less direct expenses . . . b					
	c Net income or (loss) from gaming activities . . ▶		0			
	10a 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 . . ▶		0			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total. Add lines 11a-11d** . . . . $ 0					
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . . ▶		1,206,324	17,169		

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	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	81,948		81,948	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	0			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	30,050		30,050	
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	34,126		34,126	
c	Accounting	3,275		3,275	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	8,460	8,160	300	
13	Office expenses	4,573	1,707	2,866	
14	Information technology	0			
15	Royalties . .	0			
16	Occupancy	0			
17	Travel	109,197	99,606	1,045	8,546
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	11,344	3,904		7,440
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	903		903	
23	Insurance	2,426		2,426	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Video Production	35,508	35,508		
b	Printing and Publications	30,315	22,265	7,907	143
c	Honorarium	61,300	61,300		
d	Event Planner	25,000	25,000		
e	Entertainment & Meals	41,778	41,778		
f	All other expenses	70,130	44,573	25,097	460
25	**Total functional expenses.** Add lines 1 through 24f	550,333	343,801	189,943	16,589
26	**Joint Costs.** Check ☐ if following SOP 98-2 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		49,924	1	336,108
	2	Savings and temporary cash investments		373,924	2	741,093
	3	Pledges and grants receivable, net			3	0
	4	Accounts receivable, net			4	0
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*			6	0
	7	Notes and loans receivable, net			7	0
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost basis	10a 6,311			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 1,180	2,492	10c	5,131
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*			12	0
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*			15	0
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		426,340	16	1,082,332
Liabilities	17	Accounts payable and accrued expenses		20	17	20
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable 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			24	
	25	Other liabilities *Complete Part X of Schedule D*			25	
	26	**Total liabilities.** *Add lines 17 through 25*		20	26	20
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets			27	
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ 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		426,320	32	1,082,312
	33	Total net assets or fund balances		426,320	33	1,082,312
	34	Total liabilities and net assets/fund balances		426,340	34	1,082,332

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☑ cash ☐ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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?	2c		No
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		No

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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).** (Attach Schedule H)
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).** (See instructions)
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
(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 the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

h Provide the following information about the organizations the organization supports

(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									

Part II **Support Schedule for Organizations Described in IRC 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.)

Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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 line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2004	**(b)** 2005	**(c)** 2006	**(d)** 2007	**(e)** 2008	**(f)** Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) | 12 |

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) | 14 |

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f | 15 |

16a **33 1/3% Test - 2008.** 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 ▶☐

b **33 1/3% Test - 2007.** If the organization did not check the 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 ▶☐

17a **10% Facts and Circumstances Test - 2008.** 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 ▶☐

b **10% Facts and Circumstances Test - 2007.** 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 ▶☐

18 **Private Foundation.** If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")			330,308	322,019	1,189,155	1,841,482
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						0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total** Add lines 1-5			330,308	322,019	1,189,155	1,841,482
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						0
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						1,841,482

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6			330,308	322,019	1,189,155	1,841,482
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			2,388	21,537	17,169	41,094
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						0
c Add lines 10a and 10b			2,388	21,537	17,169	41,094
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						0
13 **Total Support** (Add lines 9, 10c, 11 and 12)						1,882,576

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	0 %
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17	0 %
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	18	

19a **33 1/3% Tests - 2008.** 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% Tests - 2007.** 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 information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
North American Thrombosis Forum Inc	20-4818196

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ 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 pleasure)
- ☐ Preservation of an historically importantly land area
- ☐ Protection of natural habitat
- ☐ Preservation of certified historic structure
- ☐ Preservation of open space

2 Complete lines 2a–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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 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, 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, 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 relating to these items

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

b Assets included in Form 990, Part X ▶ $

For Paperwork Reduction Act Notice, see the Intructions for Form 990 Cat No 52283D **Schedule D (Form 990) 2008**

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

3 Using the organization's 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 Trust, 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 why 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶

b Permanent endowment ▶

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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—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) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		6,311	1,180	5,131
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,131

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

(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,206,324
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	550,333
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	655,991
4	Net unrealized gains (losses) on investments	4	
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	655,991

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	1,206,324
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
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	
3	Subtract line **2e** from line **1**			3	1,206,324
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	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,206,324

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

1	Total expenses and losses per audited financial statements			1	550,333
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	550,333
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	550,333

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation

Part XIV Supplemental Information *(continued)*

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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 ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b		
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?	2		
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 ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
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	4c		No
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
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?	5a		No
b	Any related organization? If "Yes," to line 5a or 5b, describe in Part III	5b		No
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?	6a		No
b	Any related organization? If "Yes," to line 6a or 6b, describe in Part III	6b		No
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	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space 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) 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 compensation				
Kimberly Mahoney	(i) (ii)	39,511					39,511	39,511
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III 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

Identifier	Return Reference	Explanation

Additional Data

Return to Form

Software ID: 08000091
Software Version: 2008v2.7
EIN: 20-4818196
Name: North American Thrombosis Forum Inc

Part III **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

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493316006379

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The organization makes its governing documents and financial statements available to the public upon written request

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation is reviewed and approved by the Board of Directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Board of Directors established the conflict of interest policy in 2008 and is in the process of developing a review process

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	The organizations financial statements are prepared by an independent certified public accountant The Form 990 is prepared by a different independent certified public accountant The Board of Directors reviews the Form 990 prior to filing

Identifier	Return Reference	Explanation
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 9 Other program activities NATF symposium 2007 $ 4,083 Programic Efforts 5,776 Collaboration/Outreach 15,306 Grand Rounds - 2008 381 Travel Fellowship - 2008 4,863

Identifier	Return Reference	Explanation
Form 990, Part III, Line 2	Form 990, Part III, Line 2 New Services	See the activities described on Line 4, Part III

Additional Data

Software ID:
Software Version:
EIN: 20-4818196
Name: North American Thrombosis Forum Inc

Form 990, Part I, Line 1 - Briefly describe the Organization's mission or most significant activities:

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, outcomes, and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and to broaden training opportunities for physicians, scientists, and other health professionals.

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease, and stroke. The five areas of major focus are: 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy, and 5) advocacy. NATF's legacy will be to improve patient care, outcomes, and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy, and to broaden training opportunities for physicians, scientists, and other health professionals.

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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

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

Please use IRS label or print or type. See Specific Instructions.

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
1620 Tremont Street

City or town, state or country, and ZIP + 4
Roxbury Crossing, MA 02120

D Employer identification number
20-4818196

E Telephone number
(617) 525-8326

G Gross receipts $ 1,282,129

F Name and address of principal officer
Samuel Z Goldhaber MD
271 Beverly Road
Chestnut Hill, MA 02467

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) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www NATFonline org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 2000 **M** State of legal domicile MA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease and stroke The five areas of major focus are 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy and 5) advocacy NATF's legacy will be to improve patient care, outcomes and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy and to broaden training opportunities for physicians, scientists and other health professionals

2 Check this box ▶☐ 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	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4
5	Total number of employees (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross 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	

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,189,155	945,275
	9	Program service revenue (Part VIII, line 2g)		21,759
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,169	14,039
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		11,145
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,206,324	992,218
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
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	111,998	152,611
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	438,335	375,351
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	550,333	527,962
	19	Revenue less expenses Subtract line 18 from line 12	655,991	464,256

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1,082,332	2,120,514
	21	Total liabilities (Part X, line 26)	20	500,000
	22	Net assets or fund balances Subtract line 21 from line 20	1,082,312	1,620,514

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

****** | 2010-08-14
Signature of officer | Date

Samuel Z Goldhaber MD President
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Ronald Rice CPA | Date | Check if self-empolyed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Weiner and Rice PC
70 Wells Avenue Suite 102
Newton, MA 02459

EIN ▶

Phone no ▶ (617) 969-3232

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

The North American Thrombosis Forum (NATF) is a nonprofit organization that focuses on unmet needs and issues related to thrombosis and cardiovascular diseases such as deep vein thrombosis, pulmonary embolism, myocardial infarction, peripheral arterial occlusive disease and stroke The five areas of major focus are 1) basic translational research, 2) clinical research, especially diagnosis and therapy, 3) prevention and education, 4) public policy and 5) advocacy NATF's legacy will be to improve patient care, outcomes and public health by supporting thrombosis-related programs, such as novel research projects, innovative educational programs, public policy initiatives, regulatory issues and advocacy and to broaden training opportunities for physicians, scientists and other health professionals

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

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

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 $ 196,175 including grants of $) (Revenue $ 11,953)

TS 2009 or North American Thrombosis Summit 2009National and international leaders in the field of thrombosis are invited to present papers at this 1-day symposium The program provides a concise state-of-the-art overview of prophylaxis measures and critical developments in the diagnosis, treatment, and prevention of thrombotic disorders The Thrombosis Summit is CME accredited for physicians, nurses, and pharmacists, reflecting NATF's multi-disciplinary approach Summit content is documented and available either through the NATF website and/or CD-ROM obtainable through NATF Approximately 300 people attended

4b (Code) (Expenses $ 135,408 including grants of $) (Revenue $)

Various other programs including collaborative and outreach efforts, residual and immaterial expenses from prior year programs and activities with relatively lower costs when compared to current activities

4c (Code) (Expenses $ 85,187 including grants of $) (Revenue $ 9,358)

PP2009 Proactive Thrombosis Prevention ForumThe Forum's objective is to improve patient care through the advancement of thrombosis education The approach is multi-disciplinary, targeting patients, advocates, office-based physicians, hospitalists, nurse practitioners, nurses, pharmacists, physician assistants, and hospital administrators The Proactive Thrombosis Prevention Forum provides a unique educational experience, allowing patients and their families to interact with the professionals who carry out research, provide clinical care, or work on public policy or advocacy issues related to thrombosis Like the Thrombosis Summit, the Proactive Thrombosis Prevention Forum is CME accredited for physicians, nurses, and pharmacists Content of the forums is preserved, the enduring materials are available through the NATF website and a CD-ROM that is available on request Approximately 150 people attended

4d Other program services (Describe in Schedule O)

(Expenses $ 26,126 including grants of $) (Revenue $ 448)

4e **Total program service expenses**▶$ 442,896

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)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	• 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? *If "Yes," complete Schedule D, Part VII.*			
	• 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? *If "Yes," complete Schedule D, Part VIII.*			
	• 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? *If "Yes," complete Schedule D, Part IX.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? (Yes / No) *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A: No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

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*	**21**		No
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*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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*	**23**		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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*	**25a**		No
b	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*	**25b**		No
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*	**26**		No
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*	**27**		No
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)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
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*	**33**		No
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*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**		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*	**36**		No
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*	**37**		No
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	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable*	1a	9			
b	Enter the number of Forms W-2G included in line 1a *Enter -0- if not applicable*	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		No
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b		No
4a	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)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		No
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	Yes	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		No
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		No
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the *organization filing Form 990 in lieu of Form 1041?*			12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . 1a 4			
b	Enter the number of voting members that are independent . . 1b 4			
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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		No
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		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line a or b, 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		No
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		No

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MA

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

Ilene Sussman PhD
1620 Tremont Street 3022
Roxbury Crossing, MA 02120
(617) 525-8326

Form 990 (2009) Page **7**

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

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 Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees 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, or 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 the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
Samuel Z Goldhaber MD President	15 00	X		X				0	0	0
John Fanikos RPh MBA Treasurer	10 00	X		X				0	0	0
Jawed Fareed PhD Vice President	10 00	X		X				0	0	0
Ilene Sussman PhD Exec Dir/Clerk	55 00	X		X				73,056	0	0
Arthur A Sasahara MD Director	10 00	X						0	0	0

1b Total . . . . ▶	73,056		

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 ▶0

		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*	**3**		No
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*	**4**		No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

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

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 ▶0

Form 990 (2009) Page 9

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	1a	Federated campaigns . . 1a					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	945,275				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . ▶		945,275			
Program Service Revenue			Business Code				
	2a	Program Fees		21,759	21,759		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . ▶		21,759			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶		12,706			12,706
	4	Income from investment of tax-exempt bond proceeds . . ▶		0			
	5	Royalties . . . . ▶		0			
			(i) Real / (ii) Personal				
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . ▶		0			
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	272,083 /				
	b	Less cost or other basis and sales expenses	270,750 /				
	c	Gain or (loss)	1,333 /				
	d	Net gain or (loss) . . . . ▶		1,333			1,333
	8a	Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a	30,306				
	b	Less direct expenses . . . b	19,161				
	c	Net income or (loss) from fundraising events . . ▶		11,145			11,145
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶		0			
	10a	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 . . ▶		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . . ▶		0			
	12	**Total revenue.** See Instructions . . . ▶		992,218	21,759		25,184

Form **990** (2009)

Form 990 (2009) Page **10**

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	73,056	60,134	12,922	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	66,465	66,465		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	13,090	11,877	1,213	
11 Fees for services (non-employees)				
a Management	0			
b Legal	5,426		5,426	
c Accounting	8,550		8,550	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	2,353		2,353	
g Other	0			
12 Advertising and promotion	16,833	15,025	1,808	
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	87,212	81,031	6,181	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	177,181	160,514	16,667	
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	1,585		1,585	
23 Insurance	2,541		2,541	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Postage and Shipping	8,615	5,634	2,981	
b Outside Services	13,200		13,200	
c Honorarium	9,500	9,500		
d Computer Support	9,574	4,402	5,172	
e Accreditation	22,670	22,670		
f All other expenses	10,111	5,644	4,467	
25 **Total functional expenses.** Add lines 1 through 24f	527,962	442,896	85,066	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Form **990** (2009)

Part X Balance Sheet

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			336,108	1	39,369
	2	Savings and temporary cash investments			741,093	2	1,291,908
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	0
	7	Notes and loans receivable, net				7	0
	8	Inventories for sale or use				8	0
	9	Prepaid expenses and deferred charges				9	0
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	7,926			
	b	Less accumulated depreciation	10b	2,765	5,131	10c	5,161
	11	Investments—publicly traded securities				11	0
	12	Investments—other securities See Part IV, line 11				12	784,076
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,082,332	16	2,120,514
Liabilities	17	Accounts payable and accrued expenses			20	17	
	18	Grants payable				18	
	19	Deferred revenue				19	500,000
	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			20	26	500,000
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**					
	27	Unrestricted net assets				27	
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
		Organizations that do not follow SFAS 117, check here ▶ ☑ 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			1,082,312	32	1,620,514
	33	Total net assets or fund balances			1,082,312	33	1,620,514
	34	Total liabilities and net assets/fund balances			1,082,332	34	2,120,514

Part XI Financial Statements and Reporting

		Line	Yes	No
1	Accounting method used to prepare the Form 990 ☑ Cash ☐ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 . . .	2c		No
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 consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a		No
b	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 . .	3b		No

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SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

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 **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
(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 the supported organization?	11g(i)		
(ii) a family member of a person described in (i) above?	11g(ii)		
(iii) a 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)		

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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S ? Yes	No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")		330,308	322,019	1,189,155	1,473,463	3,314,945
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3		330,308	322,019	1,189,155	1,473,463	3,314,945
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)						1,840,217
6 **Public Support.** Subtract line 5 from line 4						1,474,728

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(f)** Total
7 Amounts from line 4		2,388	322,019	1,189,155	1,473,463	3,314,945
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		2,388	21,537	17,169	12,706	53,800
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 **Total support** (Add lines 7 through 10)						3,368,745

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☑

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14** 0 %

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** 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 ▶☐

b **33 1/3% support test—2008.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2009.** 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 ▶☐

b **10%-facts-and-circumstances test—2008.** 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 ▶☐

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 ▶☐

Schedule A (Form 990 or 990-EZ) 2009 Page **3**

Part III **Support Schedule for Organizations Described in IRC 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	**(a)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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)** 2005	**(b)** 2006	**(c)** 2007	**(d)** 2008	**(e)** 2009	**(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2008 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2008** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2009.** 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—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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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

2009

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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 pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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
d ☐ Loan or exchange programs
b ☐ Scholarly research
e ☐ Other
c ☐ Preservation for future generations

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ▶ %

b Permanent endowment ▶ %

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	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—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				
d Equipment		7,926	2,765	5,161
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,161

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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	784,076	

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
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	992,218
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	527,962
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	464,256
4	Net unrealized gains (losses) on investments	4	73,944
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 - 8	9	73,944
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	538,200

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	1,172,194
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	73,944		
b	Donated services and use of facilities	2b	86,870		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	160,814
3	Subtract line **2e** from line **1**			3	1,011,380
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	-19,162		
c	Add lines **4a** and **4b**			4c	-19,162
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	992,218

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

1	Total expenses and losses per audited financial statements			1	633,994
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	86,870		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	19,162		
e	Add lines **2a** through **2d**			2e	106,032
3	Subtract line **2e** from line **1**			3	527,962
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	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	527,962

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, 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

Identifier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Fundraising revenue reduced by expenses $19162

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and e-mail solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ Yes ☑ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Dinner and Auction (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	30,306			30,306
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	30,306			30,306
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	1,022			1,022
	8 Entertainment	1,015			1,015
	9 Other direct expenses	17,124			17,124
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				19,161
	11 Net income summary Combine lines 3, column d, and line 10 ▶				11,145

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				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	☐ Yes ___ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
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?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
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?	12		

				Yes	No
13	Indicate the percentage of gaming activity operated in				
a	The organization's facility	**13a**			
b	An outside facility	**13b**			
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?		**15a**		
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 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?		**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

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SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
North American Thrombosis Forum Inc

Employer identification number
20-4818196

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	The organization makes its governing documents, conflict of interest policy and financial statements available to the public upon w ritten request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation is review ed and approved by the Board of Directors
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	The Board of Directors established the conflict of interest policy in 2008 They are in the process of developing a review process
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	The organizations financial statements and Form 990 are prepared by an independent certified public accountant A different independent certified public accountant conducts an independent audit The Board of Directors review s the Form 990 and audited financial statements prior to filing
Form 990, Part III, Line 4d	Form 990, Part III, Line 4d Other Program Services Description	OTHER PROGRAM SERVICES 4 Various other programs including collaborative and outreach efforts, residual and immaterial expenses from prior year programs and activities w ith relatively low er costs w hen compared to current activities

Additional Data

Software ID:
Software Version:
EIN: 20-4818196
Name: North American Thrombosis Forum Inc

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Postage and Shipping	8,615	5,634	2,981	
Outside Services	13,200		13,200	
Honorarium	9,500	9,500		
Computer Support	9,574	4,402	5,172	
Accreditation	22,670	22,670		

FOOTNOTE 9

From: Caro, James PH/US
Sent: Saturday, April 04, 2009 12:52 PM
To: Racine, Eric PH/US
Subject: NATF

The NATF meeting was a huge success with important implications for our Lovenox and FOB strategies. Paul Kim did an excellent job briefing NATF on legislation and was asked by Goldhaber to provide ongoing advice and support.
EMEA and ISTH LMWH guidelines finalized and "endorsed" by NATF. Dr Rao charged with preparing a communication to FDA expressing NATF concerns re generic LMWH

J

From: Agos, John PH/US
Sent: Wednesday, May 06, 2009 12:23 PM
To: Caro, James PH/US
Subject: Re: Status of Article From Nov Roundtable

Ok

Chuck n I flew in this am n he is planning to touch base with vic on this ad board
He has a mtg with dr yannacelli today to plan the strategy

John

Sent from my BlackBerry Wireless Handheld

From: Caro, James PH/US
To: Agos, John PH/US
Sent: Wed May 06 06:51:33 2009
Subject: Re: Status of Article From Nov Roundtable

Let's plan a quick follow up w Chuck
We need to keep Vic and especially NATF on task for the FDA communication. Also, we have not yet resolved the Ad Board issue.
J

From: Agos, John PH/US
To: Caro, James PH/US
Sent: Wed May 06 05:55:54 2009
Subject: Fw: Status of Article From Nov Roundtable

Jim

It was great to hang out in NC with you last night
I thought we moved Vic more towards the policy side and he has a strong interest to learn more

How should we proceed for our next steps

John

Sent from my BlackBerry Wireless Handheld

From: Charles A. Carter [redacted]
To: Agos, John PH/US
Cc: Caro, James PH/US; Charles A. Carter [redacted]
Sent: Tue May 05 21:47:54 2009
Subject: Re: Status of Article From Nov Roundtable

Nice

sent by my iPhone

On May 5, 2009, at 9:19 PM, "John.Agos[redacted] <John.Agos[redacted]
wrote:

Just fyi
And interesting timing

Sent from my BlackBerry Wireless Handheld

----- Original Message -----
From: Dr. David Eubanks [redacted]
To: Philip Marcus, MD, FCCP [redacted] Victor F Tapson [redacted]
Cc: Agos, John PH/US; Sydney R Parker [redacted]
Sent: Tue May 05 18:29:45 2009
Subject: Status of Article From Nov Roundtable

Dear Phil and Vic,

I trust you both are doing well and enjoying nice Spring weather.

We realize that you're very busy but its been 6 months and we need
to wrap of the article from the Clinical Round Table (CRT) at CHEST as
quickly as possible.
I understand there has been some disagreement as to the conclusions
that were reached at the CRT so we need guidance on how to proceed.
Please contact Sydney tomorrow, if possible, with a status update so
we may inform the supporter of when to expect completion of this
important project.

As always your cooperation is appreciated.
Sincerely,

Dave

David H. Eubanks, EdD, RRT, FCCP(Hon)
Senior Vice President
American College of Chest Physicians
[redacted]
Northbrook, IL 60062
[redacted] Office Phone
Cell Phone
Fax

FOOTNOTE 10

From: Boyd, Noelle PH/US
Sent: Tuesday, January 26, 2010 5:23 PM
To: Caro, James PH/US; Racine, Eric PH/US
Cc: Barrett, Susan PH/US
Subject: ISTH Quote in the press release

Jim and Eric,
We received some feedback from HP Spek on the press release for the substitutable scenario. He has asked that we make the quote come from Dr. Harenberg from ISTH (rather than JP Lehner). My thought is that we don't want to have someone from NATF quoted in our company press release because they lose credibility with the FDA, but let me know your thoughts on this and the ISTH quote. Susan and I spoke about it and we think it might be good because we bring the element of the EMEA position on biosimilars to strengthen our position. Joelle has already gotten approval from Dr. Harenberg on below.

> *"Prevention and treatment of thrombo-embolism is a major public health issue,"* said Professor Job Harenberg, MD, Professor of Medicine at the Faculty of Clinical Medicine Mannheim, University of Heidelberg and Chairman of the Subcommittee on Control of Anticoagulation of the ISTH*. *"There are important challenges in demonstrating therapeutic equivalence of a complex biological product such as Lovenox® without direct comparative clinical trials to assess efficacy, and even more importantly safety. This is what we have explained in our Consensus recommendation on biosimilars for LMWH[1]. Physicians and patients need to remain fully confident that when they use enoxaparin they will have consistent access to the highest quality products to treat such life-threatening conditions."*

Noelle Boyd
Sr. Director, U.S. Communications

sanofi-aventis
[redacted]
Bridgewater, NJ 08807
Direct: [redacted]
Fax: [redacted]

Coordinator:
[redacted]

-

From: Greissing, Edward PH/US
Sent: Sunday, November 22, 2009 4:52 PM
To: Racine, Eric PH/US
Subject: RE: ASH PR plan

Thanks for passing on we can discus later today or tomorrow (which is just fine-- enjoy a Sunday with your family)

From: Racine, Eric PH/US
Sent: Sunday, November 22, 2009 11:43 AM
To: Greissing, Edward PH/US
Subject: Fw: ASH PR plan

Fyi

From: Barrett, Susan PH/US
To: Boyd, Noelle PH/US
Cc: Buffington, Lisa A. PH/US; Racine, Eric PH/US
Sent: Sun Nov 22 11:33:43 2009
Subject: ASH PR plan

Noelle, thank you for your follow up on this issue, this was exactly my thought in requesting the update for the PR plan for ASH. I have copied Eric on this email as well since there are 2 issues that we will dealing with at ASH if there is a generic launch. The first is professional understanding of the difference between substitutable and non-substitutable products; the second is the significance of the event on Lovenox and sanofi-aventis.

Eric is beginning to work on an educational program to address the first issue and may be able to provide very helpful input to the content and spokespersons that would be effective for the PR plan. To address the second issue I would recommend that we add Sam Goldhaber to the list of individuals who are media trained as he is head of NATF which was the primary association providing a public position on FOBs.

I would also like to recommend a conference call for the PR team with Eric and I next week to discuss and facilitate finalization of the plan. Please let me know your thoughts when you get a chance.

I would also ask if we could keep the email distribution somewhat limited while we work out these details to give us the flexibility of considering a couple of ideas before we communicate the final plan to the senior management team.

Thanks. Susan

From: Boyd, Noelle PH/US
Sent: Sunday, November 22, 2009 11:20 AM
To: Barrett, Susan PH/US
Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US; Durso, Jerome PH/US; Irace, Gregory PH/US
Subject: RE: M-Enoxaparin Coverage - AP and Reuters

Susan,
If a generic is approved between now and ASH, there could be a significant amount of media coverage at the

meeting. At the very least, the generic enoxaparin news will be covered in articles that include the Riva EINSTEIN or other VTE data from the meeting that is newsworthy. Since C. Viehbacher and Corporate are now recommending a press release following approval of a generic, our hopes are that this will help us control the media message in the few weeks post-approval and during ASH. We will also have the approved standby statement and Q&A if we get any media inquiries.

We should also conduct media trainings immediately post approval with 1-2 external KTLs, so that when we are asked by on- or offsite media, we can offer an interview with a thoughtleader (Jerry and Paul Chew will also be media trained, so we can use them should a reporter want a company perspective). We recommend that Dr. Deitelzweig and Dr. Merli be media trained. Dr. Deitelzweig because we will be conducting proactive media outreach around his data presentation and he will need to be prepared to respond appropriately in any media interviews, and Dr. Merli because we know that he feels strongly about this issue in terms of patient safety. I welcome your feedback on other physicians who might have a strong opinion of FOBs. We do, however, recommend waiting until an FDA action on an approval to media train any external spokespeople, since the issue is sensitive, and we don't want to draw more attention to it externally if it does not occur.

I will follow-up with you to make sure you are in agreement with this strategy.

-Noelle

From: Barrett, Susan PH/US
Sent: Friday, November 20, 2009 8:30 AM
To: Boyd, Noelle PH/US; Durso, Jerome PH/US; Irace, Gregory PH/US
Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US
Subject: Re: M-Enoxaparin Coverage - AP and Reuters

Lisa and Noelle,
Our planning for this event, as you know, is being finalized.
As part of the communications plan, can you please forward your recommendations on what we should be prepared to do around ASH if anything on this.
Thanks

From: Boyd, Noelle PH/US
To: Durso, Jerome PH/US; Barrett, Susan PH/US; Irace, Gregory PH/US
Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US; Cox, Jack PH/US
Sent: Fri Nov 20 07:26:54 2009
Subject: M-Enoxaparin Coverage - AP and Reuters

Greg, Jerry, Susan,
Please be aware that two articles from the Associated Press and Reuters report that Momenta stock has risen after Oppenheimer analyst, Bret Holley, said that he expects that a ruling on M-Enoxaparin will come soon. No direct timeline was given in either story. Full articles are below.

We are monitoring, and would recommend that if we get significant pick-up of either wire article, we distribute a voicemail to the home office and field reminding people that no FDA action has taken place, and please stay focused.

Additionally, we think that because AP and Reuters -- both very credible news sources -- are covering this, we should be ready for an action today if not next week.

Jerry, I will call you on your cell to discuss.

-Noelle

AP, "Analyst upgrades Momenta, saying he expects approval for generic clotting drug M-Enoxaparin"

Shares of Momenta Pharmaceuticals Inc. rose Thursday after an analyst upgraded the stock, saying Momenta will soon receive marketing approval for its version of the anti-clotting drug Lovenox. Momenta expects the Food and Drug Administration to make a ruling on its generic, called M-Enoxaparin, by the end of this year. Oppenheimer analyst Bret Holley agreed that ruling will come soon, and he thinks the agency will approve Momenta's version, along with a competing generic made by Teva Pharmaceutical Industries Ltd. Holley raised his rating on the stock to "Outperform" from "Perform," and set a price target of $15 per share. In afternoon trading, Momenta shares picked up 60 cents, or 5.6 percent, to $11.26. Momenta is seeking to market M-Enoxaparin through a partnership with Novartis AG's Sandoz division.

Reuters, "UPDATE 1-RESEARCH ALERT -Oppenheimer raises Momenta"
Oppenheimer & Co upgraded Momenta Pharmaceuticals Inc to "outperform," saying it expects the company's clot-prevention drug to get approval from the U.S health regulators. The experimental drug, M-enoxaparin, which has been pending approval for over four years, is a generic form of Sanofi-Aventis' Lovenox. Momenta's key competitor, Teva Pharmaceutical Industries, also has a drug application pending for a generic version of Lovenox. Analyst Bret Holley said the U.S. Food and Drug Administration (FDA) will either approve both Momenta and Teva's generics, or will only approve Momenta's drug.

-

From: Greissing, Edward PH/US
Sent: Thursday, January 28, 2010 6:17 PM
To: Racine, Eric PH/US; Boyd, Noelle PH/US; Caro, James PH/US
Cc: Buffington, Lisa A. PH/US
Subject: Re: WSJ ad on Lovenox generic

Please no more emails - just meet

From: Racine, Eric PH/US
To: Boyd, Noelle PH/US; Greissing, Edward PH/US; Caro, James PH/US
Cc: Buffington, Lisa A. PH/US
Sent: Thu Jan 28 13:13:12 2010
Subject: RE: WSJ ad on Lovenox generic

Noelle- this was not a request of ours to Dezenhall. Jim and I spoke and confirmed this fact. We have a call to Dezenhall to understand why they did this.
Eric

From: Boyd, Noelle PH/US
Sent: Thursday, January 28, 2010 12:57 PM
To: Greissing, Edward PH/US; Caro, James PH/US; Racine, Eric PH/US
Cc: Buffington, Lisa A. PH/US
Subject: RE: WSJ ad on Lovenox generic

I think it's a good idea to meet face-to-face, just to make sure we're clearer on what we need to disclose to each other, etc. I do think we've been better with communications, but this did throw me off a bit. Thanks, Ed and team.

I'm available tomorrow at several points, but I'm guessing next week will be better for everyone for a meeting. If you let me know availability, I will ask [redacted] to coordinate.

Best,
N

From: Greissing, Edward PH/US
Sent: Thursday, January 28, 2010 12:50 PM
To: Boyd, Noelle PH/US; Caro, James PH/US; Racine, Eric PH/US
Cc: Buffington, Lisa A. PH/US
Subject: Re: WSJ ad on Lovenox generic

Coordination of all aspects of any project we work on requires disclosure and. Collaboration. Let's not let great efforts be slowed or hurt..

Can we meet face to face as soon as possible to get this right

Thanks

Ed

From: Boyd, Noelle PH/US
To: Caro, James PH/US; Racine, Eric PH/US
Cc: Buffington, Lisa A. PH/US; Greissing, Edward PH/US
Sent: Thu Jan 28 12:45:13 2010
Subject: FW: WSJ ad on Lovenox generic

Hi Jim and Eric,
I wasn't aware that Dezenhall was reaching out to reporters with the NATF advertorial. This would have been really good to know in advance of getting an inquiry from a reporter. I'm a little concerned about how this activity by an agency of ours can be perceived by media, in terms of any s-a involvement in this activity. Can you please let us know who they have reached out to regarding this?

Jim, I'm going to call you in a bit to discuss further.

Thanks,
Noelle

From: Jessica Coomes [redacted]
Sent: Thursday, January 28, 2010 12:00 PM
To: Boyd, Noelle PH/US
Subject: Fw: WSJ ad on Lovenox generic

Hi, Noelle. Matt Berger at Denzenhall sent some information regarding the WSJ ad yesterday on a potential Lovenox generic. I had a follow up question for him, and he directed me to you. Here's what I asked:

Does Sanofi have a comment on how biosimilars should be approved safely, given their differences from traditional drugs?

Thanks for your help. I write for the Daily Health Care Report at BNA in Washington.

Jessica Coomes

Jessica Coomes | BNA | [redacted]

----- Forwarded by Jessica Coomes/BNA Inc on 01/28/2010 11:58 AM -----

Matthew Berger [redacted]
01/28/2010 11:52 AM

To Jessica Coomes [redacted]
cc
Subject RE: WSJ ad on Lovenox generic

Jessica-

I am not a spokesman for Sanofi on this. I would recommend you contact Noelle Boyd in Sanofi's corporate communications office. Her number is [redacted].

But I want to make sure you know this is the latest in a series of concerns being raised about the safety of follow-on biologics, including from the American Pharmacists Association and the American Association of Clinical Endocrinologists. I've attached letters we have compiled in recent months, raising those concerns to the FDA and the media.

Please let me know if you have any questions, and I would love to see anything BNA runs on this.

Thanks,
Matt

From: Jessica Coomes [redacted]
Sent: Thursday, January 28, 2010 11:45 AM
To: Matthew Berger
Subject: RE: WSJ ad on Lovenox generic

Hi, Matt. Since you're working specifically on behalf of Sanofi, does Sanofi have a comment on how biosimilars should be approved safely, given their differences from traditional drugs?

Thanks,
Jessica

Jessica Coomes | BNA | [redacted]

Matthew Berger [redacted]

01/27/2010 01:33 PM

To Jessica Coomes [redacted]
cc
Subject RE: WSJ ad on Lovenox generic

Jessica-

Thanks for the email.

I think your questions would best be addressed to NATF. You can reach Ilene Sussman, the executive director, at [redacted]

We are working on behalf of Sanofi.

Let me know if you need anything else.

Best,
Matt

From: Jessica Coomes [redacted]
Sent: Wednesday, January 27, 2010 12:23 PM
To: Matthew Berger
Subject: Fw: WSJ ad on Lovenox generic

Hi, Matt.

Good afternoon. A colleague of mine, Dana Elfin, forwarded me your e-mail about the WSJ ad today, and I have a couple follow up questions.

When you say FDA is close to approving a generic version of Lovenox, are you referring to the application from Sandoz/Novartis? Or another company's application? Was this ad taken out specifically because of that anticipated approval?

Regarding the requirements for biosimilars approval that the ad mentions, what does the North American Thrombosis Forum think of the approval pathway that was laid out in the health care overhaul legislation? If either the House or Senate version were approved, would it address the organization's approval concerns?

Also, could you explain the financial ties between Sanofi, NATF, and this ad?

Is your company working for NATF on this project?

Thanks very much,
Jessica Coomes

Jessica Coomes | BNA | [redacted]

----- Forwarded by Dana Elfin/BNA Inc on 01/27/2010 11:23 AM -----

Matthew Berger [redacted]

01/27/2010 11:11 AM

To [redacted]
cc
Subject WSJ ad on Lovenox generic

Dana-

I wanted to make sure you saw the ad in today's U.S. Eastern edition of the Wall Street Journal. As you probably know, the word on the street is that the FDA is close to approving a generic copy of the anti-clotting drug Lovenox. The ad, from the North American Thrombosis Forum, calls for the FDA to require clinical trials for biosimilars for safety and efficacy before approval, because of their complexity and difference from conventional pharmaceuticals. It specifically refers to anti-clotting drugs like the one Novartis is working on.

The ad is significant because it comes from a group of scientists, doctors and patients interested in thrombosis, but yet concerned that drugs without proper safety testing could come onto the market.

I have attached a PDF of the ad, which is on D2 of the U.S. Eastern edition. Please let me know if you have any questions.

Best,
Matt

Matthew E. Berger
Account Supervisor
Dezenhall Resources, Ltd.
[redacted]
Washington, DC 20036
[redacted] - Office
[redacted] - Cell
[redacted] - Fax
www.dezenhall.com [attachment "FDA docs.pdf" deleted by Jessica Coomes/BNA Inc]

FOOTNOTE 11

From: Racine, Eric PH/US
Sent: Wednesday, July 22, 2009 7:12 PM
To: Caro, James PH/US
Subject: Re: Grassroot and Orthopods and Canada

The #1 question below is about membership grassroot...members voicing their concerns....NATF, SHM, etc....please investigate....I heard that some groups send 100-200 letters on a specific issue....

----- Original Message -----
From: Caro, James PH/US
To: Racine, Eric PH/US
Sent: Wed Jul 22 15:07:58 2009
Subject: RE: Grassroot and Orthopods and Canada

Eric,
1. NATF has been engaged with this issue. This organization intends to contact FDA to express its position and concerns re patient safety associated with "generic" enoxaparin applications. The docket # will be included in this communication. NATF is planning to request a meeting with FDA.
2. I have not yet investigated or approached the orthopedic surgery groups 3. I have not been able to identify any reports of Canadian experience eith generic enox. Still looking.
Jim

James Caro, RPh, MBA
Senior Director
US Policy and Strategic Advocacy
Sanofi-Aventis
[redacted]
Washington, DC 20004

Office: [redacted]
Mobile: [redacted]

-----Original Message-----
From: Racine, Eric PH/US
Sent: Wednesday, July 22, 2009 2:51 PM
To: Caro, James PH/US
Subject: Grassroot and Orthopods and Canada

Jim- please let me know your thoughts on association(s) doing grassroot on FOB as discussed with Paul Chew. Timing is important.
Also, how about ortho folks? Lastly, have you followed with Canadian experience of pulling generic off marlket?