

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL HEMOPHILIA FOUNDATION		D Employer identification number 13-5641857
	Doing business as		E Telephone number 212-328-3700
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	7 PENN PLAZA	1204	G Gross receipts \$ 30,796,863.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		
F Name and address of principal officer: PETER HARVEY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

J Website: ▶ **WWW.HEMOPHILIA.ORG**

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: **1948** **M** State of legal domicile: **NY**

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE NATIONAL HEMOPHILIA FOUNDATION (NHF) IS DEDICATED TO FINDING CURES FOR INHERITABLE BLOOD
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 13
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 13
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 83
	6 Total number of volunteers (estimate if necessary) 6 1029
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 1,234,783. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 105,704.
Revenue	8 Contributions and grants (Part VIII, line 1h) 26,168,507. Prior Year 19,810,154. Current Year
	9 Program service revenue (Part VIII, line 2g) 1,168,043. 1,244,383.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 877,815. 1,176,717.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -961,214. -746,050.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 27,253,151. 21,485,204.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 2,067,584. 2,370,371.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 9,216,546. 9,062,753.
	16 a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 749,521.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 11,094,103. 7,604,561.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 22,378,233. 19,037,685.	
19 Revenue less expenses. Subtract line 18 from line 12 4,874,918. 2,447,519.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 33,540,186. Beginning of Current Year 38,811,644. End of Year
	21 Total liabilities (Part X, line 26) 4,290,536. 5,491,167.
	22 Net assets or fund balances. Subtract line 21 from line 20 29,249,650. 33,320,477.

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			
	PETER HARVEY, CHIEF BUSINESS OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name GARRETT M. HIGGINS	Preparer's signature GARRETT M. HIGGINS	Date 11/03/21	Check if self-employed <input type="checkbox"/>	PTIN P00543209
	Firm's name ▶ PKF O'CONNOR DAVIES, LLP	Firm's EIN ▶ 27-1728945	Phone no. 908-272-6200		
Firm's address ▶ 20 COMMERCE DRIVE, SUITE 301		CRANFORD, NJ 07016-3618			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE NATIONAL HEMOPHILIA FOUNDATION (NHF) IS DEDICATED TO FINDING CURES FOR INHERITABLE BLOOD DISORDERS AND TO ADDRESSING AND PREVENTING THE COMPLICATIONS OF THESE DISORDERS THROUGH RESEARCH, EDUCATION, AND ADVOCACY ENABLING PEOPLE AND FAMILIES TO THRIVE.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 \$ 5,365,147. including grants of \$ 650,544.) (Revenue \$) COMMUNITY SERVICES

NHF'S PUBLIC POLICY DEPARTMENT WORKS TO ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND ACCESS TO CARE FOR PEOPLE WITH INHERITABLE BLOOD DISORDERS BY EDUCATING FEDERAL AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIES AND OFFICIALS, AS WELL AS INDUSTRY AND ALLIED ORGANIZATIONS. TWO KEY AREAS OF FOCUS ARE PAYER AND CONSUMER EDUCATION, AND SELF-ADVOCACY.

THE PUBLIC POLICY DEPARTMENT PROVIDES TRAINING, TOOLS, AND HANDS-ON SUPPORT TO CONSUMERS TO HELP THEM BECOME EFFECTIVE SELF-ADVOCATES. THROUGH THE STATE-BASED ADVOCACY PROGRAM, NHF AWARDS GRANTS TO

4b (Code:) (Expenses \$ 4,400,637. including grants of \$ 153,762.) (Revenue \$ 9,600.) HEALTH EDUCATION AND TRAININGS

IN 2020, HANDI, NHF'S INFORMATION RESOURCE CENTER, ANSWERED 701 REQUESTS FOR INFORMATION IN A WIDE RANGE OF SUBJECT AREAS THAT INCLUDED HEMOPHILIA, VON WILLEBRAND DISEASE, GENE THERAPY, RARE BLEEDING DISORDERS, HEALTH COVERAGE, INTERNATIONAL REQUESTS, QUESTIONS REGARDING PSYCHOSOCIAL ISSUES, AND VERY EARLY STAGE COVID-19 PANDEMIC REQUESTS. HANDI ALSO DISTRIBUTED OVER 4,155 NHF EDUCATIONAL PUBLICATIONS TO INDIVIDUALS, LOCAL CHAPTERS, AND HTCS.

IN COLLABORATION WITH MEDSCAPE EDUCATION, NHF OFFERED 4 EDUCATIONAL PROGRAMS FOR HEALTHCARE PROVIDERS IN 2020, REACHING OVER 10,000 LEARNERS THROUGH ONLINE OFFERINGS ON GENE THERAPY FOR HEMOPHILIA AND

4c (Code:) (Expenses \$ 2,945,656. including grants of \$ 1,473,288.) (Revenue \$) RESEARCH

NHF AWARDED TWO (2) NHF/TAKEDA CLINICAL FELLOWSHIPS IN 2020. ONE FELLOWSHIP AWARD WAS BESTOWED TO DR. MARY MCGRATH OF THE UNIVERSITY OF MICHIGAN, AND THE OTHER AWARD WENT TO DR. PATRICK ELLSWORTH OF THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL. THE NHF-TAKEDA CLINICAL FELLOWSHIP PROGRAM PROVIDES UP TO \$100,000 PER YEAR FOR TWO YEARS TO AT LEAST TWO FELLOWS CHOSEN FROM AMONG NOMINATIONS SUBMITTED BY MENTORS/DIRECTORS FROM APPROVED FELLOWSHIP TRAINING SITES.

THE NHF NURSING EXCELLENCE FELLOWSHIP WAS AWARDED TO NURSE AMANDA GREENE OF EMORY UNIVERSITY & CHILDREN'S HEALTHCARE OF ATLANTA IN

4d Other program services (Describe on Schedule O.) (Expenses \$ 1,295,192. including grants of \$ 92,777.) (Revenue \$)

4e Total program service expenses 14,006,632.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	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		83
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 (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a	13	
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b	13	
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CO, CT, KS, FL, GA, HI, IL, KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **PETER HARVEY - 212-328-3700**
7 PENNSYLVANIA PLAZA, SUITE 1204, NEW YORK, NY 10001

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VAL BIAS FORMER CHIEF EXECUTIVE OFFICER	0.00						X	373,362.	0.	38,097.
(2) JORDANA ZEGER CHIEF FISCAL OFFICER	40.00			X				279,322.	0.	36,055.
(3) LEONARD VALENTINO PRESIDENT & CHIEF EXECUTIVE OFFICER	40.00			X				270,716.	0.	10,633.
(4) MICHELLE RICE CHIEF EXTERNAL AFFAIRS OFFICER	40.00			X				192,215.	0.	54,043.
(5) SANDRA D. ROTELLINI CHIEF OPERATING OFFICER	40.00			X				201,791.	0.	41,102.
(6) BRETT SPITALE V.P. OF ADVANCEMENT	40.00					X		178,209.	0.	55,188.
(7) MICHELLE WITKOP HEAD OF RESEARCH	40.00					X		178,418.	0.	37,770.
(8) NEIL FRICK S.V.P. OF RESEARCH & MEDICAL INFORMA	40.00					X		171,272.	0.	36,926.
(9) TIMOTHY BRENT SENIOR DIRECTOR OF BUSINESS DEVELOPM	40.00					X		156,587.	0.	45,730.
(10) ANNA SPROVSKAYA CONTROLLER	40.00					X		160,301.	0.	35,243.
(11) PETER HARVEY CHIEF BUSINESS OFFICER	40.00			X				80,446.	0.	5,356.
(12) SCOTT MILLER CHAIR	10.00	X		X				0.	0.	0.
(13) SCOTT MARTIN VICE-CHAIR	10.00	X		X				0.	0.	0.
(14) JAMES A. HEER TREASURER	10.00	X		X				0.	0.	0.
(15) LYNNE CAPRETTO SECRETARY	10.00	X		X				0.	0.	0.
(16) GARY D. FARRO DIRECTOR, THRU 10/2/2020	10.00	X						0.	0.	0.
(17) BRIAN ANDREW DIRECTOR	10.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MARK BORRELIZ DIRECTOR	10.00	X					0.	0.	0.	
(19) JOHN FARIA DIRECTOR	10.00	X					0.	0.	0.	
(20) RYAN GRIFFITH DIRECTOR	10.00	X					0.	0.	0.	
(21) SUSAN HARTMANN DIRECTOR	10.00	X					0.	0.	0.	
(22) CINDY KOMAR DIRECTOR	10.00	X					0.	0.	0.	
(23) PATRICK MANCINI DIRECTOR	10.00	X					0.	0.	0.	
(24) DERICK STACE-NAUGHTON DIRECTOR	10.00	X					0.	0.	0.	
(25) ZIVA MANN DIRECTOR	10.00	X					0.	0.	0.	
1b Subtotal							2,242,639.	0.	396,143.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							2,242,639.	0.	396,143.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **21**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
IMPACT EDUCATION, LLC, 589 SKIPPACK PIKE, SUITE 200, BLUE BELL, PA 19422	CONSULTANT FOR MEDICAL EDUCATION	1,054,194.
MANIFEST LLC, 4110 N. SCOTTSDALE ROAD, SUITE 315, SCOTTSDALE, AZ 85251	PRODUCTION/HEMAWARE PUBLICATION	510,556.
ARBORMETRIX, INC, 339 E. LIBERTY STREET, SUITE 210, ANN ARBOR, MI 48104	PATIENT RESEARCH REGISTRY	285,000.
CCR SOLUTIONS INC 4351 35TH STREET, ORLANDO, FL 32811	VIRTUAL TECHNOLOGY SERVICES	215,440.
IMAGEX MEDIA, INC., 405-163 W. HASTINGS ST., VANCOUVER, BC, CANADA	WEBSITE DEVELOPMENT SERVICES	164,576.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **11**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	13,861.				
	1 b	Membership dues					
	1 c	Fundraising events	1,608,045.				
	1 d	Related organizations					
	1 e	Government grants (contributions)	599,443.				
	1 f	All other contributions, gifts, grants, and similar amounts not included above	17,588,805.				
	1 g	Noncash contributions included in lines 1a-1f	\$ 674.				
	1 h	Total. Add lines 1a-1f		19,810,154.			
Program Service Revenue	2 a	ADVERTISING	Business Code 541800	1,234,783.		1,234,783.	
	2 b	EDUCATION SEMINARS	611710	9,600.	9,600.		
	2 c						
	2 d						
	2 e						
	2 f	All other program service revenue					
	2 g	Total. Add lines 2a-2f		1,244,383.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		730,271.		730,271.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
	6 d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	8,982,424.			
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses	8,535,978.				
	7 c	Gain or (loss)	446,446.				
7 d	Net gain or (loss)		446,446.		446,446.		
8 a	Gross income from fundraising events (not including \$ 1,608,045. of contributions reported on line 1c). See Part IV, line 18	3,560.					
8 b	Less: direct expenses	775,681.					
8 c	Net income or (loss) from fundraising events		-772,121.		-772,121.		
9 a	Gross income from gaming activities. See Part IV, line 19						
9 b	Less: direct expenses						
9 c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
10 b	Less: cost of goods sold						
10 c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS	Business Code 611710	26,071.		26,071.	
	11 b						
	11 c						
	11 d	All other revenue					
	11 e	Total. Add lines 11a-11d		26,071.			
12	Total revenue. See instructions		21,485,204.	9,600.	1,234,783.	430,667.	

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).

Check if Schedule O contains a response or note to any line in this Part IX X

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 domestic organizations and domestic governments. See Part IV, line 21 ...	2,227,802.	2,227,802.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	122,569.	122,569.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	20,000.	20,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,085,875.	639,093.	339,092.	107,690.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	411,459.	241,353.	128,439.	41,667.
7 Other salaries and wages	5,603,876.	3,485,062.	1,865,520.	253,294.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	409,554.	263,095.	131,333.	15,126.
9 Other employee benefits	1,069,124.	680,100.	341,426.	47,598.
10 Payroll taxes	482,865.	303,547.	152,388.	26,930.
11 Fees for services (nonemployees):				
a Management				
b Legal	73,952.	18,045.	55,907.	
c Accounting	44,500.		44,500.	
d Lobbying	198,000.	198,000.		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	35,292.		35,292.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	3,254,641.	2,706,532.	532,057.	16,052.
12 Advertising and promotion	29,244.	24,815.	4,429.	
13 Office expenses	335,254.	207,395.	89,458.	38,401.
14 Information technology	331,822.	235,975.	86,009.	9,838.
15 Royalties				
16 Occupancy	702,242.	450,820.	208,986.	42,436.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	947,622.	864,944.	50,483.	32,195.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	57,530.	40,760.	13,117.	3,653.
23 Insurance	44,223.	31,772.	9,469.	2,982.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS INCO	35,203.	33,197.	239.	1,767.
b STATIONERY AND PRINTING	705,219.	671,102.	4,822.	29,295.
c MEMBERSHIP DUES	415,954.	196,217.	154,454.	65,283.
d PROGRAM SUPPLIES	238,275.	212,472.	18,175.	7,628.
e All other expenses	155,588.	131,965.	15,937.	7,686.
25 Total functional expenses. Add lines 1 through 24e	19,037,685.	14,006,632.	4,281,532.	749,521.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,542,770.	1	3,640,103.
	2 Savings and temporary cash investments	7,270,612.	2	9,333,019.
	3 Pledges and grants receivable, net	2,387,220.	3	1,011,638.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	479,364.	9	559,535.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 524,314.		
	b Less: accumulated depreciation	10b 307,639.	164,877.	10c 216,675.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	19,876,536.	12	23,098,209.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	818,807.	15	952,465.
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,540,186.	16	38,811,644.	
Liabilities	17 Accounts payable and accrued expenses	2,373,878.	17	1,829,414.
	18 Grants payable	928,000.	18	1,126,769.
	19 Deferred revenue	56,179.	19	91,822.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	932,479.	25	2,443,162.
	26 Total liabilities. Add lines 17 through 25	4,290,536.	26	5,491,167.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	21,133,500.	27	24,106,324.
	28 Net assets with donor restrictions	8,116,150.	28	9,214,153.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,249,650.	32	33,320,477.
33 Total liabilities and net assets/fund balances	33,540,186.	33	38,811,644.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	21,485,204.
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,037,685.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,447,519.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	29,249,650.
5	Net unrealized gains (losses) on investments	5	1,623,308.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	33,320,477.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 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?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 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?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	24169773.	20991316.	21279313.	26168507.	19810154.	112419063
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	24169773.	20991316.	21279313.	26168507.	19810154.	112419063
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)						54773639.
6 Public support. Subtract line 5 from line 4.						57645424.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	24169773.	20991316.	21279313.	26168507.	19810154.	112419063
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	352,739.	517,525.	660,487.	775,199.	730,271.	3036221.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		173,134.	110,340.		119,937.	403,411.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	41,174.	53,754.	78,887.	148,386.	26,071.	348,272.
11 Total support. Add lines 7 through 10						116206967
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	49.61 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	53.08 %
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
2a		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	 <hr/> <hr/> <hr/>	\$ <u>5,086,050.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>2,198,650.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>1,909,655.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>1,619,600.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>1,062,200.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>992,900.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/>	\$ <u>901,400.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>616,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>654,392.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>599,443.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<hr/> <hr/> <hr/>	\$ <u>474,753.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

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

Name of organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		24,667.
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		229,595.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		62,876.
i Other activities?		X	
j Total. Add lines 1c through 1i			317,138.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

THE PUBLIC POLICY DEPARTMENT WORKS TO ESTABLISH AND ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND ACCESS TO CARE FOR PERSONS WITH BLEEDING DISORDERS BY WORKING WITH FEDERAL AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIES AND OFFICIALS, THE MEDIA, INDUSTRY AND ALLIED ORGANIZATIONS. TWO KEY INITIATIVES OF THE DEPARTMENT ARE

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	1,795,609.	1,601,942.	1,755,256.	1,579,434.	322,235.
b Contributions		2,426.	4,829.	7,208.	1,235,537.
c Net investment earnings, gains, and losses	203,554.	205,715.	-144,532.	168,614.	21,662.
d Grants or scholarships					
e Other expenditures for facilities and programs	15,392.	14,474.	13,611.		
f Administrative expenses					
g End of year balance	1,983,771.	1,795,609.	1,601,942.	1,755,256.	1,579,434.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 75.6100 %
 - c Term endowment 24.3900 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(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		51,576.	28,377.	23,199.
d Equipment		472,738.	279,262.	193,476.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				216,675.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) MUTUAL FUNDS-FIXED INCOME	9,136,198.	END-OF-YEAR MARKET VALUE
(B) MUTUAL FUNDS-EQUITY-U.S.		
(C) MUTUAL FUNDS-EQUITY-INTERNATIONAL	8,365,632.	END-OF-YEAR MARKET VALUE
(D) L	5,595,706.	END-OF-YEAR MARKET VALUE
(E) COMMON AND PREFERRED		
(F) STOCK US LARGE CAP EQUITY	673.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	23,098,209.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED RENT	368,806.
(3) DEFERRED PENSION LIABILITY	676,256.
(4) PAYCHECK PROTECTION PROGRAM LOAN	1,398,100.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	2,443,162.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	23,848,901.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	1,623,308.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	775,681.
e	Add lines 2a through 2d	2e	2,398,989.
3	Subtract line 2e from line 1	3	21,449,912.
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	35,292.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	35,292.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	21,485,204.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	19,778,074.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	775,681.
e	Add lines 2a through 2d	2e	775,681.
3	Subtract line 2e from line 1	3	19,002,393.
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	35,292.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	35,292.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	19,037,685.

Part XIII Supplemental Information.

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

PART V, LINE 4:

TO PROVIDE FUNDING FOR RESEARCH FELLOWSHIP GRANTS. THE FOUNDATION HAS DECIDED TO APPROPRIATE FUNDS ON AN ANNUAL BASIS FOR EXPENDITURE AT THE RATE UP TO 4% OF THE FUND'S AVERAGE FAIR MARKET VALUE OVER THE MOST RECENT 36-MONTH PERIOD TAKING INTO CONSIDERATION RELEVANT ECONOMIC, INVESTMENT, AND FINANCIAL CONDITIONS. NET AMOUNTS AVAILABLE FOR RELEASE ACCUMULATED FROM PREVIOUS YEARS TOTAL \$483,771 AND \$295,609 AS OF DECEMBER 31, 2020 AND 2019, RESPECTIVELY, AND ARE RECORDED AS DONOR RESTRICTED NET ASSETS UNTIL DESIGNATED AS RESEARCH AWARDS.

PART X, LINE 2:

THE FOUNDATION RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE

Part XIII Supplemental Information *(continued)*

POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR TAX YEARS PRIOR TO 2017.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED AGAINST REVENUE 775,681.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE NETTED AGAINST REVENUE 775,681.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

COMMITMENT TO WFH (WORLD FEDERATION OF HEMOPHILIA) TO PROVIDE FUNDING TO WFH'S COALITION OF AMERICAS PROGRAM.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		WALKS	SPRING SOIREE	9		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,059,029.	298,684.	253,892.	1,611,605.
	2	Less: Contributions	1,059,029.	298,684.	250,332.	1,608,045.
	3	Gross income (line 1 minus line 2)			3,560.	3,560.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	32,138.	3,805.	374.	36,317.
	7	Food and beverages	1,002.		1,226.	2,228.
	8	Entertainment				
	9	Other direct expenses	503,314.	140,900.	92,922.	737,136.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				775,681.
11	Net income summary. Subtract line 10 from line 3, column (d)				-772,121.	

Part III Gaming. Complete if the organization answered "Yes" on 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	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF N CAROLINA AT CHAPEL HILL - P.O. BOX 402420 - ATLANTA, GA 30384	56-6001393	501 (C) (3)	304,000.	0.			1 CLINICAL RESEARCH FELLOWSHIPS AND 1 JGP RESEARCH FELLOWSHIP PROMOTING INNOVATION IN
BLEEDING DISORDERS ALLIANCE OF N.DAKOTA - P.O. BOX 548 - FARGO, ND 58107	47-1684681	501 (C) (3)	10,275.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
MARY M. GOOLEY HEMOPHILIA CTR. 1415 PORTLAND AVE STE 500 ROCHESTER, NY 14621	16-0836536	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD MILWAUKEE, WI 53226	39-0806261	501 (C) (3)	210,000.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF TEXAS HEALTH CENTER AT SA - 7703 FLOYD CURL DR. - SAN ANTONIO, TX 78229	94-3425643	501 (C) (3)	208,000.	0.			2 JGP RESEARCH FELLOWSHIPS PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF MICHIGAN 3003 SOUTH STATE ROOM 1054 ANN ARBOR, MI 48109	52-2414582	501 (C) (3)	191,000.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **66.**

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2020

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASOCIACION PUERTORRIQUENA DE HEMOFILIA - PO BOX 29005 - SAN JUAN, PR 00929	66-0559280	501 (C) (3)	15,000.	0.			COVID-19 RELIEF GRANT & CHAPTER CAPACITY BUILDING GRANT
HEMOPHILIA TREATMENT CENTER - ULP 2401 TERRA CROSSING BLVD. SUITE 202 LOUISVILLE, KY 40245	27-3645560	501 (C) (3)	15,000.	0.			NURSING FELLOWSHIP AWARDS
TEXAS CENTRAL HEMOPHILIA ASSN. 12700 HILLCREST ROAD STE 191 DALLAS, TX 75230	75-1187148	501 (C) (3)	14,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA OF NORTH CAROLINA 260 TOWN HALL DRIVE. STE. A MORRISVILLE, NC 27560	56-1273974	501 (C) (3)	12,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA FDN OF GREATER FLORIDA 1350 N.ORANGE AVE STE 227 WINTER PARK, FL 32789	59-3418827	501 (C) (3)	12,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA COUNCIL OF CALIFORNIA 1507 21ST STREET STE. 103 SACRAMENTO, CA 95811	68-0182998	501 (C) (3)	12,000.	0.			STATE BASED ADVOCACY COALITION GRANT
HEMOPHILIA OF IOWA 1570 SOUTH 1ST AVENUE # J IOWA CITY, IA 52240	42-1334948	501 (C) (3)	11,500.	0.			COVID-19 RELIEF GRANT & NHF DISASTER AND EMERGENCY RELIEF PROGRAM
BOSTON CHILDREN'S HOSPITAL 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501 (C) (3)	10,500.	0.			JGP RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF COLORADO DENVER 13199 EAST MONTVIEW BLVD. AURORA, CO 80045	84-0404231	501 (C) (3)	10,500.	0.			JGP RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISIANA HEMOPHILIA FOUNDATION 3636 S. SHERWOOD FOREST BLVD., #390 BATON ROUGE, LA 70816	51-0207472	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
THE HEMOPHILIA CENTER OF WESTERN PENNSYLVANIA - 20411 RT. 19 UNIT 14 - CRANBERRY TOWNSHIP, PA 16066	25-1359331	501 (C) (3)	10,000.	0.			SOCIAL WORKER FELLOWSHIP
OKLAHOMA HEMOPHILIA FOUNDATION 8283 N. OWASSO EXPY SUITE H OWASSO, OK 74055	73-0745621	501 (C) (3)	14,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
BLEEDING DISORDERS ASSN. OF NE NEW YORK - 333 BROADWAY STE 320 - TROY, NY 12180	22-2519156	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
HEMOPHILIA ASSOC. OF SAN DIEGO COUNTY - 3550 CAMINO DEL RIO NORTH SUITE #105 - SAN DIEGO, CA 92108	23-7252243	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
HEMOPHILIA FOUNDATION OF S.CALIFORNIA - 959 E WALNUT STREET #114 - PASADENA, CA 91106	95-1916053	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
KENTUCKY HEMOPHILIA FOUNDATION 1850 TAYLOR AVENUE SUITE 2 LOUISVILLE, KY 40213	61-0656750	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
LONE STAR CHAPTER OF NHF 5600 NORTHWEST CENTRAL DR. STE140 HOUSTON, TX 77092	76-0661966	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
MIDWEST HEMOPHILIA ASSOCIATION 1471 W. SOUTH STREET SUITE F OZARK, MO 65721	43-1595395	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST OHIO HEMOPHILIA FDN 2121 HUGHES DRIVE HARRIS MACINTOSH TOWER SUITE 940 - TOLEDO, OH 43606	34-0965673	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
ROCKY MTN HEMOPHILIA & BLEEDING DISORDERS - 1627 W. MAIN ST. #142 - BOZEMAN, MT 59715	81-0533720	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
SANGRE DE ORO, INC. 4600 LINCOLN RD NE SUITE 22 ALBERQUERQUE, NM 87109	85-0378433	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
WESTERN PA CHAPTER OF NHF 20411 ROUTE 19 UNIT 14 CRANBERRY TOWNSHIP, PA 16066	25-1359331	501 (C) (3)	9,500.	0.			COVID-19 RELIEF GRANT & UNITE WALK GRANTS
BLEEDING DISORDER FDN OF WASHINGTON - 9639 FIRDALE AVE. STE. A - EDMONDS, WA 98020	91-6068857	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
HEMOPHILIA ASSOCIATION OF NEW JERSEY - 197 ROUTE 18 SOUTH SUITE 206 - EAST BRUNSWICK, NJ 08816	22-1964188	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
HEMOPHILIA ASSOCIATION OF NEW YORK, INC. - 131 WEST 33RD STREET SUITE11D - NEW YORK, NY 10001	13-5650955	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
AMERICAN THROMBOSIS HEMOSTATIS NETWORK - 67 RED ROCK CIRCLE - ROCHESTER, NY 14626	20-5244339	501 (C) (3)	249,700.	0.			NHF INVESTIGATOR INITIATED RESEARCH IN DEVELOPING OF POINT-OF-CARE TESTING FOR
SNAKE RIVER HEMOPHILIA AND BDA, INC. - 520 CHURCH STREET PO BOX 245 - NEWDALE, ID 83436	20-1822216	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST OHIO HEMOPHILIA FOUNDATION - 3131 SOUTH DIXIE DRIVE SUITE 103 - MORaine, OH 45439	31-1527065	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
UNITED HEMOPHILIA FOUNDATION 12138 CENTRAL AVENUE SUITE 872 MITCHELLVILLE, MD 20721	81-3826935	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
NEW YORK CITY HEMOPHILIA CHAPTER 315 WEST 36TH STREET 2ND FLOOR NEW YORK, NY 10018	26-1915425	501 (C) (3)	13,250.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
UTAH HEMOPHILIA FOUNDATION 772 EAST 3300 SOUTH SUITE 210 SALT LAKE CITY, UT 84106	87-6127162	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
INDIANA HEMOPHILIA & THROMBOSIS CENTER - 8326 NAAB RD - INDIANAPOLIS, IN 46260	35-2047838	501 (C) (3)	100,000.	0.			GRANT TO ENHANCE BLEEDING DISORDERS EDUCATION
REGENTS OF THE UNIVERSITY OF CALIFORNIA - 1156 HIGH ST - SANTA CRUZ, CA 95064	94-1539563	501 (C) (3)	60,000.	0.			NHF INNOVATIVE INVESTIGATOR RESEARCH AWARD
VIRGINIA HEMOPHILIA FOUNDATION 410 N. RIDGE ROAD SUITE 215 RICHMOND, VA 23229	54-1183181	501 (C) (3)	24,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA OF SOUTH CAROLINA 439 CONGAREE ROAD, SUITE BOX #5 GREENVILLE, SC 29607	23-7400632	501 (C) (3)	22,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 W. MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501 (C) (3)	20,000.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALASKA HEMOPHILIA ASSOCIATION 1601 W NRTHRN LTS BLVD ANCHORAGE, AK 99517	94-3143226	501 (C) (3)	19,500.	0.			COVID-19 RELIEF GRANT & NHF DISASTER AND EMERGENCY RELIEF GRANT
TRI-STATE BLEEDING DISORDER FDN 635 W 7TH ST CINCINNATI, OH 45203	31-0928221	501 (C) (3)	19,500.	0.			COVID-19 RELIEF GRANT & NHF DISASTER AND EMERGENCY RELIEF GRANT
BLEEDING DISORDERS ALLIANCE ILLINOIS - 210 SOUTH DESPLAINES - CHICAGO, IL 60661	36-2390156	501 (C) (3)	17,000.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
PACIFIC NORTHWEST BLEEDING DISORDERS - 456 SW MONROE AVE - CORVALLIS, OR 97333	48-0780314	501 (C) (3)	16,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
NEW ENGLAND HEMOPHILIA ASSOCIATION 347 WASHINGTON STREET, STE.402 DEDHAM, MA 02026	04-6111861	501 (C) (3)	16,000.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
GREAT LAKES HEMOPHILIA FOUNDATION 638 N. 18TH ST., STE. 108 MILWAUKEE, WI 53233	23-7367636	501 (C) (3)	15,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
RADY CHILDREN'S HOSPITAL - SAN DIEGO - 3020 CHILDREN'S WAY - SAN DIEGO, CA 92123	95-1691313	501 (C) (3)	15,000.	0.			PHYSICAL THERAPIST FELLOWSHIP
OHSU DOERNBECHER CHILDREN'S HOSPITAL - 1121 SOUTHWEST SALMON SUITE 100 - PORTLAND, OR 97205	93-0579589	501 (C) (3)	10,000.	0.			PHYSICAL THERAPIST FELLOWSHIP
EASTERN PENNSYLVANIA CHAPTER OF NHF - 1489 BALTIMORE PIKE STE 227 - SPRINGFIELD, PA 19064	23-1567876	501 (C) (3)	12,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMORY UNIVERSITY PO BOX 935084 ATLANTA, GA 31193	58-0566256	501 (C) (3)	213,152.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
CENTRAL CALIFORNIA HEMOPHILIA FDN. PO BOX 163689 SACRAMENTO, CA 95816	68-0182998	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
FLORIDA HEMOPHILIA ASSOCIATION 915 MIDDLE RIVER DR STE 421 FORT LAUDERDALE, FL 33304	59-2072352	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
GATEWAY HEMOPHILIA ASSOCIATION 4976 EICHELBERGER SAINT LOUIS, MO 63109	43-1447057	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA ALLIANCE OF MAINE PO BOX 794 AUGUSTA, ME 04332	27-5057729	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA ASSOC. OF SAN DIEGO COUNTY - 3550 CAMINO DEL RIO NORTH, SUITE #105 - SAN DIEGO, CA 92108	23-7252243	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
HEMOPHILIA OF INDIANA 6910 N SHADELAND AVE. STE 140 INDIANAPOLIS, IN 46220	35-1278222	501 (C) (3)	9,500.	0.			STATE BASED ADVOCACY COALITION GRANT & COVID-19 RELIEF GRANT
ARIZONA HEMOPHILIA ASSOCIATION 826 N. 5TH AVENUE PHOENIX, AZ 85003	86-0209257	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
CONNECTICUT HEMOPHILIA SOCIETY PO BOX 548 WINDSOR, CT 06095	27-1752178	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HCWNY FOUNDATION, INC 1010 MAIN S BUFFALO, NY 14202	46-4703683	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
HEMOPHILIA ASSN. OF THE CAPITAL AREA - 8136 OLD KEENE MILL ROAD, SUITE A312 - SPRINGFIELD, VA 22152	54-1702561	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
HEMOPHILIA FOUNDATION OF MARYLAND 13 CLASS COURT PARKVILLE, MD 21234	52-1973777	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
HEMOPHILIA FOUNDATION OF MN/DAKOTAS - 750 S. PLAZA DR. 207 - MENDOTA HEIGHTS, MN 55120	41-6032276	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
TENNESSEE HEMOPHILIA & BLEEDING DISORDERS - 1819 WARD DRIVE SUITE 102 - MURFREESBORO, TN 37129	62-1662856	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT
SISTERS AND CAREGIVERS BLEEDING DISORDERS - 5626 FEATHERCREEK RD - MATTESON, IL 60443	47-2777844	501 (C) (3)	7,500.	0.			COVID-19 RELIEF GRANT

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHAPTERS EMERGENCY FINANCIAL ASSISTANCE TO FAMILIES WITH BLEEDING DISORDERS	167	118,719.	0.		
SCHOLARSHIP AWARDS	2	3,850.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

THE UNIVERSITY OF N CAROLINA AT CHAPEL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: 1 CLINICAL RESEARCH FELLOWSHIPS AND 1 JGP RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN THROMBOSIS HEMOSTATIS NETWORK

(H) PURPOSE OF GRANT OR ASSISTANCE: NHF INVESTIGATOR INITIATED RESEARCH IN DEVELOPING OF POINT-OF-CARE TESTING FOR HEMOPHILIA AND MLOF RNA EXTRACTION OF GENOTYPING SAMPLES, STORAGE, PROCESSING AND MAINTENANCE OF THESE SAMPLES

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

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

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2020

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

For each individual whose compensation must be reported on 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 aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VAL BIAS FORMER CHIEF EXECUTIVE OFFICER	(i)	0.	0.	373,362.	0.	38,097.	411,459.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JORDANA ZEGER CHIEF FISCAL OFFICER	(i)	275,622.	500.	3,200.	23,428.	12,627.	315,377.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LEONARD VALENTINO PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	268,370.	0.	2,346.	0.	10,633.	281,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE RICE CHIEF EXTERNAL AFFAIRS OFFICER	(i)	190,249.	1,000.	966.	27,531.	26,512.	246,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) SANDRA D. ROTELLINI CHIEF OPERATING OFFICER	(i)	198,985.	1,000.	1,806.	28,262.	12,840.	242,893.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) BRETT SPITALE V.P. OF ADVANCEMENT	(i)	176,579.	1,000.	630.	18,713.	36,475.	233,397.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHELLE WITKOP HEAD OF RESEARCH	(i)	176,230.	1,000.	1,188.	11,977.	25,793.	216,188.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) NEIL FRICK S.V.P. OF RESEARCH & MEDICAL INFORMA	(i)	169,306.	1,000.	966.	24,086.	12,840.	208,198.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TIMOTHY BRENT SENIOR DIRECTOR OF BUSINESS DEVELOPM	(i)	153,173.	3,000.	414.	9,255.	36,475.	202,317.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ANNA SPROVSKAYA CONTROLLER	(i)	155,137.	1,000.	4,164.	22,402.	12,841.	195,544.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

THE BOARD OF DIRECTORS SETS THE COMPENSATION OF THE CEO AT HIRE AND THEREAFTER USES AN INDEPENDENT CONSULTANT'S ANALYSIS OF COMPARABLE SALARY SURVEYS (BIENNIAL).

PART I, LINE 4A:

VAL BIAS RECEIVED A SEVERANCE PACKAGE OF \$411,459 DURING 2020.

PART I, LINE 7:

THE CEO SHALL BE ELIGIBLE TO RECEIVE AN ANNUAL BONUS OF UP TO 10% OF BASE SALARY BASED ON PERFORMANCE IN A CONTRACT YEAR. THE FORM AND AMOUNT OF ANY PERFORMANCE BONUS SHALL BE WITHIN THE BOARD'S DISCRETION. THE BONUS DETERMINATION WILL BE MADE PURSUANT TO A FORMALIZED REVIEW PROCESS CONDUCTED BY THE BOARD OF DIRECTORS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

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

DISORDERS AND TO ADDRESSING AND PREVENTING THE COMPLICATIONS OF THESE
DISORDERS THROUGH RESEARCH, EDUCATION, AND ADVOCACY ENABLING PEOPLE AND
FAMILIES TO THRIVE.

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

CHAPTERS, COMPETITIVELY, TO SUPPORT THEIR ADVOCACY EFFORTS. SUCCESSFUL
GRANT RECIPIENTS ARE REQUIRED TO ATTEND SEVERAL VIRTUAL OR IN-PERSON
TRAINING EVENTS ANNUALLY, HOLD REGULAR ADVOCACY COMMITTEE MEETINGS,
INCLUDE NHF STAFF IN STATE ADVOCACY EVENTS, PROVIDE A MIDYEAR PROGRESS
REPORT, COLLECT, SUBMIT SPECIFIED PROGRAM METRICS QUARTERLY, HOST A
STAKEHOLDER PLANNING MEETING, AND SUBMIT A FINAL REPORT AT YEAR'S END.

MEMBERS OF THE INHERITABLE BLOOD DISORDERS COMMUNITY THROUGHOUT THE
COUNTRY ARE ENCOURAGED TO PARTICIPATE IN NHF'S ANNUAL WASHINGTON DAYS
PROGRAM, WHICH IS A GRASSROOTS ADVOCACY EVENT THAT BRINGS PATIENTS AND
THEIR FAMILIES TO WASHINGTON, D.C. TO MEET WITH THEIR MEMBERS OF
CONGRESS AND EDUCATE THEM ABOUT THE DISORDERS IMPACTING THE COMMUNITY.
CONSUMERS ARE ALSO ENCOURAGED TO ATTEND STATE ADVOCACY DAYS AT THEIR
LOCAL STATE CAPITAL. NHF ALSO PROVIDES EDUCATIONAL OPPORTUNITIES FOR
PAYERS TO HELP THEM BETTER UNDERSTAND THE UNIQUE HEALTHCARE NEEDS OF
THOSE AFFECTED BY BLOOD DISORDERS, INCLUDING LIVE PRESENTATIONS,
WEBINARS, ONLINE EDUCATIONAL MODULES, AND A JOINT COLLABORATIVE
BRINGING TOGETHER PAYERS, MEDICAL PROVIDERS AND PATIENTS.

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

EMERGENCY DEPARTMENT MANAGEMENT FOR CONTINUING EDUCATION CREDIT. THESE INCLUDE EVALUATION AND MANAGEMENT OF HEMOPHILIA IN THE EMERGENCY DEPARTMENT; MOVING BEYOND FACTOR: SHIFTING THE PARADIGM IN HEMOPHILIA THROUGH GENE THERAPY; NEWLY LAUNCHED MEDSCAPE ACTIVITY LOOKS AT GENE THERAPY AND NURSING; NEW MEDSCAPE ACTIVITY INCLUDES LATEST GENE THERAPY CLINICAL TRIAL UPDATES.

NHF ALSO SUCCESSFULLY EXTENDED THE ACCREDITATION PERIOD UNTIL OCTOBER 31, 2020, FOR THREE EDUCATIONAL WEBINARS FOCUSED ON WOMEN WITH INHERITABLE BLOOD DISORDERS. JOINTLY PROVIDED BY NHF, IMPACT EDUCATION, AND POSTGRADUATE INSTITUTE FOR MEDICINE, THIS WEBINAR SERIES WAS TARGETED TO PRIMARY CARE PHYSICIANS, OBSTETRICIANS/GYNECOLOGISTS, REGISTERED NURSES/NURSE PRACTITIONERS, DENTISTS, OTHER SPECIALISTS AND ALLIED HEALTH PROFESSIONALS WORKING OUTSIDE THE HEMOPHILIA TREATMENT CENTER NETWORK OR OUTSIDE THE SPECIALTY OF HEMATOLOGY. "AN INTRODUCTION TO THE RECOGNITION, APPROPRIATE DIAGNOSIS, AND TIMELY MANAGEMENT OF VWD AND OTHER BLEEDING DISORDERS AMONG WOMEN IN NON-HEMATOLOGY HEALTH CARE SETTINGS" (SUPPORTED BY AN INDEPENDENT GRANT FROM SHIRE, AS WELL AS A COOPERATIVE GRANT FUNDED BY CDC). "ADVANCED CONSIDERATIONS FOR THE RECOGNITION, APPROPRIATE DIAGNOSIS, AND TIMELY MANAGEMENT OF VWD AND OTHER BLEEDING DISORDERS AMONG WOMEN IN NON-HEMATOLOGY HEALTH CARE SETTINGS" (SUPPORTED BY AN INDEPENDENT GRANT FROM SHIRE, AS WELL AS A COOPERATIVE GRANT FUNDED BY CDC). "IMPROVING OUTCOMES FOR FEMALES WITH BLEEDING DISORDERS IN NON-HEMATOLOGY HEALTHCARE SETTINGS" (SUPPORTED BY AN INDEPENDENT GRANT FROM NOVO NORDISK, INC., AS WELL AS A COOPERATIVE GRANT FUNDED BY CDC).

DESIGNED TO INCREASE THE KNOWLEDGE OF HEALTHCARE PROVIDERS ON THE

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SYMPTOMS AND TREATMENT OPTIONS FOR WOMEN WITH BLEEDING DISORDERS, A TOTAL OF 199 INDIVIDUALS COMPLETED THE THREE WEBINARS IN THE RE-ACCREDITED PERIOD, BRINGING THE GRAND TOTAL SINCE LAUNCH, TO 9,122 PARTICIPANTS OVERALL WITH 467 WEBINAR COMPLETERS, AND 95% REPRESENTING PROVIDERS PRACTICING OUTSIDE THE FIELD OF HEMATOLOGY. 84% OF COMPLETERS REPORTED PLANS TO IMPLEMENT CHANGES TO THEIR PRACTICE OR THAT THE INFORMATION SHARED REINFORCED THEIR CURRENT PRACTICE. AND AMONG THOSE COMPLETERS, AN ESTIMATED 19,760 PATIENTS WOULD BENEFIT FROM THEIR INCREASED KNOWLEDGE AND COMPETENCE BECAUSE OF THIS ACTIVITY.

NHF PROVIDED FUNDING AND CREATED EDUCATIONAL CONTENT FOR THOSE WITH RARE FACTOR DEFICIENCIES AND PLATELET DISORDERS AND THEIR FAMILIES VIRTUALLY AT NHF'S 2020 RARE BLEEDING DISORDERS CONFERENCE, SERVING OVER 100 ATTENDEES. NHF ALSO ORGANIZED A VIRTUAL NATIONAL INHIBITOR EDUCATION SUMMIT AND A VIRTUAL SPANISH INHIBITOR SUMMIT, FOR PATIENTS AND FAMILIES EXPERIENCING THE COMPLICATION OF AN INHIBITOR. THESE MULTI-DAY NATIONAL SUMMITS PROVIDED EDUCATION AND PEER CONNECTIONS FOR A TOTAL OF 200 PARTICIPANTS.

THE PRIMARY GOALS OF THE NATIONAL HEMOPHILIA FOUNDATION'S (NHF'S) VICTORY FOR WOMEN AND BETTER YOU KNOW PROGRAMS ARE: 1) TO INCREASE AWARENESS TO FACILITATE EARLY AND ACCURATE DIAGNOSES; AND 2) TO PROVIDE AFFECTED WOMEN WITH EDUCATION AND SUPPORT. 2020 HIGHLIGHTS INCLUDED: TRAINING SEVEN COMMUNITY MEMBERS AS BETTER YOU KNOW ADVOCATES TO DO OUTREACH AND PIVOTING TO VIRTUAL PROGRAMMING DURING COVID. THESE PROGRAMS ALSO INCLUDED AN EDUCATIONAL TRACK FOR FEMALE CONSUMERS AT THE NHF 2020 BLEEDING DISORDERS CONFERENCE AND PROVIDING WORKSHOPS/WEBINARS FOR CONSUMERS AT CHAPTER EDUCATION DAYS AND WOMEN'S RETREATS. IN

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ADDITION, IN 2020, OVER 3,400 WOMEN TOOK THE BETTER YOU KNOW RISK ASSESSMENT TOOL AND 80% HAD SYMPTOMS OF A BLEEDING DISORDER AND OVER 5,400 VISITED VICTORYFORWOMEN.ORG.

STEPS FOR LIVING IS A MULTIMEDIA EDUCATIONAL PROGRAM DESIGNED TO INCREASE ACCESS TO AGE AND CULTURALLY APPROPRIATE INFORMATION SO THAT CHILDREN, TEENS, ADULTS, AND FAMILIES CAN MANAGE THE DAILY CHALLENGES OF LIVING WITH A BLEEDING DISORDER. THIS ALSO INCLUDES ENSURING SUCCESSFUL LIFE TRANSITIONS AND PREVENTING SECONDARY COMPLICATIONS. IN 2020, STEPSFORLIVING.HEMOPHILIA.ORG HAD OVER 234,000 SESSIONS AND IS CURRENTLY UNDERGOING A WEBSITE REDESIGN AND REWRITE THAT SHOULD LAUNCH IN LATE 2021.

NHF'S EDUCATION FOR EMPOWERMENT PROGRAM BRINGS WORKSHOPS OUT TO LOCAL CHAPTER AND HTC EVENTS AND IN 2020 HAD TO QUICKLY SWITCH TO ALSO PROVIDE AS WEBINARS VIRTUALLY DUE TO COVID. NHF FACILITATED 61 WORKSHOPS/WEBINARS, WITH OVER 850 PARTICIPANTS IN 2020. NEW IN 2020 WERE MULTIPLE TOPICS ON MENTAL HEALTH FOR CHAPTERS TO REQUEST.

NHF HAS DESIGNED THE NATIONAL YOUTH LEADERSHIP INSTITUTE (NYLI) TO ASSIST YOUNG PEOPLE FROM THE BLEEDING DISORDERS COMMUNITY TO BECOME WELL-TRAINED, RECOGNIZED LEADERS. NHF ACHIEVES THESE OUTCOMES BY PROVIDING YOUNG ADULTS WITH TRAINING, SUPPORT AND OPPORTUNITIES TO PROVIDE EDUCATION TO THE BLEEDING DISORDERS COMMUNITY. IN 2020, NHF PROVIDED TRAININGS TO THE 25 MEMBERS OF NYLI ON TOPICS INCLUDING PUBLIC SPEAKING, ADVOCACY, NON-PROFIT MANAGEMENT AND FUNDRAISING. NYLI MEMBERS PROVIDED EDUCATIONAL SESSIONS, ADVOCATED ON BEHALF THEIR STATES WASHINGTON, D.C., LED PEER EDUCATION PROGRAMS FOR TEENS, AND

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FACILITATED SESSIONS AT NATIONAL MEETINGS.

NHF DEVELOPED NUMEROUS EDUCATIONAL COMPONENTS TO ITS GENE AND INNOVATIVE THERAPIES PROGRAMMING TO ENSURE THAT COMMUNITY MEMBERS ARE AWARE OF THE LATEST TREATMENTS IN THE PIPELINE AND HOW TO HAVE CONVERSATIONS WITH THEIR HEALTHCARE PROVIDERS FOR THE BEST TREATMENT DECISIONS. THE WEBPAGES HAD OVER 9,000 HITS, AND THE WEBINARS HAD OVER 1,600 ATTENDEES.

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

ATLANTA, GEORGIA FOR HER PROJECT, "RETROSPECTIVE CHART REVIEW OF JOINT OUTCOMES AND HOSPITAL UTILIZATION FOR PERSONS WITH HEMOPHILIA A (WITH AND WITHOUT INHIBITORS) WHO WERE SWITCHED TO EMICIZUMAB FOR TREATMENT PROPHYLAXIS." THE NHF SOCIAL WORK EXCELLENCE FELLOWSHIP WAS AWARDED TO SOCIAL WORKER KATHALEEN SCHNUR AT THE HEMOPHILIA CENTER OF WESTERN PENNSYLVANIA FOR HER PROJECT TO SURVEY SOCIAL WORKERS AT HEMOPHILIA TREATMENT CENTERS (HTC) REGARDING THEIR ROLES IN THE HTC MODEL. THE NHF PHYSICAL THERAPY EXCELLENCE FELLOWSHIP WAS AWARDED TO PHYSICAL THERAPIST NANCY DURBEN AT THE OREGON HEALTH AND SCIENCE UNIVERSITY FOR HER PROJECT, "MINDFUL YOGA FOR PEOPLE WITH BLEEDING DISORDERS AND CHRONIC PAIN."

A TOTAL OF THREE (3) NHF JUDITH GRAHAM POOL POSTDOCTORAL RESEARCH FELLOWSHIPS WERE AWARDED TO THE FOLLOWING INSTITUTIONS AND RESEARCHERS RESPECTIVELY: DR. XUEJIE CHEN AT THE UNIVERSITY OF NORTH CAROLINA CHAPEL HILL FOR THE PROJECT "INCREASING THE EFFICACY OF PROPHYLACTIC INFUSED FIX IN HEMOPHILIA B PATIENTS BY MANIPULATING ITS BINDING TO COLLAGEN IV", DR. KAUSHIK DAS, AT THE UNIVERSITY OF TEXAS HEALTH

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SCIENCE CENTER AT TYLER FOR THE PROJECT "THE ROLE OF FVIIA-RELEASED ENDOTHELIAL EXTRACELLULAR VESICLES IN HEMOPHILIA THERAPY", AND DR. JHANSI MAGISETTY AT THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT TYLER FOR THE PROJECT, "THE ROLE OF EPCR-FVIIA IN THE PATHOGENESIS AND TREATMENT OF HEMOPHILIC ARTHROPATHY."

THE INNOVATIVE INVESTIGATOR RESEARCH AWARD (IIRA) PROVIDES RESEARCH AWARDS TO ANY HEALTH CARE PROVIDER ON A MULTI-DISCIPLINARY TEAM WITHIN THE HEMOPHILIA TREATMENT CENTER (HTC) NETWORK FOR INNOVATIVE PROJECTS THAT PROMOTE THE DEVELOPMENT OF NOVEL TECHNOLOGIES AND/OR THERAPIES TO ADVANCE THE FIELD OF BLEEDING DISORDERS RESEARCH. ONE IIRA WAS AWARDED IN 2020 TO THE FOLLOWING INSTITUTION AND RESEARCHER RESPECTIVELY: DR. COURTNEY THORNBURG AT UNIVERSITY OF CALIFORNIA, SAN DIEGO DEPARTMENT OF PEDIATRIC HEMATOLOGY/ONCOLOGY FOR THE PROJECT "GENE THERAPY FOR HEMOPHILIA: PATIENT PREFERENCES AND SHARED-DECISION MAKING."

ONE CAREER DEVELOPMENT AWARD (CDA) WAS AWARDED TO DR. ZE ZHENG FOR THE PROJECT TITLED, "REDUCING SEVERE BLEEDING SYMPTOMS IN HEMOPHILIA BY LOWERING FIBRINOLYSIS". THIS AWARD IS FOR AN ESTABLISHED INVESTIGATOR, PREFERABLY AT THE ASSISTANT PROFESSOR LEVEL OR ABOVE, WHO HAS DEMONSTRATED A COMMITMENT TO BLEEDING DISORDERS RESEARCH. IN ADDITION, NHF CONTINUED TO SUPPORT SEVERAL RESEARCH INITIATIVES:

CAMP SURVEY: THIS PROJECT IDENTIFIED GAPS IN CARE AND UNDERSTAND HOW CAMPS FUNCTION AND THE ROLE THEY SERVE IN THE COMMUNITY.

PAIN PRACTICES SURVEY: THIS HELPED UNDERSTAND HOW PAIN IS MANAGED WITHIN THE BLEEDING DISORDERS COMMUNITY AND HOW THE HTC SYSTEM HAS

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ADAPTED TO THE 2016 CDC PAIN GUIDELINES.

TELEGENETIC SURVEY: THIS SURVEY SERVED WOMEN AND ADOLESCENT GIRLS WHO PARTICIPATED IN THE MY LIFE OUR FUTURE WOMEN'S PILOT STUDY AND RECEIVED GENETIC TESTING BUT NOT GENETIC COUNSELING VIA TELEMEDICINE. RESULTS WERE TABULATED AND PRESENTED AT THE WORLD FEDERATION OF HEMOPHILIA CONGRESS IN KUALA LAMPUR, MALAYSIA, IN 2020.

CVR (COMMUNITY VOICES IN RESEARCH): A PATIENT POWERED REGISTRY INTENDED TO CAPTURE A 360-DEGREE VIEW OF LIVING WITH A BLEEDING DISORDER, DIRECTLY FROM THOSE AFFECTED AND THEIR RELATIVES TO ENHANCE THE ABILITY OF RESEARCHERS TO IMPROVE QUALITY OF LIFE (QOL). CVR EXAMINES CURRENT TREATMENTS, IDENTIFIES RESEARCH QUESTIONS IMPORTANT TO COMMUNITY MEMBERS, AND DISCOVERS TRANSFORMATIONAL THERAPIES.

QI PROJECT: THIS PILOT PROGRAM REFINES A LOGGING PLATFORM BASED ON FEEDBACK FROM THE NORTHERN REGIONAL BLEEDING DISORDERS CENTER (NRBDC) AND WESTERN NEW YORK BLOODCARE (WNY) HTC PARTICIPANTS USING CONTINUED EVALUATIONS TO MEASURE EASE OF USE AND PATIENT SATISFACTION WITH THE AUDAIRE SMARTPHONE APPLICATION AT TWO WEEKS, THREE MONTHS, AND SIX MONTHS AFTER IMPLEMENTATION AND TO DESCRIBE CLOTTING FACTOR ASSAY MANAGEMENT UTILIZING THIS PLATFORM.

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

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NHF'S CHAPTER SERVICES DEPARTMENT PROVIDES COMMUNITY SUPPORT BY HELPING ITS 53 MEMBER CHAPTERS OFFER EDUCATION, RESOURCES, AND REFERRALS TO AFFECTED MEMBERS OF THE INHERITABLE BLOOD DISORDERS COMMUNITY IN THE REGIONAL AREAS THAT EACH CHAPTER SERVES. CHAPTER SERVICES OFFERS THE CHAPTERS FINANCIAL SUPPORT IN THE FORM OF GRANTS, SPONSORS TRAINING MEETINGS, AND PROVIDES SOME HOTEL EXPENSE SUPPORT FOR ADVOCACY MEETINGS. DEPARTMENT STAFF MEMBERS COACH CHAPTER LEADERS ON HOW TO CREATE, EXECUTE AND EVALUATE PROGRAMS AND SERVICES DESIGNED FOR THEIR AFFECTED CONSTITUENTS. IN 2020 CHAPTER SERVICES HELD ONE NATIONAL LEADERSHIP SEMINAR OFFERING TRAINING THAT FOCUSED ON DIVERSIFICATION OF FUNDING STRATEGIES, BOARD DEVELOPMENT, BUILDING COMMUNITY OF VOLUNTEERS AND ADVOCATES, AND MORE. A FULL "CHAPTER TRAINING TRACK" WAS ALSO OFFERED DURING NHF'S 2020 VIRTUAL BLEEDING DISORDERS CONFERENCE. EXPENSES \$ 1,295,192. INCLUDING GRANTS OF \$ 92,777. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS CHAPTER MEMBERS WHO ARE VOTING MEMBERS OF THE ORGANIZATION. AN ORGANIZATION WHOSE MISSION AND PURPOSE IS CONSISTENT WITH THE MISSION OF NHF MAY APPLY TO BE A CHAPTER MEMBER. THE ORGANIZATION MUST MEET CERTAIN STANDARDS IN ORDER TO BE APPROVED AS A CHAPTER. THE CEO IS AUTHORIZED TO ACCEPT OR DENY CHAPTER MEMBER STATUS.

FORM 990, PART VI, SECTION A, LINE 7A:

CHAPTER MEMBERS ARE ENTITLED TO VOTE FOR DIRECTORS FOR EACH OF THE VACANCIES TO BE FILLED DURING ELECTIONS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF FORM 990 IS CIRCULATED ELECTRONICALLY TO THE ORGANIZATION'S BOARD

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MEMBERS. THE FULL BOARD WILL HAVE THE OPPORTUNITY TO HAVE THE FORM 990 PRESENTED TO THEM BY THE AUDITOR BY CONFERENCE CALL PRIOR TO BEING SUBMITTED. THE CEO, CBO, COO AND CONTROLLER ARE ALSO PRESENT ON THE CALL.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL EMPLOYEES, OFFICERS AND DIRECTORS MUST COMPLETE A CONFLICT OF INTEREST FORM STATING THAT THEY HAVE NO CONFLICT OF INTEREST OR IF THEY DO, THEY MUST DISCLOSE SUCH CONFLICT ON THIS FORM. THIS FORM MUST BE COMPLETED AT THE TIME OF HIRE AND EVERY YEAR THEREAFTER. FOR MATTERS CONCERNING CONFLICTS OF INTEREST BY A VOTING MEMBER OF THE BOARD, THE MEMBER WILL BE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS AND DECISIONS CONCERNING ITEMS THAT GIVE RISE TO SUCH CONFLICTS.

IN THE EVENT A CONFLICT OF INTEREST IS DISCLOSED, THE MATTER WILL BE REVIEWED BY THE CEO, CBO AND COO. THE CEO, CBO AND COO MAY DECIDE TO PERMIT EXCEPTIONS TO THIS POLICY IF IT IS DETERMINED, IN GOOD FAITH, THAT SUCH PROPOSED CONTRACT OR TRANSACTION IS ON TERMS WHICH ARE MATERIALLY ADVANTAGEOUS TO NHF OR THE EMPLOYEE INVOLVED WILL PROVIDE A UNIQUE SERVICE TO NHF ON TERMS WHICH ARE FAIR AND REASONABLE TO NHF.

FORM 990, PART VI, SECTION B, LINE 15:

THE BOARD OF DIRECTORS SETS THE COMPENSATION OF CEO AT HIRE AND THEREAFTER USES AN INDEPENDENT CONSULTANT'S ANALYSIS OF COMPARABLE SALARY SURVEYS (BIANNUALLY). THE CEO SETS COMPENSATION FOR KEY EMPLOYEES WITHIN A DESIGNATED SALARY RANGE IN ALIGNMENT WITH A STRUCTURE THAT INCORPORATES A COMPREHENSIVE SALARY ANALYSIS PROVIDED BY A COMPENSATION CONSULTING COMPANY AS WELL AS INPUT FROM COO/HR. THIS WAS LAST UNDERTAKEN IN 2020.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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AL, AK, AR, CA, CO, CT, KS, FL, GA, HI, IL, KY, ME, MD, MA, MI, MN, MS, MO, NH, NJ, NM, NY, NC, ND
OH, OK, RI, SC, TN, VA, WA, WV, WI, UT, PA, OR

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FORM 990, FINANCIAL STATEMENTS, ARTICLES OF INCORPORATION, CONFLICTS OF INTEREST, FORM 1023, AND BY-LAWS AVAILABLE ON THE ORGANIZATION'S WEBSITE AT WWW.HEMOPHILIA.ORG OR UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION DIRECTLY.

FORM 990, PART IX, LINE 11G, OTHER FEES:

EMPLOYMENT RECRUITING:

PROGRAM SERVICE EXPENSES	891.
MANAGEMENT AND GENERAL EXPENSES	8,040.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	8,931.

CONSULTING:

PROGRAM SERVICE EXPENSES	1,500,446.
MANAGEMENT AND GENERAL EXPENSES	303,132.
FUNDRAISING EXPENSES	10,316.
TOTAL EXPENSES	1,813,894.

TEMPORARY HELP:

PROGRAM SERVICE EXPENSES	166.
MANAGEMENT AND GENERAL EXPENSES	30.
FUNDRAISING EXPENSES	5.
TOTAL EXPENSES	201.

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OTHER PROFESSIONAL FEES:

PROGRAM SERVICE EXPENSES	1,194,142.
MANAGEMENT AND GENERAL EXPENSES	213,126.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,407,268.

PAYROLL PROCESSING FEES:

PROGRAM SERVICE EXPENSES	10,887.
MANAGEMENT AND GENERAL EXPENSES	7,729.
FUNDRAISING EXPENSES	5,731.
TOTAL EXPENSES	24,347.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 3,254,641.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR
OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR
2020, THE ORGANIZATION CHANGED ITS SELECTION OF AN INDEPENDENT
ACCOUNTANT.