Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(e)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public. Information about Form 990 and its instructions is at work its gov/form990 OMB No. 1545-6047

Open to Public Inspection

$\overline{\Delta}$	For the	2013 calendar year, or tax year beginning and ending							
			D Employer identification number						
В	Check if applicable	A states as collections	a michala manningani idilibat						
_	Address	NATIONAL HEMOPHILIA FOUNDATION							
누			13-5641857						
Ļ	Name change								
Ļ	relum	Number and street (or P.O. box if mail is not delivered to street address) Room/s							
Ļ	Tormin ated		212-328-3700						
	Armend return		G Gross receipts \$ 17,413,7	18.					
	Applica Lion	NEW YORK, NY 10001	H(a) is this a group return						
	pendin	F Name and address of principal officer:VAL BIAS	for subordinates? Yes X]No					
		SAME AS C ABOVE		No					
$\overline{}$	Tay.eye	mpt status: X 501(c)(3)	527 If "No," attach a list. (see instructions						
÷	Wohell	www.hemophilia.org	H(c) Group exemption number	۰,					
<u>:</u>	Form of		Year of formation: 1948 M State of legal domicile	NYV					
		Summary	TOOL OF WHITE STATE OF THE BOILDING	8, 14 T					
L	art of	Summary DPDTCAME	ON THE DISTANCE PRIVILED						
8	1	Briefly describe the organization's mission or most significant activities: DEDICATI	TO PERDING DELICE						
Ĕ		PREATMENTS AND CURES FOR INHERITABLE BLEEDIN							
Activities & Governance	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of							
₹	3 1	fumber of voting members of the governing body (Part VI, line 1s)		19					
G	4 1	tumber of independent voting members of the governing body (Part VI, line 1b)	4	19					
- 12	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)		65					
į	8	otal number of volunteers (estimate if necessary)		506					
춫	7.	Total unrelated business revenue from Part VIII, column (C), line 12							
₹	/ "	· · · · · · · · · · · · · · · · · · ·	9.5						
	1 0	let unrelated business taxable income from Form 990-T, line 34		31.					
Revenue	l		Prior Year Current Year 12,859,589. 14,116,4	72					
	8	Contributions and grants (Part VIII, line 1h)	7 700 CBO 7 B4 7 7						
	9 1	Program service revenue (Part VIII, line 2g)							
	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	144,405. 233,6						
Œ	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-547,129. -776,8	<u>97.</u>					
	12 1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,150,537. 15,289,3	30.					
_	13 (Brants and similar amounts paid (Part IX, column (A), lines 1-3)		80.					
		Senefits paid to or for members (Part IX, column (A), line 4)		0.					
(A		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		36.					
ğ	180		0. 12,3						
Expenses	108	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 836,383.		/ / ·					
ä	· _P		6,326,908. 7,173.2	21					
_	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	28 88 88 28 88 F						
		fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0 400 640 4 440 5						
_		Revenue less expenses. Subtract line 18 from line 12		18.					
SOC	3		Beginning of Gurrent Year End of Year						
딿	g 20 ·	Total assets (Part X, line 16)	13,303,973. 19,463,1						
Net Asset	21 .	Total flabilities (Part X, line 26)	3,803,602. 8,196,5						
到	22	Net assets or fund balances. Subtract line 21 from line 20	9,500,371. 11,266,5	61.					
		Signature Block							
		lies of parjury, I declare that I have examined this return, including accompanying schedules and s	latements, and to the best of my knowledge and ballet	. It Is					
		and complete. Declaration of preparer (other than officer) is based on all information of which pro		•					
	,,,,,,,,,	· Klak	185000						
C1		Signature of officer	Date						
SI	- I	VAL BIAS, CHIEF EXECUTIVE OFFICER							
Here VALI BIAS, CRIEF BABCOTIVE OFFICER									
_			Date Check PTIN						
_		Print Type preparer's name Preparer's pignature	0/5/0044	^					
Pa		MICHAEL ANDRIOLA							
		Firm's name WISS & COMPANY, LLP	Firm's EIN ▶ 22-173234	9					
Us	e Only	Firm's address 485C ROUTE 1 SOUTH, SUITE 250							
		ISELIN, NJ 08830	Phone no.732-283-9300						
M	ay the IF	S discuss this return with the preparer shown above? (see instructions)	X Yes	No					
		1 HA For Panerwork Reduction Act Notice, see the senerate instructions.	Form 990 (

	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE NATIONAL HEMOPHILIA FOUNDATION IS DEDICATED TO FINDING BETTER
	TREATMENTS AND CURES FOR INHERITABLE BLEEDING DISORDERS AND TO
	PREVENTING THE COMPLICATIONS OF THESE DISORDERS THROUGH EDUCATION,
	ADVOCACY AND RESEARCH.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
_	If "Yes," describe these changes on Schedule O.
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. (Code:) (Expenses \$ 5,606,029 • including grants of \$ 88,100 •) (Revenue \$ 426,804 •)
4a	(Code:) (Expenses \$ 5,606,029. including grants of \$ 88,100.) (Revenue \$ 426,804.) HEALTH EDUCATION AND TRAINING - THROUGH HANDI, NHF'S INFORMATION
	RESOURCE CENTER, CLOSE TO 3,000 REQUESTS WERE ANSWERED IN 2013. THESE
	REQUESTS WERE RECEIVED FROM PATIENTS, FAMILIES, HEALTHCARE PROVIDERS
	AND THE GENERAL PUBLIC ON SUCH TOPICS AS HEMOPHILIA, VON WILLEBRAND
	DISEASE, HEALTHCARE COVERAGE, HEPATITIS C, HIV, INHIBITOR FORMATION AND
	SCHOOL ISSUES. IN CONJUNCTION WITH CDC AND MACRO INTERNATIONAL, HANDI
	CDELMED A STEDER OF OUR ON DESCRIPTION OF THE ASSESSMENT OF THE AS
	SPORTS ACTIVITIES. THESE VIDEOS WERE PRESENTED AT THE CDC BLOOD
	DISORDERS CONFERENCE ON MARCH 13, 2013.
	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	NHF ORGANIZED 2 INHIBITOR EDUCATION SUMMITS IN ENGLISH FOR PATIENTS AND
	FAMILIES EXPERIENCING THE COMPLICATION OF AN INHIBITOR. THE FIRST WAS
4b	(Code:) (Expenses \$ 2,759,469 · including grants of \$ 158,732 ·) (Revenue \$
	COMMUNITY SERVICES - NHF'S PUBLIC POLICY DEPARTMENT WORKS TO ESTABLISH
	AND ADVOCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY, RIGHTS AND
	ACCESS TO CARE FOR PEOPLE WITH BLEEDING DISORDERS BY EDUCATING FEDERAL
	AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIES AND OFFICIALS, 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. CONSUMERS ARE ENCOURAGED TO
	PARTICIPATE IN NHF'S ANNUAL WASHINGTON DAYS ADVOCACY EVENT, WHICH IS A
	GRASSROOTS EVENT THAT BRINGS PATIENTS AND THEIR FAMILIES TO WASHINGTON,
	DC, TO MEET WITH MEMBERS OF CONGRESS. IN ADDITION, NHF PROVIDES A
	SERIES OF EDUCATIONAL OPPORTUNITIES FOR PAYERS TO HELP THEM BETTER
4c	(Code:) (Expenses \$ 1,600,533. including grants of \$ 238,281.) (Revenue \$)
	CHAPTER SERVICES - NHF'S CHAPTER SERVICES DEPARTMENT PROVIDES COMMUNITY
	SUPPORT BY HELPING ITS 52 MEMBER CHAPTERS OFFER EDUCATION, RESOURCES
	AND REFERRALS TO AFFECTED MEMBERS OF THE BLEEDING DISORDERS COMMUNITY IN THE AREAS THAT EACH CHAPTER SERVES. CHAPTER SERVICES OFFERS THE
	CHAPTERS FINANCIAL SUPPORT IN THE FORM OF GRANTS, SPONSORS TRAINING
	MEETINGS AND DROVIDES SOME HOMEL EXPENSE SUPPORT FOR ADVIOLAGIA MEETINGS
	MEETINGS AND PROVIDES SOME HOTEL EXPENSE SUPPORT FOR ADVOCACY MEETINGS. DEPARTMENT STAFF MEMBERS MENTOR CHAPTER LEADERS ON HOW TO CREATE,
	EXECUTE AND EVALUATE EDUCATIONAL PROGRAMS DESIGNED FOR THEIR AFFECTED
	CONSTITUENTS. IN 2013 CHAPTER SERVICES HELD THREE REGIONAL LEADERSHIP
	SEMINARS OFFERING TRAINING ON ETHICAL ISSUES FOR NONPROFITS, HEALTHCARE
	FOR CHAPTERS, FUNDRAISING, AND ADVOCACY AND EDUCATIONAL INITIATIVES.
	TOTAL TERMS, TORDINGTOTING, AND ADVOCACT AND EDUCATIONAL INITIATIVES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 1,024,200 • including grants of \$ 516,167 •) (Revenue \$
	Total program service expenses 10,990,231.
	Form 990 (2013)

Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	├ ॅ	<u> </u>	 -
	during the tax year? If "Yes," complete Schedule C, Part II	4	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? If "Yes," complete Schedule C, Part III	5		х
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? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, 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?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			,
	as applicable.	Selection to a second	a sausaide	ki damaki
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		3.5	
h	Part VI	11a	Х	
D	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		v	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	11b	Х	
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	44.		Х
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	11c		
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		Ť	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_ <u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	ļ	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ľ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			77
4E	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
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? If "Yes," complete Schedule F, Parts II and IV		v	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15	X	
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	46		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. lines	-''		
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Form	990 (2	2013)

Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b		24b	_	
С				
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	`	
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			_
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	core annual control	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		,	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		_X_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1	T	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?]		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

be Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		Check if Schedule O contains a response or note to any line in this Part V			<u></u>		
b Enter the number of Forms W2G included in line 1a. Enter of Ji not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) winnings to prize winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, lead for the calendar year ending with or within the year covered by this return. 55 H 14 least one is reported on line 2a, did the organization of Bell required federal employment tax returns? 2b IX Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-five lost instructions. 3c Did the organization have unrelated business gross income of \$1,000 or more oduring the year? 3a IX IX 14 least one is reported on line 2a, did the organization for some of \$1,000 or more oduring the year? 3b IX 14 at Any time during the calendar year, did the organization for some an expension and scalendar year, did the organization for some and an expension and an expension and provide an evaluation in Schedule O. 3c II *Yes, *In count in a foreign country; lew 15 as a bank account, securities account, or other financial account()? 4c II *Yes, *In country such as a shark account, securities account, or other financial account()? 5d Was the organization pay to ye prohibited tax shelter transaction at any time during the tax year? 5d Was the organization pay to ye prohibited tax shelter transaction at any time during the tax year? 5d Was the organization report year organization that It was or is a party to a prohibited tax shelter transaction? 5d Was the organization report year organization that It was or is a party to a prohibited tax shelter transaction? 5d Was the organization report year organization that It was or is a party to a prohibited tax where the subject organization solicit any contributions that were not tax deductibles or charistable contributions? 5d Was the organization report year that year year year year year year year year						Yes	No
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, factor the callendar year ending with or within the year covered by this return. 55 bit at least one is reported on line 28, did the organization fleel in repulled decard employment tax returns? 2b If all least one is reported on line 28, did the organization fleel in repulled decard employment tax returns? 2c If the second state of the second stat	1a				-		
a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a 65 5 1 4 1 least one is reported on line 2a, did the organization the all required federal employment tax returne? 2b X Note. If the sum of lines 1 and 2 is greater than 250, you may be required to effect employment tax returne? 3a X 1 1 least one is reported on line 2a, did the organization have predicted to the provide an explanation in Schedule O 3b X Note. If the sum of lines 1 and 2a is greater than 250, you may be required to effect employment tax returne? 3a X 3	b			·			
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unreated business gross income of \$1,000 or more during the year? 3a IX 3b If Yes, *has it filed a Form 990-T for this year? If No,* to file 3b, provide an explanation in Schedule O 3b IX 4a At any time during the calendary 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, social section). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the calendary party to a prohibited by the organization file form 8868 T7 5b If Yes,* to line 5a or 5b, did the organization file Form 8868 T7 6c Does the organization have annual gross necepits that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible contributions? 5c If Yes,* of the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7b Organizations that may receive deductible contributions under section 170(c). 8c IV Hyes,* of the organization in clude with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c IV Tyes,* did the organization in clude with every solicitation and express statement that such contributions or gifts were not tax deductible? 7c IV Tyes,* did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7a IX IV	С						
filed for the calendary year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Note 1 if Yes, if you can be sufficient to the prograination have an interest in, or a signature or other authority over, a financial account? Note 1 if Yes, if you have an even of the foreign country is you and interest in, or a signature or other authority over, a financial accountry. Note 1 if Yes, if you have so or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? Note 1 if Yes, if you have so or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? Note 1 if Yes, if you have so or 50, did the organization that it was or is a party to a prohibited tax shelter transaction? Note 1 if Yes, if the organization shelt may receive deductible contributions are operated to a prohibited tax shelter transaction? Note 2 if Yes, if the organization shelt may receive deductible contribution are operas statement that such contributions or gifts were not tax deductible as charitable contributions? Note 3 if Yes, if you have a statement of the value of the goods or services provided? Note 3 if Yes, if you have a st	_		 I	 I	1c	X	
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						990	(2013)

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 in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion 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	1a		19					
	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 in Schedule 0.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b		19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh								
_	officer, director, trustee, or key employee?	-	=		2	1	X		
3	Did the organization delegate control over management duties customarily performed by or under the			··· ├-	-				
•	of officers, directors, or 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				3 4		X		
_							X		
5	Did the organization become aware during the year of a significant diversion of the organization's as				5	77			
6	Did the organization have members or stockholders?			···	6	X			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a								
	more members of the governing body?			-	7a	X			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	stockh	olders, or						
	persons other than the governing body?				7b		X		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ear by th	e following:						
а	The governing body?			L	8a	X			
b	Each committee with authority to act on behalf of the governing body?				8b	X			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the						
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		X		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenue	e Code.)						
						Yes	No		
10a	Did the organization have local chapters, branches, or affiliates?			T-	I0a	X			
	If "Yes," did the organization have written policies and procedures governing the activities of such or			··· F					
		•		,	lob	х			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo				l1a	X			
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the comprisation have a unitary conflict of interest reliance if IA/o II on to line 12				l2a	Х			
b	M. W.								
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			¦'	2b	Х			
C	· · · · · · · · · · · · · · · · · · ·					v			
10	in Schedule O how this was done				12c	X			
13	Did the organization have a written whistleblower policy?				13	X			
14 15	Did the organization have a written document retention and destruction policy?				14	X			
15	Did the process for determining compensation of the following persons include a review and approv	•	idependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					77			
а	The organization's CEO, Executive Director, or top management official			1	5a	X			
b	Other officers or key employees of the organization	• • • • • • • • • • • • • • • • • • • •		[1	5b	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 arrange	ment v	vith a						
	taxable entity during the year?			[1	6a		Х		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	,	•						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	anizatio	n's						
	exempt status with respect to such arrangements?			1	6b				
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ►AL, AK, AZ, AR, C						,IL		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sect	ion 501(c)(3)s on	ly) ava	ailable	9			
	for public inspection. Indicate how you made these available. Check all that apply.								
	X Own website Another's website X Upon request Other (explain	n in Scl	nedule O)						
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an									
	statements available to the public during the tax year.								
20	State the name, physical address, and telephone number of the person who possesses the books a	and rec	ords of the organ	nizatio	n: 🕨				
	JORDANA ZEGER - 212-328-3700		J		-				
	116 WEST 32ND STREET, 11TH FL, NEW YORK, NY 10001	L			_				
32006	SEE SCHEDULE O FOR FULL LIST OF STATES				orm !	990 (2013)		
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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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	T		(((D)	(E)	(F)
Name and Title	Average	/do	Position do not check more than one					Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week	\vdash	Ceran	Uau	recic	y/wus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC)	compensation
	related	9 0 0	stee			satec		(W-2/1099-MISC)	(44-27 1099-141130)	from the organization
	organizations	trust	al tru:		yee	m per		(** =/ *********************************		and related
	below	idual	Institutional trustee	er	Key employee	Highest compensated employee	Ē			organizations
	line)	ng.	Insti	Officer	Key	돌	Former			
(1) JORGE DE LA RIVA	10.00	ļ							_	
CHAIR		X		X			ļ	0.	0.	0.
(2) KENNETH TRADER	10.00	.							_	
VICE-CHAIR		X		X				0.	0.	0.
(3) CAROL SIMONETTI	10.00]								
SECRETARY		X	<u> </u>	X				0.	0.	0.
(4) BRIAN ANDREW	10.00								_	
TREASURER		X		Х				0.	0.	0.
(5) JEFF ALEXIS, MD	10.00									
DIRECTOR		X						0.	0.	0.
(6) JORDAN BLACK	10.00									
DIRECTOR		Х			<u> </u>			0.	0.	0.
(7) MARK BORRELIZ	10.00	l							_	
DIRECTOR		X						0.	0.	0.
(8) DAVID COHENOUR	10.00	ļ							_	
DIRECTOR		X						0.	0.	0.
(9) BARBARA GORDON	10.00	ļ								
DIRECTOR		X	L_				L	0.	0.	0.
(10) JAMES F. HAMMEL, MD	10.00	l					İ			_
DIRECTOR	1000	X	L		_			0.	0.	0.
(11) KRISTIE KAY OSTASH, MD	10.00	l								_
DIRECTOR	10.00	X	<u> </u>		ļ			0.	0.	0.
(12) JAMES A. HEER	10.00	l								_
DIRECTOR	10.00	Х	_		<u> </u>			0.	0.	0.
(13) MATT RHODES	10.00	١								
DIRECTOR	10.00	Х			<u> </u>			0.	0.	0.
(14) DUTTA SATADIP	10.00									
DIRECTOR	10.00	X			ļ	_		0.	0.	<u> </u>
(15) GILBERT C. WHITE, II, MD	10.00	ļ.,								
DIRECTOR	10.00	X			<u> </u>	_		0.	0.	0.
(16) LYNN WILMARTH	10.00	Į.,			1				ا ۾	_
DIRECTOR	10.00	X	ļ		 	ļ	_	0.	0.	0.
(17) STEVE HELM	10.00	. ,			1			_	ا ہ	_
DIRECTOR		X			L	L		0.	0.	0.

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Form **990** (2013)

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated	
	hours per week	box,		box, unless person is both a officer and a director/trustee			h an	compensation	compensation	amount of	
	(list any				1	,,, u do	100,	from	from related	other	
	hours for	directo						the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	e or (ste			Sate		(W-2/1099-MISC)	(**-2/1099-141130)	organization	
	organizations	trusti	nstitutional trustee		yee	ad mc		(** = , , , , , , , , , , , , , , , , , ,		and related	
	below	ridual	tution	ᡖ	Key employee	est co loyee	Jer			organizations	
	(list any hours for related organizations below line)	Indñ	Insti	Officer	Key	Highest compensated employee	Form				
(18) KENNETH MOORE	10.00										
DIRECTOR		X						0.	0.	0.	
(19) DAVID STERNBERG	10.00							'			
DIRECTOR		X						0.	0.	0.	
(20) VAL BIAS	40.00										
CHIEF EXECUTIVE OFFICER				X				282,644.	0.	71,908.	
(21) JORDANA ZEGER	40.00										
CHIEF OPERATING OFFICER				X				192,840.	0.	33,872.	
(22) JOSEPH KLEIBER	40.00										
SENIOR V.P. OF CHAPTER SERVICES					Х			184,149.	0.	43,792.	
(23) MARY ANN LUDWIG	40.00										
V.P. OF DEVELOPMENT						X		216,098.	0.	29,949.	
(24) NEIL FRICK	40.00										
V.P. OF RESEARCH & MEDICAL EDUCATION						X		138,237.	0.	21,910.	
(25) JOHN INDENCE	40.00										
V.P. OF MARKETING AND COMMUNICATION						X		137,031.	0.	21,866.	
(26) CHRISTA DARDAGANIAN	40.00							,			
DIRECTOR OF EDUCATION STRATEGY						X		131,196.	0.	8,288.	
1b Sub-total							\	1,282,195.	0.	231,585.	
c Total from continuation sheets to Part VI	I, Section A						>	120,092.	0.	19,533.	
d Total (add lines 1b and 1c)							▶	1,402,287.	0.	251,118.	
2 Total number of individuals (including but n							no re	eceived more than \$100	,000 of reportable		
compensation from the organization									·	10	
										Yes No	
2 Did the organization list any former officer		_+_	. I.a					:			

- 3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	res	NO
 3		X
 4	X	
		<u> </u>
 5		X

Section B. Independent Contractors

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
	RENT OF NYC OFFICE	447,247.
FLOOR, WASHINGTON, DC 20036	PRODUCTION OF HEMAWARE	422,288.
WEST PROSPECT STREET, HONEYWELL, NJ 08525	PROFESSIONAL SERVICES: ENDURING S	222,328.
3002 N APOLLO DRIVE, CHAMPAIGN, IL 61822	DESIGN, LETTERSHOP AND PRINTING SERVICE	,
	CONSULTANT-STRATEGIC SERVICES AND PUBLIC	185,734.

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 6

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2013)

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Section A. Officers, Directors, Trustees, Key Employe (A) (B)							içat	(D)		(E)
Name and title	Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organization
7) SANDRA ROTELLINI	40.00	4				37		120 000		40 50
RECTOR OF CHAPTER SERVICE		-				Х		120,092.	0.	19,53
										-
		_								
							_			
al to Part VII, Section A, line 1c	4421							120,092.		19,53

			Check if Schedule O cont		sponse	or note to any lin	e in this Part VIII			
			Chock is Schooling of Collins	allio a l		S. Hote to any IIII	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts	1 :	a	Federated campaigns		1a	28,248.				
Contributions, Gifts, Grants and Other Similar Amounts	ļ	b	Membership dues		1b					
ts, (۱ ،	С			1c	1,551,464.				
컕	•	d	Related organizations		1d					
J.S.	(Government grants (contribut		1e	863,450.				
e ij	1	f	All other contributions, gifts, gran							
듗			similar amounts not included abo	ve	1f	11,673,314.				
ont od (,	_		· -						
<u>⊼ ≅</u>		h	Total. Add lines 1a-1f				14,116,476.			
						Business Code				
Program Service Revenue	2 8		ADVERTISING			541800	1,289,313.		1,289,313.	
erv	t	b	EDUCATIONAL SEMINARS			611710	416,957.	416,957.		
n S	(С	PUBLICATIONS			900099	9,847.	9,847.		
Re	•	d								
roc	6	е								
-	f	f	All other program service reve				1 545 445			
		g	Total. Add lines 2a-2f				1,716,117.			
	3		Investment income (including				155 445			
	_		other similar amounts)				157,447.			157,447.
	4		Income from investment of tax	•		· •			·	
	5		Royalties				AT A COLUMN TO A C	** · · · · · · · · · · · · · · · · · ·		
	•	_	0	(0) 1	Real	(ii) Personal				
			Gross rents							
			Less: rental expenses						er odnikala nje sa zastaji s	kasi Saartiil Saa atiilii
			Rental income or (loss)			L				
			Net rental income or (loss) Gross amount from sales of						-	
	7 8	1	assets other than inventory		urities 4,973.	(ii) Other				
	h		Less: cost or other basis	1,30	, 3 , 3 .					
	L.	,	and sales expenses	1 30	8,786.					
	_		Gain or (loss)		6,187.					
			Net gain or (loss)		<u> </u>	<u> </u>	76,187.			76,187.
			Gross income from fundraising							70,107.
E	.		including \$ 1,551	_	•					
946			contributions reported on line							
Ě			Part IV, line 18			29,913.				
Other Reve	b		Less: direct expenses			815,602.				
٥			Net income or (loss) from fund				-785,689.			-785,689.
			Gross income from gaming ac	_			·			
			Part IV, line 19							
	b		Less: direct expenses							
İ			Net income or (loss) from gam							
	10 a	1	Gross sales of inventory, less	returns						
			and allowances		а					
	b)	Less: cost of goods sold		b		A company of the comp	<u>ayan da karaba</u>		
ļ	С	;	Net income or (loss) from sale:	s of inve	ntory		·			
			Miscellaneous Revenue	е		Business Code				
	11 a	1	MISCELLANEOUS			611710	8,792.	8,792.		
	b)								
	С									
	d		All other revenue			L				
	е		Total. Add lines 11a-11d				8,792.			191 <u>1</u> - 1911 - 1914 - 1915 -
339000	12		Total revenue. See instructions.				15,289,330.	435,596.	1,289,313.	-552,055.
332009 10-29-	13									Form 990 (2013)

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 (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 942,136. 942,136. Grants and other assistance to individuals in 59,144. 59,144. the United States. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the 50,000. 50,000. United States. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 809,206. 607,210. 147,611. 54,385. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 3,763,120.2,727,779. 780,713. 254,628. Pension plan accruals and contributions (include 212,422. 179,538. 16,399. section 401(k) and 403(b) employer contributions) 16,485. Other employee benefits 553,368. 486,849. 37,021. 29,498. 9 353,820. 311,288. 23,671. Payroll taxes 18,861. 10 Fees for services (non-employees): a Management 190,337. 5,187. 185,150. **b** Legal 13,076. 12,503. <u>573.</u> Accounting 183,941. 183,941. 12,375. Professional fundraising services. See Part IV, line 17 12,375. Investment management fees 27,590. 27,590. Other. (If line 11g amount exceeds 10% of line 25, 1,205,840. 777,772. column (A) amount, list line 11g expenses on Sch O.) 385,717. 42,351. Advertising and promotion 12 161,964. 130,144. 25,152. Office expenses 6,668. 13 Information technology 14 Royalties 15 480,280. 310,414. 148,907. 20,959. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 3,081,953. Conferences, conventions, and meetings 2,958,647. 56,737. 19 66,569. 20 Payments to affiliates 21 11,150. 8,034. Depreciation, depletion, and amortization 2,340. 22 776. 35,301. 35,201. 23 100. Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) UNRELATED BUSINESS INCO 10,365. 10,365. STATIONERY AND PRINTING 653,358. 855,863. 13,748. 188,757. **EOUIPMENT RENTAL** 537,015. 465,282. 60,398. 11,335. POSTAGE AND SHIPPING 177,305. 80,483. 3,003. 93,819. 42,660. 151,241.18,244. 90,337. All other expenses 13,878,812. 10,990,231. Total functional expenses. Add lines 1 through 24e 2,052,198. 25 836,383. 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

332010 10-29-13

If following SOP 98-2 (ASC 958-720)

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 6,417,771. 8,616,494. Cash - non-interest-bearing 1 798,526. 1,680,631. 2 2 Savings and temporary cash investments 599,427. 860,550. 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 7 Inventories for sale or use 8 124,358. Prepaid expenses and deferred charges 132,967. 9 10a Land, buildings, and equipment: cost or other 1,379,040. basis. Complete Part VI of Schedule D _____ 10a 1,352,611. 24,596. b Less: accumulated depreciation 10b 10c 26,429. Investments - publicly traded securities 11 11 5,191,616. 7,951,982. Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 147,679. 194,050. 15 Other assets. See Part IV, line 11 15 13,303,973. 19,463,103. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 1,367,682. 1,862,773. Accounts payable and accrued expenses 17 17 18 Grants payable 18 2,280,759. 6,152,418. 19 Deferred revenue _____ 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 155,161. <u>181,351.</u> Schedule D 3,803,602. 26 8,196,542. Total liabilities. Add lines 17 through 25 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 6,481,952. 7,966,957. Unrestricted net assets 2,768,419. 3,049,604**.** 28 Temporarily restricted net assets 28 250,000. 250,000. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Retained earnings, endowment, accumulated income, or other funds 32 32 Total net assets or fund balances 9,500,371. 11,266,561. 33 33 13,303,973. 19,463,103. 34

Form **990** (2013)

Total liabilities and net assets/fund balances .

	Reconciliation of Net Assets			. ugo	
	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	15,28		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,87	8,812	-
3	Revenue less expenses. Subtract line 2 from line 1	3		0,518	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,500	0,371	
5	Net unrealized gains (losses) on investments	5	35!	5,147	
6	Donated services and use of facilities	6		525	
7	Investment expenses	7			_
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0	١.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				_
	column (B))	10	11,26	6,561	
=	Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
	<u> </u>	•		Yes No	_
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	_		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	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?		2b	Х	Mark 2
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				 -;
	consolidated basis, or both:				. :=
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir		\$ ·	apt mag	
	Act and OMB Circular A-133?	-	3a	Х	_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	x	
			Form	990 (201	3)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

2013

Department of the Treasury Internal Revenue Service

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

2010

OMB No. 1545-0047

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 11 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. a L Type I **b** Type II c Type III · Functionally integrated ☐ Type III - Non-functionally integrated. By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, No the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vi) is the organization in col. (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of monetary in col. (i) listed in your (described on lines 1-9 organization in col. organization (i) organized in the U.S.? support governing document? above or IRC section (i) of your support? (see instructions)) Yes No Yes No Total

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

Schedule A (Form 990 or 990-EZ) 2013

332021 09-25-13

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.)

Se	ction A. Public Support					-	
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						(i) Total
	membership fees received. (Do not						į
	include any "unusual grants.")	4994445.	8197715.	9705585.	12859589.	14116476.	49873810.
2	Tax revenues levied for the organ-						
	ization'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	1.00.1.1.	! 				
4	Total. Add lines 1 through 3	4994445.	8197715.	9705585.	12859589.	14116476.	49873810.
5							
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	en La regional de la regional					
	amount shown on line 11,						
	column (f)	, and the control of					<u> 29439</u> 064.
	Public support. Subtract line 5 from line 4.						20434746.
_	ction B. Total Support					<u></u> -	
	endar year (or fiscal year beginning in)	(a) 2009 4994445.	(b) 2010 8197715.	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 4	4334443.	019//15.	9/05585.	12859589.	14116476.	<u>49873810.</u>
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	83,065.	162 007	157 760	151 010	455 445	
_	and income from similar sources	03,003.	162,097.	157,760.	151,910.	157,447.	712,279.
9	Net income from unrelated business	İ				l	
	activities, whether or not the			147 071	06 004	40 000	
40	business is regularly carried on			147,971.	86,234.	40,297.	274,502.
10	Other income. Do not include gain						
	or loss from the sale of capital	650 680	319,600.	2/12 205		0.700	12222
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10	050,000.	319,000.	343,205.			1322277.
		ete (eee instructie		<u> </u>			52182868.
	Gross receipts from related activities, First five years. If the Form 990 is for					12 3	,397,614.
13	organization, check this box and stop					, , , ,	
Sec	tion C. Computation of Publi	ic Support Per	centage				<u></u>
	Public support percentage for 2013 (I	****		olumn (fl)		44	39.16 %
15	Public support percentage from 2012	Schedule A. Part	li line 14	Oldifili (i))		15	AA CA
16a	33 1/3% support test - 2013. If the o	rganization did no	t check the box or	line 13, and line 1			
	stop here. The organization qualifies	as a publiciv supp	orted organization	· ····································	1413 00 17070 01 11	iore, crieck triis bu	× and ►X
b	33 1/3% support test - 2012. If the o	rganization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is boy
	and stop here. The organization quali	fies as a publicly s	upported organiza	ition	1110 10 10 00 17070	or more, check th	IIS DOX
17a	10% -facts-and-circumstances test	t - 2013. If the oras	anization did not c	heck a box on line	13. 16a. or 16b. s	and line 14 is 10%	or more
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop he	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a i	oublicly supported	lorganization	non ano organ	L
b	10% -facts-and-circumstances test	t - 2012. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a. and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circur	nstances" test, ch	eck this box and s	stop here. Explain	in Part IV how the	. 570 01
	organization meets the "facts-and-circ	umstances" test.	The organization of	ualifies as a public	ly supported orga	ınization	
18	Private foundation. If the organization	n did not check a b	oox on line 13, 16a	i, 16b, 17a, or 17b	, check this box a	nd see instructions	
						dule A (Form 990	

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support				·		
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						(1)
	membership fees received. (Do not				ŀ		
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose	!	•				
3	Gross receipts from activities that			·			
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-			-			<u> </u>
7	ization's benefit and either paid to						
	or expended on its behalf						
_	The value of services or facilities						
5							
	furnished by a governmental unit to the organization without charge						
_	· · · ·						
	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						
	Public support (Subtract line 7c from line 6.)						
	ction B. Total Support			<u> </u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
С	Add lines 10a and 10b		-	-			
	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						
13	assets (Explain in Part IV.)		· -				
	First five years. If the Form 990 is for	the organization's	first second thin	d fourth or fifth to	l av vear as a sectio	n 501(c)(3) organiz	ation
•					-		,
Sec	tion C. Computation of Publi	c Support Pe	rcentage				<u></u>
	Public support percentage for 2013 (li			olumn (fl)		15	
	Public support percentage from 2012					16	%
	tion D. Computation of Inves					10	%
	Investment income percentage for 20			e 13 column (f)		17	
	Investment income percentage from 2		5				%
	33 1/3% support tests - 2013. If the			on line 14, and line		18	<u>%</u>
199	more than 33 1/3%, check this box ar						. 🗂
L							
D	33 1/3% support tests - 2012. If the						
~	line 18 is not more than 33 1/3%, che						
<u>20</u>	Private foundation. If the organization	i did not check a l	bux on line 14, 19	a, or 190, check th	nis box and see ins	tructions	<u></u> ▶∟⊥

332023 09-25-13

JIE A (F	orm 990 or 990-EZ) 2013 NATIONAL HEMOPHILIA FOUNDATION	13-56	<u> </u>	Pa
•	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a	or 17b; and Pa	ırt III, line 1	12.
Δ	lso complete this part for any additional information. (See instructions).			
			_	
		,		_
				_
				
				_
	· · · · · · · · · · · · · · · · · · ·			
			_	
				
		- 		

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.

► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 •

OMB No. 1545-0047

Name of the organization

Employer identification number

NA	ATIONAL HEMOPHILIA FOUNDATION	13-5641857					
Organization type (check o	ne):						
Filers of:	Section:						
Form 990 or 990-EZ	X 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						
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ule. See instructions					
General Rule							
For an organization contributor. Compl	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in π lete Parts I and II.	noney or property) from any one					
Special Rules							
509(a)(1) and 170(b	e)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reco)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.	•					
total contributions	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year							
out it must answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its F the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 2,050,898.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$841,190.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$886,261.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$863,450.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$385,771.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
323452 10-24-	13	\$ 3,719,185. Schedule B (Form	Person X Payroll

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

(a) No. Name, address, and ZIP + 4 Total contributions (b) No. Name, address, and ZIP + 4 Total contributions (a) No. Name, address, and ZIP + 4 Total contributions (b) No. Name, address, and ZIP + 4 Total contributions (a) No. Name, address, and ZIP + 4 Total contributions (b) No. Name, address, and ZIP + 4 Total contributions (c) Total contributions \$	(d) Type of contribution Person X Payroll
\$ 1,722,768. (a) No. Name, address, and ZIP + 4 Total contributions 8 \$ 1,106,312. (b) No. Name, address, and ZIP + 4 Total contributions (c) Total contributions \$	Person X Payroll
No. Name, address, and ZIP + 4 Total contributions	Person X Payroll
(a) No. Name, address, and ZIP + 4 (c) Total contributions (a) No. Name, address, and ZIP + 4 (c) Total contributions (b) No. Name, address, and ZIP + 4 (c) Total contributions (a) No. Name, address, and ZIP + 4 (c) Total contributions	Payroll Noncash (Complete Part II for noncash contributions.) (d) Type of contribution
No. Name, address, and ZIP + 4 Total contributions \$	Type of contribution
(a) (b) (c) Total contributions \$	Person
No. Name, address, and ZIP + 4 Total contributions \$ (a) (b) (c)	Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c)	(d) Type of contribution
	Person Payroll Noncash (Complete Part II for noncash contributions.)
No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) (b) (c) No. Name, address, and ZIP + 4 Total contributions	(d) Type of contribution
\$\$ 323452 10-24-13	Person Payroll Noncash

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

	Noncash Property (see instructions). Use duplicate copies of Par	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
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
222452 10 24		 \$	00. 000.E7 oz 000 BEV (0043)

Employer identification number

NAL HEMOPHILIA FOUNDATI	ON	13-5641857		
year. Complete columns (a) through (e) and the total of exclusively religious, charitable, et use duplicate copies of Part III if addition	ividual contributions to section 501(c) the following line entry. For organization ic., contributions of \$1,000 or less for neal space is needed.	s)(/), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter r the year. (Enter this information once.) \$\Bigsir \\$ \]		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	ft Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	sfer of gift Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
(e) Trans Transferee's name, address, and ZIP + 4		t Relationship of transferor to transferee		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
Transferee's name, address, a	(e) Transfer of gift	t Relationship of transferor to transferee		
	Exclusively religious, charitable, etc., indivear. Complete columns (a) through (e) and the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (d) Use of gift		

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Political Campaign and Lobbying Activities

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.

➤ See separate instructions. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

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

•	Section 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Nar	ne of organization			Emp	loyer identification number
	NATIONA	L HEMOPHILIA FO	UNDATION		13-5641857
	Complete if the org	ganization is exempt un	der section 501(c) or is a section 527 c	rganization.
1 2 3	Provide a description of the organize Political expenditures Volunteer hours			▶\$	
	Complete if the org	ganization is exempt un	der section 501(c)(3).	
1					
2		incurred by organization management	gers under section 495	55 ▶\$	
3		on 4955 tax, did it file Form 4720	0 for this year?		Yes No
48	Was a correction made?				Yes Do
	If "Yes." describe in Part IV.				
	The second secon	ganization is exempt un		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
	Enter the amount directly expended			***************************************	
2	Enter the amount of the filing organ		•		
	exempt function activities			> \$	
3	Total exempt function expenditures				
	line 17b	4400 DOL 6		> \$	
4	Did the filing organization file Form Enter the names, addresses and er	1120-POL for this year?	TIAN -4 -1141 507	- Pate 1	Yes No
5	made payments. For each organiza contributions received that were pr political action committee (PAC). If	ation listed, enter the amount paromptly and directly delivered to	aid from the filing orgar o a separate political or	nization's funds. Also enter tl ganization, such as a separa	ne amount of political
	(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
F	Denomical Poduction Act Notice	see the Instructions for Form	000 or 000-57	Sahadula C	//Ferry 200 000 FT 00 10

Schedule C (Form 990 or 990-EZ) 2013

LHA

Sche	complete if the org (election under sec	janization is	exe	MOPHILIA FO mpt under sectio	n 501(c)(3) and fi	13-5 led Form 5768	641857 Page 2
A C	heck if the filing organiza		an aff	iliated group (and list in	Part IV each affiliated	aroup member's nam	ne address EIN
Α Ο	expenses, and sha				TI att IV cacit allillatec	group member s nam	ic, audiess, Eliv,
вс	. —			nd "limited control" pro	ovisions apply		
<u>= -</u>	Limi	ts on Lobbying	Ехре			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influ	uence public op	inion ((grass roots lobbying)			
	Total lobbying expenditures to influ						
	Total lobbying expenditures (add li						
	Other exempt purpose expenditure					-	
е	Total exempt purpose expenditure						
f	Lobbying nontaxable amount. Enter						
	If the amount on line 1e, column (a) o	The British Control of					
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			100.00	00 plus 15% of the exc	ess over \$500.000.		
Over \$1,000,000 but not over \$1,500,000				00 plus 10% of the exc		•	
				00 plus 5% of the exce			
Over \$17,000,000 \$1,000,000.							
(T) (T) (T) (T) (T) (T) (T) (T)							
a	Grassroots nontaxable amount (en	nter 25% of line	1f)				
_	Subtract line 1g from line 1a. If zer		_ ′				
	Subtract line 1f from line 1c. If zero	•					
i	If there is an amount other than ze						
•	reporting section 4911 tax for this	_					Yes No
	TOP OF THE STATE O			eraging Period Under			163 140
		ations that mad	de a s	section 501(h) election in the instructions for line	n do not have to com		
					<u> </u>		
		Lobbying	Expe	nditures During 4-Yea	Averaging Period		T
	Calendar year (or fiscal year beginning in)	(a) 2010		(b) 2011	(c) 2012	(d) 2013	(e) Total
	Lobbying nontaxable amount	w to the desired of the second				10 May 24 May 11 3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
b	Lobbying ceiling amount						
	(150% of line 2a, column(e))						
<u>C</u>	Total lobbying expenditures						
d	Grassroots nontaxable amount						

Schedule C (Form 990 or 990-EZ) 2013

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2013 NATIONAL HEMOPHILIA FOUNDATION 13-564185 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 to lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b)	
of th	e lobbying activity.	Yes	No	Am	ount
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: Volunteers?	X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X			- 40
	Media advertisements?	,,,,	X	<u>* • •,• •• , , , •</u>	
d	Mailings to members, legislators, or the public?	X		2	6,208.
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Х		22	9,181.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		2	7,725.
	Other activities?		X		
j	Total. Add lines 1c through 1i			28	3,114.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		Х		
	If "Yes," enter the amount of any tax incurred under section 4912				
	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?				
<u> </u>	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or se	ection	
				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 expenditures from the prior year?		3		
	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."				ne 3, is
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).				
а	Current year		2a		
	Carryover from last year				
С	_				
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 exceeds the amount on line 3, what portion of the exceeds the amount on line 3.				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	oolitical			
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	Supplemental Information		<u> </u>		
Also,	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:) list); Part II	l-A, line 2; a	nd Part II-E	3, line 1.
EXI	PLANATION: THE PUBLIC POLICY DEPARTMENT WORKS TO ES	TABLIS	SH AND	<u>-</u> -	
AD	OCATE FOR POLICIES THAT PROMOTE THE HEALTH, SAFETY	, RIGH	ITS AN	D	
ACC	CESS TO CARE FOR PERSONS WITH BLEEDING DISORDERS BY	WORKI	NG WI	ТН	
FEI	DERAL AND STATE LAWMAKERS, OTHER GOVERNMENT AGENCIE	S AND	OFFIC	IALS,	
INI	OUSTRY AND ALLIED ORGANIZATIONS. TWO KEY INITIATIV	ES OF	THE		
33204		Schedu	le C (Form	990 or 990	0-EZ) 2013

11-08-13

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number 13-5641857

	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.	a sample so in the
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ful	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	erring
	impermissible private benefit?	Yes No
	Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)	ally important land area
	Protection of natural habitat	nistoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.	
		Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, 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 organic	nization 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, and enforcing conservation easements during	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the y	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state include, if applicable, the text of the footnote to the organization's financial statements that describes the or	
	conservation easements.	rganization's accounting for
3 Dwn -	Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets
	Complete if the organization answered "Yes" to Form 990, Part IV, line 8.	ommar 7,000ts.
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and halance sheet works of art
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance or	
	the text of the footnote to its financial statements that describes these items.	, public corrido, provido, irri art XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	
	relating to these items:	, premara and removing amounto
	(i) Revenues included in Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	▶ \$
	Assets included in Form 990, Part X	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

	Organizations Maintaining C	collections of Ar	t, Historical Tı	easures, or	Other	Similar A	ssets(cont	tinued)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that a	are a sig	nificant use o	f its collecti	on items
	(check all that apply):							
а	Public exhibition	d	Loan or exc	hange program	ıs			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	he organization	's exem	pt purpose in	Part XIII.	
5	During the year, did the organization solicit o							
	to be sold to raise funds rather than to be ma	aintained as part of t	ne organization's c	ollection?			Yes	☐ No
<u> </u>	Escrow and Custodial Arran- reported an amount on Form 990, Par		te if the organization	on answered "Ye	es" to Fo	orm 990, Part	: IV, line 9, o	r
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contribution	ns or other asse	ts not in	ncluded		
	on Form 990, Part X?		•				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII							
	· · ·	•	· ·				Amour	nt
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e	-	
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21?				Yes	No
	If "Yes," explain the arrangement in Part XIII.							
	Endowment Funds. Complete it							
		(a) Current year	(b) Prior year	(c) Two years t			ack (e) Fou	ır vears back
1a	Beginning of year balance	287,878.	271,335.			261,2		257,500.
b	Contributions		·					
c	Net investment earnings, gains, and losses	26,933.	16,543.	2.	585.	7.5	00.	3,750.
d	Grants or scholarships	·	· · · · · · · · · · · · · · · · · · ·	,		······································		
	Other expenditures for facilities							
_	and programs				ŀ			
f	Administrative expenses		•					
g	End of year balance	314,811.	287,878,	271	335.	268,7	50.	261,250.
2	Provide the estimated percentage of the curr		e (line 1a. column (
a	Board designated or quasi-endowment	,	%	a), 11010 001				
b	Permanent endowment ▶ 79.41	%	 ' -					
_	Temporarily restricted endowment ▶ 2							
·	The percentages in lines 2a, 2b, and 2c shou							
За	Are there endowment funds not in the posse		ition that are held a	and administere	d for the	e organization	1	
-	by:				G 101 1110	organization		Yes No
	(i) unrelated organizations						3a(i)	X
								X
b	If "Yes" to 3a(ii), are the related organizations							
4	Describe in Part XIII the intended uses of the							
o _i to the	Land, Buildings, and Equipm			 -				
	Complete if the organization answere		Part IV, line 11a. S	See Form 990, P	art X. lir	ne 10.		
	Description of property	(a) Cost or ot		or other		umulated	(d) Boo	ok value
	harana harana	basis (investm	` ,	(other)		eciation	(4)	
1a	Land	·			gornerie.			
	Buildings					· · · · · · · · · · · · · · · · · · ·		
c	Leasehold improvements		17	5,302.	1	68,149.		7,153.
d	Equipment			7,759.		85,373.	 	2,386.
	Other			5,979.		99,089.		6,890.
	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column (B), line	10(c).)				6,429.

Schedule D (Form 990) 2013

Investments	- Other	Securities

Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1b. 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) CORPORATE BONDS	4,343,959.	END-OF-YEAR MARKET VALUE
(B) COMMON STOCKS	1,532,953.	END-OF-YEAR MARKET VALUE
(C) EXCHANGE TRADED EQUITY		
(D) FUNDS	2,075,070.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	7,951,982.	en de la serie de la companya de la companya de la companya de la companya de la companya de la companya de la La companya de la co
Investments - Program Related.		· ·
Complete if the organization answered "Yes" t		
(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.)		
Other Assets.		
Complete if the organization answered "Yes" t	o Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.
(a) [Description	(b) Book value
(1)		
(2)		

(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.)			

Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	:	8
(1) Fe	ederal income taxes			
(2) D	EFERRED RENT	40,451.		
(3) 4	57B PLAN PAYABLE	140,900.		- d -
(4)				
(5)				er er
(6)				i i
(7)				
(8)				
(9)				
Total. (Co	lumn (b) must equal Form 990, Part X, col. (B) line 25.)	181,351.		

^{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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2013

ACCUMULATION FROM INCEPTION JULY 1, 2008 TO DECEMBER 31, 2013.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS A NONPROFIT VOLUNTARY HEALTH ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE FOUNDATION HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE (IRS) NOT TO BE A "PRIVATE

Schedule D (Form 990) 2013

332054 09-25-13

SCHEDULE F (Form 990)

Department of the Treasury Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

NA'	TIONAL HEMOPH				13-564185	
	General Info	rmation on A	ctivities Out	side the United States. Comple	ete if the organization answered "	Yes" on
	Form 990, Part IV				·	
1	For grantmakers. Does	the organization	maintain record	ds to substantiate the amount of its gra	ants and other assistance,	
	the grantees' eligibility fe	or the grants or a	assistance, and t	the selection criteria used to award the	e grants or assistance?	Yes X No
2	For grantmakers. Desc	ribe in Part V the	organization's p	procedures for monitoring the use of it	s grants and other assistance out	side the
	United States.					
3	Activities per Region. (T	he following Part	I, line 3 table ca	n be duplicated if additional space is i	needed.)	
	(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region	(e) If activity listed in (d)	(f) Total
		offices	employees, agents, and	(by type) (e.g., fundraising, program	is a program service,	expenditures for and
		in the region	agents, and independent contractors	services, investments, grants to recipients located in the region)	describe specific type of service(s) in region	investments
	,		in region	recipients located in the region)	or service(s) irregion	in region
		_				
		-				
						1
			- · · · · · · · · · · · · · · · · · · ·			
			ļ			
3 a	Sub-total	0	0		· · · · · · · · · · · · · · · · · · ·	0.
b	Total from continuation					
	sheets to Part I	0	0			0.
С	Totals (add lines 3a					
	and 3b)	0	0			0.
LIA	For Denominary Bodyst	ion Act Notice	soo the Instrue	tions for Form 000	0-1	

Schedule F (Form 990) 2013

Schedule F (Form 990) 2013

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

(i) Method of valuation (book, FMV, appraisal, other)						Ţ
(h) Description of non-cash assistance						
(g) Amount of non-cash assistance	0					empt by
(f) Manner of cash disbursement	СНЕСК					recognized as tax-ex
(e) Amount of cash grant	*000 05					foreign country,
(d) Purpose of grant	DONATION TO "CLOSE THE GAP CAMPAIGN" TO MAKE POSITIVE STRIDES FOR SUSTAINABLE CARE					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
(c) Region	NORTH AMERICA					is listed above that are in has provided a section
(b) IRS code section and EIN (if applicable)				e e e e e e e e e e e e e e e e e e e		ecipient organization ne grantee or counse
1 (a) Name of organization						2 Enter total number of r the IRS, or for which th

SEE PART V FOR COLUMN (D) DESCRIPTIONS

13-5641857

Page 3

NATIONAL HEMOPHILIA FOUNDATION

Schedule F (Form 990) 2013

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2013
(g) Description of non-cash assistance						Schedu
(f) Amount of non-cash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant		:				
(c) Number of (d) Amount of recipients cash grant						
(b) Region						
(a) Type of grant or assistance						

	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	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to 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)	Yes	X 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	X 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	X 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	X 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 file Form 5713, International Boycott Report. (see Instructions for Form 5713)	Yes	X No

Schedule F (Form 990) 2013

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.
PART II, COLUMN (D):
REGION: NORTH AMERICA
(D) PURPOSE OF GRANT: DONATION TO "CLOSE THE GAP CAMPAIGN" TO MAKE
POSITIVE STRIDES FOR SUSTAINABLE CARE AND TREATMENT FOR ALL,
INTERNATIONALLY.

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Internal Revenue Service Information a	bout Schedule G (Form 990 or 990-EZ)	and its	instru	ictions is at www.irs.c	ov/form 990.	
Name of the organization				_		ntification number
	L HEMOPHILIA FOUND			····	13-5641	
Fundraising Activities required to complete this par	Complete if the organization answet.	ered "Y	es" to	Form 990, Part IV, I	ine 17. Form 990-E2	I filers are not
1 Indicate whether the organization rais	sed funds through any of the following	ng acti	vities.	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations				nment grants		
c Phone solicitations d In-person solicitations	g L Special	fundra	ising	events		
d ln-person solicitations2 a Did the organization have a written of	or oral agreement with any individual	Lípelu	dina o	fficare directors to	ntono or	
key employees listed in Form 990, P	-	•	•	·		No
b If "Yes," list the ten highest paid indi				-		
compensated at least \$5,000 by the			Ū			
		7:::\	D: 1		(v) Amount poid	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No		noted at con (i)	
	,					
			-			
·						
	·					
Fotal	<u></u>		•			
3 List all states in which the organization			utions	s or has been notified	d it is exempt from r	Legistration
or licensing.						
····						
						·

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

Schedule G (Form 990 or 990-EZ) 2013

Fundraising Events. Complete if the organization answered "Yes" to 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 WALK-A-THON SOIREE col. (c)) (event type) (event type) (total number) 1,061,736. 392,329 127,312. 1,581,377. 1 Gross receipts 1,061,736. 377,981 111,747. 1,551,464. 2 Less: Contributions 14,348. 15,565 29,913. Gross income (line 1 minus line 2) 4 Cash prizes 1,455. 2,500. 1,624. 5,579. Noncash prizes Expenses 42,229. 52,285. 44,344. 6 Rent/facility costs 138,858. Direct 8,212. 0. 8,781. 16,993. 7 Food and beverages 2,800. 0. 1,040 3,840. 8 Entertainment 522,907. 83,980. 43,445. 650,332. Other direct expenses 815,602. 10 Direct expense summary. Add lines 4 through 9 in column (d) -785,68911 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses 3 Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor J 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 operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2013 NATIONAL REMOPHILIA FOUNDATION 13-5	04 <u>1</u>	<u>857</u>	Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?	Γ ,	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:			
	The organization's facility	122		0.4
				<u>%</u>
	An outside facility	13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name ►			
	•			
	Address ▶			
	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	`	Yes	└─ No
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
_				
16	Gaming manager information:			
	Name			
	Gaming manager compensation > \$			
	daming manager compensation pro-			
	Description of services provided			
	Director/officer Employee Independent contractor			
	independent contractor			
4-	A. I. I. W. M. W. W. W. W. W. W. W. W. W. W. W. W. W.			
	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	, LJ '	Yes	Ll No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year 🕨 \$			
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, li	nes 9, 9	9b, 10	b, 15b,
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).			

SCHEDULE (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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www its gov/form990.

	IIIOIIII	IIII OF III AUTOUT SCITEGUIE I	(rom seo) and its	instructions is at	Schedule I (FOI III 990) and Its litsu uctions is at www.irs. any/form990	Q.	
Name of the organization NATIONAL HEMOPHILIA	HEMOPHILI	FOL	Z				Employer identification number
General Information on Grants and Assistance	nd Assistance						1
1 Does the organization maintain records to substantiate the amount	to substantiate th	e amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the	ocedures for mon	toring the use of grant	use of grant funds in the United States	d States.			
Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments an	d Organizations in the	e United States. C	complete if the orga	nization answered "\	res" to Form 990, Part	: IV, line 21, for any
recipient that received more than \$5,000. Part it can be duplicated it additional space is needed	So,ung. Part II car	n be duplicated it addit	ional space is need	Jed.	To Mathewal of		
1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(1) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT							CLINICAL RESEARCH
CHAPEL HILL - 104 AIRPORT DR., STE							FELLOWSHIP PROMOTING
2200, CB# 1350 - CHAPEL HILL, NC							INNOVATION IN BLEEDING
27599	56-6001393	501(C)(3)	64,921.	0			AND CLOTTING DISORDERS
							INSURANCE, CAREER FOCUSED
UNIVERSITY OF TEXAS- HOUSTON							PROGRAMS, PATIENCE
HEALTH SCIENCE - P.O.BOX 203382 -							ASSISTANCE FOR
HOUSTON, TX 77216	74-1761309		14,063.	0.			CAREER/EDUCATIONAL NEEDS
							CLINICAL RESEARCH
BLOOD CENTER OF WISCONSIN INC				-			FELLOWSHIP PROMOTING
P.O. BOX 78961							INNOVATION AND RESEARCH
MILWAUKEE, WI 53278	39-0807235	501(C)(3)	21,000.	0.			IN BLEEDING AND CLOTTING
							CLINICAL RESEARCH
DMC EDUCATION & RESEARCH							FELLOWSHIP PROMOTING
4201 ST. ANTTOINE, 9C/UHC							INNOVATION IN BLEEDING
DETROIT, MI 48201	38-2562709	501(C)(3)	47,367.	0.			AND CLOTTING DISORDERS
BLEEDING DISORDERS ASSN OF NE NEW							ADVOCACY CAPACITY
YORK - PO BOX 947 172B COLUMBIA							BUILDING AND STAFFING
TURNPIKE - RENSSELAER, NY 12144	22-2519156	501(C)(3)	24,250.	0.			ASSISTANCE FOR CHAPTER
							SUPPORT AN EXPANSION IN
HEMOPHILIA COUNCIL OF CALIFORNIA							HCC'S ADVOCACY
1507 21ST STREET, STE. 103		_					INFRASTRUCTURE TO ASSIST
SACRAMENTO, CA 95811	68-0182998	501(C)(3)	52,000.	0.			THE COUNCIL IN ITS
2 Enter total number of section 501(c)(3) and government organization	nd government or	ganizations listed in th	is listed in the line 1 table				37.
3 Enter total number of other organizations listed in the line 1 table	s listed in the line	1 table					A
LHA For Paperwork Reduction Act Notice, see the Instructions for F	see the Instruct	orm 99					Schedule I (Form 990) (2013)
SEE PART	IV FOR CO	(H)	DESCRIPTIONS	מז			

332101 10-29-13

Schedule (Form 990) NATIONAL HEMOPHILIA	неморніці	A FOUNDATION	N			1	3-5641857 Page 1
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	wernments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	τ 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
HAWAII HEMOPHILIA FOUNDATION 45-103B WAILELE RD KANEOHE, HI 96744	27-1851936	501(C)(3)	25,500.	0			STAFFING ASSISTANCE FOR CHAPTER
HEMOPHILIA ASSN. OF CAPITAL AREA 10560 MAIN STREET, STE 419 FAIRFAX, VA 22030	54-1702561	501(C)(3)	10,920.	.0			CHAPTER-VICTORY FOR WOMAN PROGRAM AND STAFFING ASSISTANCE FOR CHAPTER
HEMOPHILIA OF IOWA, INC. 58N. 5TH STREET, PO BOX 415 CENTRAL CITY, IA 52214	42-1334948	501(C)(3)	16,231.	.0			STAFFING ASSISTANCE FOR CHAPTER
ROCKY MTN HEMOPHILIA & BLEEDING DISORDERS - 2100 FAIRWAY DR, STE 107 - BOZEMAN, MT 59715	81-0533720	501(C)(3)	19,250.	0.			CHAPTER-VICTORY FOR WOMAN PROGRAM AND STAFFING ASSISTANCE FOR CHAPTER
TEXAS CENTRAL HEMOPHILIA ASSN. 12700 HILLCREST RD, STE 191 DALLAS, TX 75230	75-1187148	501(C)(3)	57,500.	0.			ADVOCACY CAPACITY BUILDING AND STAFFING ASSISTANCE FOR CHAPTER
THE MEDICAL COLLEGE OF WISCONSIN 8701 WATERTOWN PLANK ROAD PO BOX 26 MILWAUKEE, WI 53226	39-0806261	501(C)(3)	100,000	.0			CLINICAL RESEARCH FELLOWSHIP PROMOTIN INNOVATION IN BLEEDING AND CLOFFING DISORDERS
VANDERBILT UNIVERSITY MEDICAL CTR. 2301 VANDERBILT PLACE NASHVILLE, TN 37235	62-0476822	501(C)(3)	24,800.	.0			EXPAND CLINICAL HOURS AND GEOGRAPHIC AREA FOR WOMAN WITH BLEEDING DISORDERS
ST LUKE'S HEMOPHILIA CENTER 100 E IDAHO STREET BOISE, ID 83712	82-0161600	501(C)(3)	.000,1	.0			THERAPY FOR ALL LIFE STAGES, INCLUDING THE AGING POPULATION
N DAKOTA HEMOSTASIS TROMBOSIS TREATMENT - 520 MAIN STREET, SUITE 700 - FARGO, ND 58102	45-0398104	501(C)(3)	10,595.	0.			SURVEY OF PATIENT KNOWLEDGE AND ATTITUDES; COORDINATE CARE WITH EDUCATORS, SCHOOL NURSES,

Schedule I (Form 990)

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Schedule I (Form 990) NATIONAL HEMOPHILIA	HEMOPHILI	A FOUNDATION	N			1	3-5641857 Page 1
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part II.)	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	dule I (Form 990), Par	t 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
VIRGINIA COMMONWEALTH UNIVERSITY PO BOX 980461 RICHMOND, VA 23292	54-6001758	501(c)(3)	10,476.	0.			GENETIC COUNSELING
HEMOPHILIA THROMBOSIS TREATMENT CTR HAWAII - 55 MERCHANT STREET, 26TH FLOOR - HONOLULU, HI 96813	99-0246364	501(c)(3)	7,850.	0.			PATIENT OUTREACH TO REMOTE AREAS
UNIVERSITY HOSPITALS CASE MEDICAL CTR - 11100 EUCLID AVE, MAILSTOP #6054 - CLEVELAND, OH 44106	34-0714775	501(C)(3)	7,800.	0.			IMPLEMENT SHARED MEDICAL APPOINTMENTS PROGRAM FOR PEDIATRIC POPULATION AND PATIENT ASSISTANCE FOR
CHILDREN'S NATIONAL MEDICAL CENTER 111 MICHIGAN AVE WASHINGTON, DC 20010	52-1640403	501(C)(3)	7,500.	0.			ADOLESCENT TRANSITION CLINIC
SANGRE DE ORO, INC. 1601 VALDEZ DRIVE, N.E. ALBUQUERQUE, NM 87112	85-0378433	501(C)(3)	7,024.	0.			STAFFING ASSISTANCE FOR CHAPTER
BLEEDING DISORDER OF WASHINGTON 9639 FIRDALE AVE, STE. A EDMONDS, WA 98020	91-6068857	501(C)(3)	9,249.	.0			STAFFING ASSISTANCE FOR CHAPTER
HEMOPHILIA FOUNDATION OF OREGON 10940 SW BARNES RD #129 PORTLAND, OR 97225	93-0551733	501(C)(3)	8,840.	0			STAFFING ASSISTANCE FOR CHAPTER
ALASKA HEMOPHILIA ASSOCIATION 3340 PROVIDENCE DRIVE, STE A352 ANCHORAGE, AK 99508	94-3143226	501(C)(3)	11,250.	.0			STAFFING ASSISTANCE FOR CHAPTER
HEMOPHILIA CTR AT OREGON HEALTH & SCIENCE - 707 SW GAINES STREET - PORTLAND, OR 97239	23-7083114	501(C)(3)	5,000.	0			FUNDING FOR PSYCHOLOGY FELLOWSHIPS AND SURVEYS
							Schedule I (Form 990)

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Schedule (Form 990) INAL LONAL	BIULUIOMUU	A FOUNDALION	N				13-5641857 Page 1
Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule (Form 990), Part .)	Assistance to Go	vernments and Organ	nizations in the Ur	nited States (Sch	edule I (Form 990), Par	t 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)	22,000.	.0			ADVOCACY CAPACITY BUILDING
FLORIDA HEMOPHILIA ASSOCIATION 915 MIDDLE RIVER DR STE 421 FT LAURDERDALE, FL 33304	59-2072352	501(C)(3)	5,700.	0.			ADVOCACY STRATEGIC PLANNING INITIATIVE
VIRGINIA HEMOPHILIA FOUNDATION PO BOX 188 MIDLOTHIAN, VA 23113	54-1183181	501(C)(3)	11,055.	0			CHAPTER-VICTORY FOR WOMAN PROGRAM
NORTHERN OHIO HEMOPHILIA FOUNDATION - C/O LYNN CAPRETTO 5000 ROCKSIDE RD, SUITE 230 - INDEPENDENCE, OH 44131	34-1018501	501(C)(3)	10,879.	0.0			CHAPTER-VICTORY FOR WOMAN PROGRAM AND STAFFING ASSISTANCE
HEMOPHILIA FOUNDATION OF MICHIGAN 1921 W MICHIGAN AVE YPSILANTI, MI 48197	38-1905673	501(C)(3)	10,350.	0.			CHAPTER-VICTORY FOR WOMAN PROGRAM
TULANE UNIV. SCHOOL OF MEDICINE 1430 TULANE AVE, CAMPUS MAILBOX TB NEW ORLEANS, LA 70112	72-0423889	501(C)(3)	. 522, 96	.0			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
DRDA-UNIVERSITY OF MICHIGAN 3003 SOUTH STATE, ROOM 1054 ANN ARBOR, MI 48109	38-6006309	501(C)(3)	70,000.	0			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF COLORADO DENVER 2199 S UNIVERSITY BLVD DENVER, CO 80210	84-0404231	501(C)(3)	37,986.	0.0			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF CALIFORNIA, SAN DIEGO - 9500 GILMAN DRIVE - LA JOLLA, CA 92093	95-6006144	501(C)(3)	35,000.	0			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION AND RESEARCH IN BLEEDING AND CLOTTING
							Schedule I (Form 000)

Schedule I (Form 990)

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Schedule I (Form 990) NATIONAL HEMOPHILIA FOUNDATION

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	Assistance to Go	vernments and Organ	o am une construction of the construction of t	nico States (SCI)	dule I (rotti 990), rat	(11)	
(a) Name and address of organization or government	(a)	(c) INC 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	(n) Purpose or grant or assistance
CHILDREN'S HOSPITAL AND CLINICS OF MINNESOTA - 2525 CHICAGO AVE - MINNEAPOLIS, MN 55404	41-1814223	501(C)(3)	13,211.	0			SOOZIE COURTER NURSING EXCELLENCE SCHOLARSHIP
PUGET SOUND BLOOD CENTER ATTN: CASH RECEIPTS 921 TERRY AVE SEATTLE, WA 98104	91-1019655	501(C)(3)	10,000.	.0			PHYSICAL THERAPIST EXCELLENCE FELLOWSHIP
RUSH UNIVERSITY MEDICAL CTR 1653 W CONGRESS PARKWAY CHICAGO, IL 60612	36-2174823	501(C)(3)	10,000.	0			SOCIAL WORKERS' EXCELLENCE FELLOWSHIP
UNIVERSITY OF SOUTHERN CALIFORNIA 191 MONTOUR RUN ROAD CORAOPOLIS, PA 15108	95-1642394	501(C)(3)	10,000.	.0			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
							Schedule I (Form 990)

13-5641857

Schedule I (Form 990) (2013)

(Form 990) (2013) NATIONAL HEMOPHILIA FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to 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 non-cash assistance
TRAVEL ASSISTANCE TO FAMILIES INVITED TO ANNUAL MEETING.	81	34,400.	0.		
KEVIN CHILDS SCHOLARSHIP AWARD	73	1,500.	.0		
DOREEN MCMULLAN MCCARTHY MEMORIAL ACADEMIC AWARD	П	2,500.	0.		
ACADEMIC SCHOLARSHIP	1	2,500.	0		
EMERGENCY FINANCIAL ASSISTANCE PROVIDED TO INDIVIDUALS WITH HEMOPHILIA OR OTHER BLOOD-RELATED DISEASES.	26	18,244.	0		
Supplemental Information. Provide the information required in		e 2, Part III, column	Part I, line 2, Part III, column (b), and any other additional information.	ditional information.	
PART I, LINE 2:					
EXPLANATION: BASED ON THE NHF REQU	REQUIREMENTS	ALL CHAPTERS	THAT	WERE AWARDED	
GRANTS PROVIDE QUARTERLY PROGRAM A	AND FINAN	INANCIAL REPORTS	TS REGARDING	NG THEIR	
GRANTS WITH US. ONLY AFTER SUBMISSION	ION OF A	QUARTERLY	PROGRAM	REPORT	
DESCRIBING THEIR PROGRESS IN COMPLETIN	Ŋ	DELINEATED T	TASKS AND C	COMPLETE	
FINANICIAL REPORTING WILL NHF RELEASE		THE NEXT QUARTERLY	ERLY PAYMENT	NT FOR THE	
GRANT RECIPIENTS. THE FINAL PAYMENT	IS	HELD UNTIL A	FULL FINAL	L SUMMARY	
REPORT IS HANDED IN, ALL TASKS HAVE	BEEN	ADDRESSED A	AND FINANCIAL	AL STATEMENTS	
RECONCILED (GRANTS TO CHAPTERS).		I			
332102 10-29-13		45			Schedule I (Form 990) (2013)

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:

UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

(H) PURPOSE OF GRANT OR ASSISTANCE: CLINICAL RESEARCH FELLOWSHIP
PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS FOR 2 INDIVIDUALS

NAME OF ORGANIZATION OR GOVERNMENT: BLOOD CENTER OF WISCONSIN INC

(H) PURPOSE OF GRANT OR ASSISTANCE: CLINICAL RESEARCH FELLOWSHIP

PROMOTING INNOVATION AND RESEARCH IN BLEEDING AND CLOTTING DISORDERS

NAME OF ORGANIZATION OR GOVERNMENT: HEMOPHILIA COUNCIL OF CALIFORNIA

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT AN EXPANSION IN HCC'S

ADVOCACY INFRASTRUCTURE TO ASSIST THE COUNCIL IN ITS EFFORTS TO ACCESS

CARE TO THOSE AFFECTED BY BLEEDING DISORDERS IN THE STATE OF CALIFORNIA.

NAME OF ORGANIZATION OR GOVERNMENT:

N DAKOTA HEMOSTASIS TROMBOSIS TREATMENT

Schedule I (Form 990)

Schedule I (Form 990) NATIONAL HEMOPHILIA FOUNDATION 13-	-56 41 857 Page 2
Supplemental Information	
(H) PURPOSE OF GRANT OR ASSISTANCE: SURVEY OF PATIENT KNOWLEDGE	E AND
ATTITUDES; COORDINATE CARE WITH EDUCATORS, SCHOOL NURSES, DENT	STS, ETC
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY HOSPITALS CASE IN	MEDICAL CTR
(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT SHARED MEDICAL	
APPOINTMENTS PROGRAM FOR PEDIATRIC POPULATION AND PATIENT ASSIS	STANCE FOR
TRANSPORTATION	
NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, S	SAN DIEGO
(H) PURPOSE OF GRANT OR ASSISTANCE: CLINICAL RESEARCH FELLOWSH	IP
PROMOTING INNOVATION AND RESEARCH IN BLEEDING AND CLOTTING DISC	ORDERS
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SCHEDULE J (Form 990)

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. ► See separate instructions.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990

Internal Revenue Service Name of the organization

Department of the Treasury

Employer identification number

OMB No. 1545-0047

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If 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	1b		
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 in line 1a?	2		
3	Indicate which, if any, of the following the filing 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
)		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
				1.00
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of:			11.50
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.	for	44.5	4.5
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			ě
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			81.0
	Regulations section 53.4958-6(c)?	9		
Ι μΔ	For Panerwork Reduction Act Notice see the Instructions for Form 990	L/Ear	000	1 2012

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 in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) 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.

		(B) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-(i)(B)	reported as deferred in prior Form 990
VAL BIAS	Ξ	276,484.	5,000.	1,160.	46,381.	26,925.	355,950.	0
CHIEF EXECUTIVE OFFICER	Ξ			0		0	0	
JORDANA ZEGER	ε	189,19	1,000.	2,643.	8,446.	26,803.	228,089.	0
CHIEF OPERATING OFFICER	Ξ		0	ı		0	0	
JOSEPH KLEIBER	ε	180,654.	1,000.	2,495.	18,367.	26,750.	229,266.	
SENIOR V.P. OF CHAPTER SERVICES	Ξ	0	0	0	0	0	0	
MARY ANN LUDWIG	Ξ	212,326.	1,000.	2,772.	21,691.	9,656.	247,445.	0
V.P. OF DEVELOPMENT	€		0	0			0	
NEIL FRICK	ε	133,857.	4,000.	380.	13,679.	9,273.	161,189.	0
V.P. OF RESEARCH & MEDICAL EDUCATION (ii)	<u>E</u>	1	0	0		0	0.	0
JOHN INDENCE	ε	135,591.	1,000.	440.	13,650.	9,258.	159,939.	0
V.P. OF MARKETING AND COMMUNICATION	Ξ	0	0	0.	0	0	0	0
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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. Supplemental Information

EXPLANATION: PART I, LINE 4B: THE ORGANIZATION MAINTAINS A 457(B) PLAN.
I, LINE 4B:
WELL AS USING SALARY SURVEYS.
DESIGNATED SALARY RANGE WITH INPUT FROM HUMAN RESOURCES/COO AS
SALARY SURVEYS(BIANNUALLY). THE CEO SETS COMPENSATION FOR KEY EMPLOYEES
THEREAFTER USES AN INDEPENDENT CONSULTANT'S ANALYSIS OF COMPARABLE
EXPLANATION: THE BOARD OF DIRECTORS SETS THE COMPENSATION OF CEO AT HIRE
LINE 3:

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number 13-5641857

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

PREVENTING THE COMPLICATIONS OF THESE DISORDERS THROUGH EDUCATION,

ADVOCACY AND RESEARCH.

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

JULY 11-14, 2013, IN SEATTLE, WA, WITH 100 FAMILIES ATTENDING AND 336

TOTAL PARTICIPANTS. THE SECOND WAS JULY 25-28, 2013, IN NASHVILLE, TN,

WITH 102 FAMILIES AND 365 TOTAL PARTICIPANTS. NHF ORGANIZED AN

INHIBITOR EDUCATION SUMMIT IN SPANISH FOR PATIENTS AND FAMILIES IN

MIAMI, FL, ON MAY 31 - JUNE 2, 2013, WITH 22 FAMILIES AND 106 TOTAL

PARTICIPANTS. PHYSICIAN REPRESENTATIVES FROM NHF'S MEDICAL AND

SCIENTIFIC ADVISORY COUNCIL (MASAC) AND REPRESENTATIVES FROM NHF'S

NURSING, SOCIAL WORK AND PHYSICAL THERAPY WORKING GROUPS DEVELOPED MORE

THAN 40 EDUCATIONAL SESSIONS FOR NHF'S 2013 ANNUAL MEETING IN ANAHEIM,

CA, WHICH PROVIDED BOTH CME AND CEU ACCREDITATION.

THE PRIMARY GOALS OF NHF'S VICTORY FOR WOMEN PROGRAM ARE: 1) TO
INCREASE AWARENESS TO FACILITATE EARLY AND ACCURATE DIAGNOSES; AND 2)
TO PROVIDE AFFECTED WOMEN WITH EDUCATION AND SUPPORT. 2013 HIGHLIGHTS
INCLUDED: PROVIDING FUNDS TO CHAPTERS FOR EDUCATIONAL AND SUPPORT
ACTIVITIES FOR GIRLS AND WOMEN WITH BLEEDING DISORDERS; DISSEMINATING A
TOOLKIT FOR CHAPTER OUTREACH ACTIVITIES TO SYMPTOMATIC WOMEN AND
HEALTHCARE PROVIDERS; EDUCATING COLLEGE HEALTHCARE PROFESSIONALS ON THE
SIGNS AND SYMPTOMS OF BLEEDING DISORDERS IN WOMEN TO INCREASE
IDENTIFICATION OF WOMEN WHO ARE SYMPTOMATIC; PROVIDED FIVE EDUCATIONAL

SESSIONS FOR FEMALE CONSUMERS AT NHF'S 2013 ANNUAL MEETING; AND

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 332211 09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

Employer identification number Name of the organization NATIONAL HEMOPHILIA FOUNDATION 13-5641857 PROVIDED WORKSHOPS FOR CONSUMERS AT CHAPTER EDUCATION DAYS AND WOMEN'S RETREATS. 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. THE FOLLOWING WERE ACCOMPLISHED IN 2013 ON THE STEPS FOR LIVING WEBSITE: REDESIGNED WEBSITE TO ENHANCE USABILITY AND FUNCTIONALITY; LAUNCHED A NEW BASICS OF BLEEDING DISORDER SECTION THAT WAS ALSO TRANSLATED INTO SPANISH; PRODUCED 3 NEW VIDEOS, INCLUDING A SPANISH AND ENGLISH VERSION OF MY HTC AND ME AND "GOT QUESTIONS: STEPS FOR LIVING HAS ANSWERS." NHF PROVIDED 3 STEPS FOR LIVING "TRAIN-THE-TRAINER" PROGRAMS FOR STAFF AND HEALTHCARE PROVIDERS FROM 24 CHAPTERS ACROSS THE COUNTRY. CONTINUED TO PRINT AND DISTRIBUTE MORE THAN 1,000 EDUCATIONAL PRINT MATERIALS, INCLUDING GUIDELINES FOR GROWING BROCHURE SERIES, A WELCOME KIT FOR NEWLY DIAGNOSED FAMILIES AND THE COLORING BOOK "MY HTC AND ME" IN SPANISH AND ENGLISH. THE NATIONAL HEMOPHILIA FOUNDATION 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 2013 NHF PROVIDED TWO TRAININGS TO THE 25 MEMBERS OF NYLI ON TOPICS INCLUDING PEER COACHING, PUBLIC SPEAKING, Schedule O (Form 990 or 990-EZ) (2013)

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

(362% INCREASE FROM PREVIOUS YEAR).

RESEARCH - NHF AWARDED TWO NHF/BAXTER CLINICAL FELLOWSHIPS TO FELLOWS

 $\begin{array}{c} \text{Employer identification number} \\ 13-5641857 \end{array}$

FROM THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL AND THE UNIVERSITY OF COLORADO DENVER. NHF AWARDED NHF/NOVO NORDISK CAREER DEVELOPMENT AWARD TO A RESEARCHER AT THE UNIVERSITY OF CALIFORNIA AT SAN DIEGO. THE NHF NURSING EXCELLENCE FELLOWSHIP WAS AWARDED TO A NURSE AT THE CHILDREN'S HOSPITALS AND CLINICS OF MINNESOTA FOR HER PROJECT, "TELEHEALTH VIDEOCONFERENCING FOR CHILDREN WITH HEMOPHILIA AND THEIR FAMILIES: A CLINICAL PROJECT." THE NHF SOCIAL WORK EXCELLENCE FELLOWSHIP WAS AWARDED TO TWO SOCIAL WORKERS AT RUSH HEMOPHILIA & THROMBOPHILIA CENTER-RUSH UNIVERSITY MEDICAL CENTER IN CHICAGO FOR THEIR PROJECT, "UNDERSTANDING THE ROLE OF RELIGIOSITY AND SPIRITUALITY IN ADOLESCENT PATIENTS WITH INHERITED BLEEDING DISORDERS." THE NHF PHYSICAL THERAPY EXCELLENCE FELLOWSHIP WAS AWARDED TO A PHYSICAL THERAPIST AT THE HEMOPHILIA CARE PROGRAM, PUGET SOUND BLOOD CENTER IN SEATTLE FOR HER PROJECT, "IDENTIFYING FALL RISK IN PATIENTS WITH HEMOPHILIA".

EXPENSES \$ 1,024,200. INCLUDING GRANTS OF \$ 516,167. REVENUE \$ 0.

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

EXPLANATION: 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 CEO IS AUTHORIZED TO ACCEPT OR DENY CHAPTER MEMBER STATUS.

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

EXPLANATION: 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 11:

332212 09-04-13 EXPLANATION: A COPY OF FORM 990 IS CIRCULATED ELECTRONICALLY TO THE ORGANIZATION'S BOARD 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, COO AND CONTROLLER ARE ALSO PRESENT ON THE CALL.

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

EXPLANATION: BOARD MEMBERS DISCLOSE IN WRITING ANNUALLY AND VERBALLY AT THE BEGINNING OF EACH MEETING. EMPLOYEES DISCLOSE AT HIRE AND ANNUALLY. CEO/COO MANAGE CONFLICTS FOR EMPLOYEES.

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

EXPLANATION: 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 WITH INPUT FROM HUMAN RESOURCES/COO AS

WELL AS USING SALARY SURVEYS.

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

AL,AK,AZ,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:

EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND CONFLICTS
OF INTEREST AVAILABLE TO THE PUBLIC UPON REQUEST. THE ORGANIZATION MAKES
ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE.

FORM 990, PART X, LINE 9 AND LINE 15

3322 12 09-04-13

Name of the organization NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
EXPLANATION: CERTAIN AMOUNTS PREVIOUSLY REPORTED HAVE BEE	N RECLASSIFIED
TO CONFORM TO CURRENT YEAR PRESENTATION PER THE AUDITED F	INANCIAL
STATEMENTS. THE BEGINNING BALANCE FOR PREPAID EXPENSES HA	S BEEN
RESTATED TO REFLECT A RECLASSIFICATION OF BOTH 457B PLAN	ASSETS OF
\$95,041 AND SECURITY DEPOSITS OF \$52,638 TO "OTHER ASSETS	". THIS
RESULTS IN A DECREASE IN PREPAID EXPENSES OF \$147,679 ON	LINE 9 AND A
CORRESPONDING INCREASE TO LINE 15, "OTHER ASSETS".	
FORM 990, PART X, LINE 25	
EXPLANATION: CERTAIN AMOUNTS PREVIOUSLY REPORTED HAVE BEE	N RECLASSIFIED
TO CONFORM TO CURRENT YEAR PRESENTATION PER THE AUDITED F	INANCIAL
STATEMENTS. SUCH CHANGES WERE LIMITED TO REFLECTING THE	ASSET AND
LIABILITY PERTAINING TO 457(B) PLAN AT GROSS AMOUNTS ON T	HE STATEMENTS
OF FINANCIAL POSITION. SUCH RECLASSIFICATION HAD NO IMPA	CT ON THE
RESULTS OF OPERATIONS ON EITHER YEAR PRESENTED. THE BEGIN	NING BALANCE
ON LINE 25, OTHER LIABILITIES, WAS INCREASED BY \$95,041 W	нісн
REPRESEENTS THE 457(B) LIABILITY.	