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For the 0040 coloredor

Department of the Treasury

Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.

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

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B checked C Name of organization D Employer identification number Methods HEMOPHILIA FEDERATION OF AMERICA, INC. 72–1282316 Doing business as Number and states (or PL. box) if mail is not delivered to street address) Room/suite Telephone number Image: Number and states (or PL. box) if mail is not delivered to street address) Room/suite Course moreplate S (accessmedplate) Market SAME AS C ABOVE SAME AS C ABOVE Hail is this agroup return Yees No I Tax exempt status: SU(0)(3) 501(c) () (inset no.) 4947(a)(1) or 527 J Webste: NWW. HEMOPHILIAFED. ORG H(b) vera state of legal domicile; LA Formity describe the organization insiston or most significant activities: TO ASSIST AND ADVOCATE FOR THE BLEEDING DISORDERS COMMUNITY. Check this box) I the organization insiston or most significant activities: TO ASSIST AND ADVOCATE FOR THE BLEEDING dusiness revenue from Part VII, column (C), line 12 7a 7a 3 A Number of vicingements of the governing body (Part V, line 1a) 4 444 4 Number of individuals employed in calendar year 2018 (Part V, line 2a) 5 36 Check this box > <	АГ	or ur	and	ending				
Doing business as 72-1282316 Pumber and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 99 90 NORTH CAPITAL ST NE 201 (202) 675-6984 City or town, state or province, country, and ZIP or foreign postal code G arcsstreadus 5 5,583,851. WashIINGTON, DC 20002 How berget Ves No Finance SAME AS C ABOVE How berget Ves No I Tax exampt status: X 501(c)(3) 501(c)(1) < (insert no.)	B C a	heck if oplicab	e: C Name of organization		D Employer identific	ation number		
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Number and street (or P0. box it mails not delivered to street address) Hoomsume E Etephone number Partial Street (or P0. box it mails not delivered to street address) 201 (202) 675-6984 Arcreaded City or town, state or province, country, and ZIP or foreign postal code G cross recepts 3 5,583,851. Hai Is this a group return F Name and address of principal officer: SHARON MEYERS Hai Is this a group return free subordinates: ? Yes X No 1 Tax.exempt status: X Isol (c)(3) 501(c) () () (dinset no.) 4947(a)(1) or 527 1 Tax.exempt status: X Isol (c)(3) 501(c) () (dinset no.) 4947(a)(1) or 527 2 Check this box D HIC Orop exemption number Yes X No Heart I Summary 1 Briefly describe the organization's mission or most significant activities: TO ASSIST AND ADVOCATE FOR THE BLEED TING DISORDERS COMMUNITY - 2 Check this box D If the organization discontinued its operations or discoaed of more than 25% of its net assets. 3 3 Number of volume members of the governing body (Part VI, line 1a) 4 4 4 4 Number of independent volum members of the governing body (Part VI, line 2a)		chang	e Doing business as		72-12	282316		
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12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 5,710,321. 5,583,851. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 19,000. 19,000. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,957,994. 2,192,720. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 0. b Total revenue less (Part IX, column (A), line 25) 113,325. 2,701,739. 3,234,898. 17 Other expenses (Part IX, column (A), line 11e. 0. 0. 0. 0. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 113,325. 2,701,739. 3,234,898. 19 Revenue less expenses. Subtract line 18 from line 12 1,031,588. 137,233. 19 Revenue less expenses. Subtract line 18 from line 12 1,031,588. 137,233. 10 Total assets (Part X, line 16) 5,422,183. 6,329,926. 21 Total liabilities (Part X, line 26) 1,631,401. 2,513,652. <td>Å</td> <td></td> <td></td> <td></td> <td></td> <td></td>	Å							
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11 Other expenses (i art X, column (A), lines Tra Trd, Tri 246) 11/101/1030 01/10300 01/1030	ise	16a			0.	0.		
11 Other expenses (i art X, column (A), lines Tra Trd, Tri 246) 11/101/1030 01/10300 01/1030	per		Total fundraising expenses (Part IX, column (D), line 25) 113,32	25.				
18 Total expenses. Add lines 13:17 (must equal Part IX, column (A), line 25) 4,678,733. 5,446,618. 19 Revenue less expenses. Subtract line 18 from line 12 1,031,588. 137,233. 10 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,422,183. 6,329,926. 21 Total liabilities (Part X, line 26) 1,631,401. 2,513,652.	Ĕ				2,701,739.	3,234,898.		
19 Revenue less expenses. Subtract line 18 from line 12 1,031,588. 137,233. bgg Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,422,183. 6,329,926. 21 Total liabilities (Part X, line 26) 1,631,401. 2,513,652.					4,678,733.	5,446,618.		
Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 5,422,183. 6,329,926. 21 Total liabilities (Part X, line 26) 1,631,401. 2,513,652.		19			1,031,588.	137,233.		
	or				ginning of Current Year			
	sets Janc	20	Total assets (Part X, line 16)			6,329,926.		
	Ass J Ba	21			1,631,401.	2,513,652.		
	Net				3,790,782.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

	Distance Sharon Meyers		Data							
Sign	Signature of officer		Date							
Here	SHARON MEYERS, PRESIDE	INT & CEO	11/19/2019							
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date Check PTIN							
Paid	PAUL SENGER	PAUL SENGER	11/12/19 self-employed P00005154							
Preparer	Firm's name 🕒 CLIFTONLARSONALI		Firm's EIN 🕨 41-0746749							
Use Only	Firm's address 🕨 10401 WEST INNOV	VATION DRIVE, SUITE	300							
	WAUWATOSA, WI 53	3226	Phone no. 414 - 476 - 1880							
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									
832001 12-3	832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2018)									

	990 (2018) HEMOPHILIA FEDERATION OF AMERICA, INC. 72-1282316 Page 2
Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III X
1	Briefly describe the organization's mission:
	TO ASSIST AND ADVOCATE FOR THE BLEEDING DISORDERS COMMUNITY.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
4a	(Code:) (Expenses \$ 1,162,438. including grants of \$) (Revenue \$)
	OUTREACH SERVICES - SERVICES TO MEMBER ORGANIZATIONS AND INDIVIDUALS.
	THIS INCLUDES A TEEN OUTREACH PROGRAM WHICH TARGETS TEENS THROUGH
	EDUCATION AND LEADERSHIP DEVELOPMENT AND PRODUCTION OF THE ORGANIZATION'S NEWSLETTER, "DATELINE FEDERATION".
4b	(Code:) (Expenses \$ 1,228,939. including grants of \$) (Revenue \$)
чы	PATIENT EDUCATION - THE ORGANIZATION HOLDS AN ANNUAL SYMPOSIUM TO
	PROVIDE INFORMATION TO PATIENTS AND THEIR FAMILIES. THIS INFORMATION
	AND THE OPPORTUNITY TO MEET WITH OTHER PATIENTS HELPS THEM WITH THEIR
	DISEASE AND OTHER COMPLICATIONS INCLUDING HIV.
	1 050 410
4c	(Code:) (Expenses \$ 1,850,412. including grants of \$) (Revenue \$) PROGRAMS AIMED AT TARGET GROUPS, WHICH INCLUDE "BLOOD BROTHERHOOD",
	"BLOOD SISTERHOOD", "FAMILIES: DADS IN ACTION / MOMS IN ACTION",
	"FITFACTOR", "GEARS FOR GOOD", AND "HPP: HEALTH PROMOTION AND
	PREVENTION". THESE PROGRAMS WORK WITH THE GROUPS TO OFFER SUPPORT, ENCOURAGEMENT, AND SKILLS TO LIVE WITH THE DISORDER.
	ENCOURAGEMENT, AND SKILLS TO LIVE WITH THE DISORDER.
4d	Other program services (Describe in Schedule O.)
40	(Expenses \$ 934,669. including grants of \$) (Revenue \$) Total program service expenses ▶ 5,176,458.
48	Form 990 (2018)
83200	2 12-31-18
711	2 12 131839 224-600586-00 2018.05000 HEMOPHILIA FEDERATION OF 224-6

11371112 131839 224-600586-00

2018.05000 HEMOPHILIA FEDERATION OF 224-6001

Form 990 (2	2018)	HEMOPHILIA	FEDERATION	OF	AMERICA,	INC
Part IV	Checklist of R	equired Schedule	es			

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			
	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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
•	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?			v
40	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	10		x
	endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10		
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X			
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		- 21
b		11b		х
с	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
Ь	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
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		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
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	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? 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		
	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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	000	X (2018)
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Form **990** (2018)

Form 990 (2018)		FEDERATION	OF	AMERICA,	INC.	
Part IV Checklist of Required Schedules (continued)						

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, 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		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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 "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			37
	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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		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,			77
	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? <i>If</i> "Yes," <i>complete Schedule M</i>	29		A
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
.	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
~~	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			х
~~	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
	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			v
05 -	Part V, line 1	34		X X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Λ
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	054		
26	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?	20		х
07	If "Yes," complete Schedule R, Part V, line 2	36		Λ
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		х
20	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		- 23
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	x	
Par		30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Voc	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 28		Yes	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2 o Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c		
83200/	(gambing) withings to prize withers:		990	(2018)
20200-	4		_	

2018.05000 HEMOPHILIA FEDERATION OF 224-6001

	990 (2018) HEMOPHILIA FEDERATION OF AMERICA, INC.		72-1282	316	P	age 5	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)						
			1		Yes	No	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		26				
	filed for the calendar year ending with or within the year covered by this return 2a 36						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)					37	
				3a		X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at			4.5		х	
h	financial account in a foreign country (such as a bank account, securities account, or other financial ac If "Yes," enter the name of the foreign country:	coun	τ)?	4a			
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	count					
52				5a		Х	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.			5b		X	
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c			
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the						
	any contributions that were not tax deductible as charitable contributions?			6a		Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contribution						
	were not tax deductible?		5	6b			
7	Organizations that may receive deductible contributions under section 170(c).						
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serve	ices p	rovided to the payor?	7a		Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b			
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s requ	iired				
	to file Form 8282?			7c		X	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				X	
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?						
h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
~	sponsoring organization have excess business holdings at any time during the year?			8			
9	Sponsoring organizations maintaining donor advised funds.			0.0			
a b	Did the expression expression welco a distribution to a dense, dense advices as related as seen 2			9a 9b			
ь 10	Section 501(c)(7) organizations. Enter:			90			
	Initiation fees and capital contributions included on Part VIII, line 12	10a					
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter:	100					
а	Gross income from members or shareholders	11a					
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)	11b					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10411	2	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
а	Is the organization licensed to issue qualified health plans in more than one state?			13a			
	Note. See the instructions for additional information the organization must report on Schedule O.						
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1				
	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	13c					
14a				14a		X	
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule			14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more than \$1,000,000 in remunerations are set of the section 4960 tax on payment(s) of more					v	
	excess parachute payment(s) during the year?			15		X	
16	If "Yes," see instructions and file Form 4720, Schedule N.			10		Х	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	ncon	ne?	16		~	

Form **990** (2018)

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Form 990	(2018)
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HEMOPHILIA FEDERATION OF AMERICA, INC.

72-1282316 Page 6

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

						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		44			
	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 O.						
b	Enter the number of voting members included in line 1a, above, who are independent	1b		44			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with a	ny other				
	officer, director, trustee, or key employee?				2		Х
3	Did the organization delegate control over management duties customarily performed by or under the	e direct	supervisior	า			
	of officers, directors, or trustees, or key employees to a management company or other person?				3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?		4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?			5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point c	ne or				
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?	-	-		8a	Х	
	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read						
	organization's mailing address? If "Yes." provide the names and addresses in Schedule O				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (Code)				
		<u>vonuo (</u>	5000./			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?	•	-		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	y boloit		51111.	110		
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12a	X	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If</i> "				120	23	
C		,			12c	х	
10	in Schedule O how this was done				13	X	
13	Did the organization have a written whistleblower policy?					X	
14	Did the organization have a written document retention and destruction policy?				14	<u> </u>	
15	Did the process for determining compensation of the following persons include a review and approva	il by inc	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					v	
	The organization's CEO, Executive Director, or top management official				15a	X	
b	Other officers or key employees of the organization				15b	Х	
	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 arranger						v
-	taxable entity during the year?				16a		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 organ	nization	S				
	exempt status with respect to such arrangements?				16b		
bec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed NONE						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and	id 990-1	(Section 5	01(c)(3)s	only) a	availab	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website X Another's website X Upon request Other (explain		,				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	nflict of	interest pol	icy, and	financ	ial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and	records	►			
	SHARON MEYERS - (202) 675-6984						
	999 NORTH CAPITAL ST NE, STE 201, WASHINGTON, DC 2	2000	2.				
	Job North Chilled Di Ne, Die 201, WAbhington, De	1000				990	

Form 990 (2018)	HEMOPHILIA FI		/		72-1282316	Page 7			
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated									
Employees, and Independent Contractors									
Check if Sc	nedule O contains a response or i	note to any line in this I	Part VII						
Section A. Officers, E	irectors, Trustees, Key Employ	ees, and Highest Com	pensated Employ	/ees					
1a Complete this table	for all persons required to be liste	d. Report compensatio	on for the calendar	year ending wit	h or within the organization's	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 report-able compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)							(D)	(E)	(F)
Name and Title	Average	Position (do not check more than c					one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	<u> </u>	officer and a director/trustee)		- from the	from related organizations	other			
	(list any hours for	Individual trustee or director				5		organization	(W-2/1099-MISC)	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC)	()	organization
	organizations	l trust	nal tru		oyee	ompe				and related
	below	ividua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	For			
(1) ROBERT BOND	1.00									•
BOARD MEMBER		X						0.	0.	0.
(2) MICHAEL DEEB	1.00									
BOARD MEMBER		X						0.	0.	0.
(3) CARLETHA GATES	1.00									
MEMBER AT LARGE	1	X						0.	0.	0.
(4) SOPHIA MINHAS	1.00									
MEMBER AT LARGE	1 0 0	X						0.	0.	0.
(5) TRACY CLEGHORN	1.00								0	0
PAST CHAIR	1 0 0	X						0.	0.	0.
(6) MATTHEW PORGES	1.00	.,							0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(7) AUSTIN HOLLAND	1.00	.,						0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(8) STEPHEN LONG	1.00	.,						0	0	0
MEMBER AT LARGE	1 0 0	X						0.	0.	0.
(9) ANNE PARROTT	1.00	.,						0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(10) CODY HOLMAN	1.00							0	0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(11) TANYA RICCHI	1.00							0	0	0
BOARD MEMBER (12) ALLISON RITCEY	1.00	X						0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(13) JOSHUA DOUGLAS HEMANN	1.00	^						0.	0.	0.
BOARD CHAIR	1.00	x		x				0.	0.	0.
(14) SCOTT MUIR	1.00	^		A				0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(15) JANYA ROLAND	1.00							0.	0.	0.
BOARD MEMBER	1.00	x						0.	0.	0.
(16) ASHLEY GREGORY	1.00	127						0.	0.	•
MEMBER AT LARGE	1.00	x						0.	0.	0.
(17) LESA KAERCHER	1.00	127					-	0.	0.	•
TREASURER	1.00	x		x				0.	0.	0.
		_ <u> </u>	1	<u> </u>	1	1	1	0.		Form 990 (2018)

2018.05000 HEMOPHILIA FEDERATION OF 224-6001

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) Name and title	box offic	not c , unle	Pos heck ss pe	more rson i	than c is both pr/trust	tee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	ai con	(F) stimated mount of other npensation	
	hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	org an	rom the ganization nd related panizations
(18) KASEY SHADE	1.00	37						0	0		0
BOARD MEMBER (19) BRAD BENNE	1.00	X						0.	0 .	·	0.
BOARD MEMBER	1.00	x						0.	0 .		0.
(20) JOHN PALMATIER	1.00										••
BOARD MEMBER		x						0.	0 .		0.
(21) ERICA SIMPSON	1.00										
BOARD MEMBER		X						0.	0 .	,	0.
(22) BONNIE PHIFER	1.00										•
BOARD MEMBER	1 0 0	X						0.	0 .	· —	0.
(23) MONICA DIAZ BOARD MEMBER	1.00	x						0.	0 .		0.
(24) DANIEL WARREN	1.00							0.	0.		0.
BOARD MEMBER	1000	x						0.	0 .		0.
(25) GILLIAN SCHULTZ	1.00										
BOARD MEMBER		Х						0.	0 .	,	0.
(26) JOSEPH MARKOWITZ	1.00								0		0
BOARD MEMBER	X						0.	0.		0.	
1b Sub-total 0. c Total from continuation sheets to Part VII, Section A 230,862.									0.		0.
c Total from continuation sheets to Part VII, Section A ▶ 230,862. d Total (add lines 1b and 1c) ▶ 230,862.								0.		0.	
2 Total number of individuals (including but no							o re				
compensation from the organization						<i>,</i>		,			2
											Yes No
3 Did the organization list any former officer,											
line 1a? If "Yes," complete Schedule J for su										3	X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	-		-					-	-	4	X
5 Did any person listed on line 1a receive or a	,										
rendered to the organization? If "Yes." com	•							•		5	X
Section B. Independent Contractors											
1 Complete this table for your five highest cor										ation fr	om
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	vith c	or wi	thin		ear.		0
(A) Name and business	address	NC	ONE	7				(B) Description of s	ervices		C) ensation
		110	/111	-							
2 Total number of independent contractors (ir	0	ot lin	nited	d to			ted	above) who received mo	ore than		
SEE PART VII, SECTION		TNT	777	ͲΤ			니다	ידייר פ			990 (2018)
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Part VII Section A. Officers, Director (A)	(C)					est ((D)	, ,	(F)		
م) Name and title	(B) Average				ر. ition			(D) Reportable	(E) Reportable	(F) Estimated	
Name and the	hours	(check all that apply)					ly)	compensation	compensation	amount of	
	per						,,,	from	from related	other	
	week					oyee		the	organizations	compensation	
	(list any	rector				empl		organization	(W-2/1099-MISC)	from the	
	hours for related	e or di	tee			sated		(W-2/1099-MISC)		organization and related	
	organizations	rustee	al trus		yee	mpen				organizations	
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	er			organizationo	
	line)	Indiv	Instit	Officer	Key e	High	Former				
(27) MARIA RUBIN	1.00										
BOARD MEMBER		X						0.	0.	0.	
(28) LIANNE LAPIERRE	1.00										
SECRETARY		X		Х				0.	0.	0.	
(29) LINDSEY HOOPER	1.00										
BOARD MEMBER		Х						0.	0.	0.	
(30) NATASHA BURROUGHS	1.00										
BOARD MEMBER		X						0.	0.	0.	
(31) DARCY ZWIER	1.00										
BOARD MEMBER		X						0.	0.	0.	
(32) YOLANDA ORTIZ	1.00										
BOARD MEMBER		X						0.	0.	0.	
(33) PATRICE THOMAS	1.00										
BOARD MEMBER	1.00	X						0.	0.	0.	
(34) ALISON YAZER	1.00									0	
BOARD MEMBER	1 0 0	X						0.	0.	0.	
(35) BRITNEE VIEIRA	1.00	.,						0	0	0	
BOARD MEMBER	1.00	X						0.	0.	0.	
(36) CLYDE BRAWNER BOARD MEMBER	1.00	x						0.	0.	0.	
(37) JEFFERY WATKINS	1.00	^						0.	0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(38) KATHERINE ROSEVEAR	1.00	- 23						•	•••	0.	
BOARD MEMBER	1.00	x						0.	0.	0.	
(39) KRISTINE MANNS	1.00										
BOARD MEMBER	1.00	x						0.	0.	0.	
(40) LAURA PORTALES	1.00								•••		
BOARD MEMBER		x						0.	0.	0.	
(41) TYSHAWN CONSTANTINE	1.00										
BOARD MEMBER		X						0.	0.	0.	
(42) VICTORIA HUBBERT	1.00										
BOARD MEMBER		X						0.	0.	0.	
(43) SHARON MEYERS	40.00										
PRESIDENT & CEO				Х				111,203.	0.	0.	
(44) KIMBERLY HAUGSTAD	45.00								_		
PAST DIRECTOR				Х				119,659.	0.	0.	
		-									
		-									
								230,862.			

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m 990 (DERATION	OF AMERICA	A, INC.	72-1282	316 Page
art VII							
	Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII	<u></u>		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
v 1a	Federated campaigns	1a					
b b	Membership dues		65,685.				
	Fundraising events		,				
A A	Related organizations						
	Government grants (contributio		433,637.				
	All other contributions, gifts, grant	· – –	100,00,0				
	similar amounts not included abov		542,980.				
5 ,	Noncash contributions included in lines 1						
	Total. Add lines 1a-1f			5,042,302.			
	Total. Add lines Ta-TT		Business Code	5,012,502.			
0.0							
Za							
d ne							
c /eu							
2 a b c d e f							
e							
· ·	All other program service rever						
	Total. Add lines 2a-2f						
3	Investment income (including of			26 049			26 049
	other similar amounts)			26,948.			26,948
4	Income from investment of tax						
5	Royalties						
		(i) Real	(ii) Personal				
	Gross rents						
	Less: rental expenses						
	Rental income or (loss)						
	Net rental income or (loss)						
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory						
b	Less: cost or other basis						
	and sales expenses						
с	Gain or (loss)						
	Net gain or (loss)		🕨				
8 a b	Gross income from fundraising including \$						
	contributions reported on line	1c). See					
	Part IV, line 18	а					
b	Less: direct expenses	b					
с	Net income or (loss) from fund	raising events	►				
9 a	Gross income from gaming ac	tivities. See					
	Part IV, line 19	a					
b	Less: direct expenses	b					
с	Net income or (loss) from gam	ing activities					
10 a	Gross sales of inventory, less r	returns					
	and allowances	a					
b	Less: cost of goods sold	b					
с	Net income or (loss) from sales	s of inventory	🕨				
	Miscellaneous Revenue		Business Code				
11 a	DIRECTORY AND A	DVERTIS	511140	514,601.			514,601
b							
c							
d							
е	Total. Add lines 11a-11d			514,601.			
12	Total revenue. See instructions			5,583,851.	0.	0.	541,549
09 12-31-							Form 990 (20

Form 990 (2018)

HEMOPHILIA FEDERATION OF AMERICA, Part IX Statement of Functional Expenses

INC.

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 respons		(=)	(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	19,000.	19,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	000 005	000 551	00.004	
	trustees, and key employees	232,835.	209,551.	23,284.	
6	Compensation not included above, to disqualified				
	persons (as defined under section $4958(f)(1)$) and				
	persons described in section 4958(c)(3)(B)	1 714 005	1 (20 102	10 (11	72 541
7	Other salaries and wages	1,714,285.	1,630,103.	10,641.	73,541.
8	Pension plan accruals and contributions (include				
~	section 401(k) and 403(b) employer contributions)	94,825.	85,262.	5,449.	1 111
9	Other employee benefits	150,775.	135,572.	8,664.	4,114. 6,539.
10	Payroll taxes	150,775.	135,572.	0,004.	0,009.
11	Fees for services (non-employees):				
-	Management	2,736.		2,736.	
b		59,782.	51,694.	6,638.	1,450.
	Accounting	55,702.	JI,0J4.	0,050.	I, IJU.
	Lobbying				
f	Professional fundraising services. See Part IV, line 17 Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	70,730.	70,730.		
13	Office expenses	22,386.	5,988.	16,398.	
14	Information technology	22,0000	5,5001	20,0000	
15	Royalties				
16	Occupancy	209,734.	168,667.	39,113.	1,954.
17	Travel	915,486.	912,162.	2,421.	903.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	66,630.	66,370.		260.
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	14,945.	7,349.	7,514.	82.
24	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 0.)				
а	SPECIFIC ASSISTANCE	808,515.	808,515.		
b	PROGRAM EXPENSES	565,454.	565,454.		
с	SUPPLIES AND POSTAGE	223,727.	205,199.	4,109.	14,419.
d	EQUIPMENT RENTAL AND MA	118,793.	95,464.	23,329.	•
е	All other expenses	155,980.	139,378.	6,539.	10,063.
25	Total functional expenses. Add lines 1 through 24e	5,446,618.	5,176,458.	156,835.	113,325.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

11 2018.05000 HEMOPHILIA FEDERATION OF

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Form 990 (2018)

Part X | Balance Sheet

1,539,959. 2,299,167. 1 1 Cash - non-interest-bearing 18. Savings and temporary cash investments 2 2 3 3 Pledges and grants receivable, net 1,584,383. 1,842,886. Accounts receivable, net 4 4 5 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 disgualified persons (as defined under 6 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 Assets 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 44,333. 33,833. 9 9 Prepaid expenses and deferred charges **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a ____10b **b** Less: accumulated depreciation 10c 2,253,490. 2,154,040. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 Total assets. Add lines 1 through 15 (must equal line 34) 5,422,183. 16 6,329,926. 16 231,921. 241,084. 17 17 Accounts payable and accrued expenses 18 18 Grants payable 1,399,480. 2,102,510. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, 22 Liabilities 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 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 170,058. 0. 25 Schedule D 1,631,401. 2,513,652. Total liabilities. Add lines 17 through 25 26 26 Organizations that follow SFAS 117 (ASC 958), check here 🕨 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 3,668,014. 27 3,571,664. 27 Unrestricted net assets 122,768. 244,610. Temporarily restricted net assets 28 28 29 29 Permanently restricted net assets 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 32 Retained earnings, endowment, accumulated income, or other funds 32 3,790,782. 3,816,274. Total net assets or fund balances 33 33 6,329,926. 5,422,183. 34 Total liabilities and net assets/fund balances 34

Form **990** (2018)

HEMOPHILIA FEDERATION OF AMERICA, INC.

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

72-1282316 Page 11

(B) End of year

(A) Beginning of year

Form	990 (2018) HEMOPHILIA FEDERATION OF AMERICA, INC.	72-12	82316	Pag	_{ge} 12
Par	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,583		
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,446		
3	Revenue less expenses. Subtract line 2 from line 1	3	137	-	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,790	-	
5	Net unrealized gains (losses) on investments	5	-111	.,74	41.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,816	5,2'	74.
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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.			
2a	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	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audit			
	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 requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2018)

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