

Return of Organization Exempt From Income Tax

2013

Department of the Treasury
Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NATIONAL HEMOPHILIA FOUNDATION		D Employer identification number 13-5641857
	Doing Business As		E Telephone number 212-328-3700
	Number and street (or P.O. box if mail is not delivered to street address) 116 WEST 32ND STREET, 11TH FL	Room/suite	G Gross receipts \$ 17,413,718.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10001		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: VAL BIAS SAME AS C ABOVE			H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HEMOPHILIA.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1948
M State of legal domicile: NY			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: DEDICATED TO FINDING BETTER TREATMENTS AND CURES FOR INHERITABLE BLEEDING DISORDERS AND TO	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	19
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	65
	6 Total number of volunteers (estimate if necessary)	506
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	1,289,313.
b Net unrelated business taxable income from Form 990-T, line 34	39,297.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year: 12,859,589. Current Year: 14,116,476.
	9 Program service revenue (Part VIII, line 2g)	1,693,672. 1,716,117.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	144,405. 233,634.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-547,129. -776,897.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,150,537. 15,289,330.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	552,068. 1,001,280.
	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)	5,145,949. 5,691,936.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 12,375.
	b Total fundraising expenses (Part IX, column (D), line 25)	836,383.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,326,908. 7,173,221.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	12,024,925. 13,878,812.
	19 Revenue less expenses. Subtract line 18 from line 12	2,125,612. 1,410,518.
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)
21 Total liabilities (Part X, line 26)		3,803,602. 8,196,542.
22 Net assets or fund balances. Subtract line 21 from line 20		9,500,371. 11,266,561.

Part II Signature Block

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

Sign Here	Signature of officer: <i>Val Bias</i>	Date: 8/5/2014			
	VAL BIAS, CHIEF EXECUTIVE OFFICER Type or print name and title				
Paid Preparer Use Only	Print/type preparer's name: MICHAEL ANDRIOLA	Preparer's signature: <i>Michael Andriola</i>	Date: 8/5/2014	Check if self-employed: <input type="checkbox"/>	PTIN: P00252682
	Firm's name: WISS & COMPANY, LLP		Firm's EIN: 22-1732349		Firm's address: 485C ROUTE 1 SOUTH, SUITE 250 ISELIN, NJ 08830
		Phone no. 732-283-9300			

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

Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE NATIONAL HEMOPHILIA FOUNDATION 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? [] Yes [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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 CREATED 2 VIDEOS, ONE ON DISCLOSURE AND THE OTHER ON PARTICIPATING IN SPORTS ACTIVITIES. THESE VIDEOS WERE PRESENTED AT THE CDC BLOOD DISORDERS CONFERENCE ON MARCH 13, 2013.

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 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.

4d Other program services (Describe in Schedule O.) (Expenses \$ 1,024,200. including grants of \$ 516,167.) (Revenue \$)

4e Total program service expenses 10,990,231.

Checklist of Required Schedules

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

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If so, complete Schedule L, Part II</i>		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 of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance

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

Form with multiple rows and columns for reporting tax compliance. Includes sections for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and contributions. Includes checkboxes for 'Yes' and 'No' and input fields for numerical values.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows 1a-9. 1a: 19, 1b: 19, 2: X, 3: X, 4: X, 5: X, 6: X, 7a: X, 7b: X, 8a: X, 8b: X, 9: X.

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

Table with 3 columns: Question, Yes, No. Rows 10a-16b. 10a: X, 10b: X, 11a: X, 12a: X, 12b: X, 12c: X, 13: X, 14: X, 15a: X, 15b: X, 16a: X, 16b: X.

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, KS, FL, GA, HI, IL
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
JORDANA ZEGER - 212-328-3700
116 WEST 32ND STREET, 11TH FL, NEW YORK, NY 10001

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.

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) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JORGE DE LA RIVA CHAIR	10.00	X		X				0.	0.	0.
(2) KENNETH TRADER VICE-CHAIR	10.00	X		X				0.	0.	0.
(3) CAROL SIMONETTI SECRETARY	10.00	X		X				0.	0.	0.
(4) BRIAN ANDREW TREASURER	10.00	X		X				0.	0.	0.
(5) JEFF ALEXIS, MD DIRECTOR	10.00	X						0.	0.	0.
(6) JORDAN BLACK DIRECTOR	10.00	X						0.	0.	0.
(7) MARK BORRELIZ DIRECTOR	10.00	X						0.	0.	0.
(8) DAVID COHENOUR DIRECTOR	10.00	X						0.	0.	0.
(9) BARBARA GORDON DIRECTOR	10.00	X						0.	0.	0.
(10) JAMES F. HAMMEL, MD DIRECTOR	10.00	X						0.	0.	0.
(11) KRISTIE KAY OSTASH, MD DIRECTOR	10.00	X						0.	0.	0.
(12) JAMES A. HEER DIRECTOR	10.00	X						0.	0.	0.
(13) MATT RHODES DIRECTOR	10.00	X						0.	0.	0.
(14) DUTTA SATADIP DIRECTOR	10.00	X						0.	0.	0.
(15) GILBERT C. WHITE, II, MD DIRECTOR	10.00	X						0.	0.	0.
(16) LYNN WILMARTH DIRECTOR	10.00	X						0.	0.	0.
(17) STEVE HELM DIRECTOR	10.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENNETH MOORE DIRECTOR	10.00	X						0.	0.	0.
(19) DAVID STERNBERG DIRECTOR	10.00	X						0.	0.	0.
(20) VAL BIAS CHIEF EXECUTIVE OFFICER	40.00			X				282,644.	0.	71,908.
(21) JORDANA ZEGER CHIEF OPERATING OFFICER	40.00			X				192,840.	0.	33,872.
(22) JOSEPH KLEIBER SENIOR V.P. OF CHAPTER SERVICES	40.00				X			184,149.	0.	43,792.
(23) MARY ANN LUDWIG V.P. OF DEVELOPMENT	40.00					X		216,098.	0.	29,949.
(24) NEIL FRICK V.P. OF RESEARCH & MEDICAL EDUCATION	40.00					X		138,237.	0.	21,910.
(25) JOHN INDENCE V.P. OF MARKETING AND COMMUNICATION	40.00					X		137,031.	0.	21,866.
(26) CHRISTA DARDAGANIAN DIRECTOR OF EDUCATION STRATEGY	40.00					X		131,196.	0.	8,288.
1b Sub-total								1,282,195.	0.	231,585.
c Total from continuation sheets to Part VII, 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 not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **10**

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual **3** Yes No
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual **4** Yes No
- 5 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 **5** Yes No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. 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
PAM AM EQUITIES, INC., 18 EAST 50TH STREET, 10TH FL, NEW YORK, NY 10022	RENT OF NYC OFFICE	447,247.
THE MAGAZINE GROUP, 1707 L STREET NW, 3RD FLOOR, WASHINGTON, DC 20036	PRODUCTION OF HEMAWARE	422,288.
SCHERER CLINICAL COMMUNICATIONS LLC, 17 WEST PROSPECT STREET, HONEYWELL, NJ 08525	PROFESSIONAL SERVICES: ENDURING S	222,328.
STRATEGIC MARKETING & MAILING INC. 3002 N APOLLO DRIVE, CHAMPAIGN, IL 61822	DESIGN, LETTERSHOP AND PRINTING SERVICE	217,792.
CAVAROCCHI, RUSCIO, DENNIS ASSOCIATES, LLC, 600 MARYLAND AVE. SW, STE 835W,	CONSULTANT-STRATEGIC SERVICES AND PUBLIC	185,734.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	28,248.				
	b	Membership dues					
	c	Fundraising events	1,551,464.				
	d	Related organizations					
	e	Government grants (contributions)	863,450.				
	f	All other contributions, gifts, grants, and similar amounts not included above	11,673,314.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		14,116,476.			
Program Service Revenue			Business Code				
	2 a	ADVERTISING	541800	1,289,313.		1,289,313.	
	b	EDUCATIONAL SEMINARS	611710	416,957.	416,957.		
	c	PUBLICATIONS	900099	9,847.	9,847.		
	d						
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		1,716,117.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		157,447.		157,447.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a			(i) Real	(ii) Personal		
			Gross rents				
			Less: rental expenses				
			Rental income or (loss)				
	d	Net rental income or (loss)					
	7 a			(i) Securities	(ii) Other		
			Gross amount from sales of assets other than inventory		1,384,973.		
			Less: cost or other basis and sales expenses		1,308,786.		
			Gain or (loss)		76,187.		
	d	Net gain or (loss)		76,187.		76,187.	
	8 a						
			Gross income from fundraising events (not including \$ 1,551,464. of contributions reported on line 1c). See Part IV, line 18	a	29,913.		
			Less: direct expenses	b	815,602.		
	c	Net income or (loss) from fundraising events		-785,689.		-785,689.	
9 a							
		Gross income from gaming activities. See Part IV, line 19	a				
		Less: direct expenses	b				
c	Net income or (loss) from gaming activities						
10 a							
		Gross sales of inventory, less returns and allowances	a				
		Less: cost of goods sold	b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a	MISCELLANEOUS	611710	8,792.	8,792.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		8,792.				
12	Total revenue. See instructions.		15,289,330.	435,596.	1,289,313.	-552,055.	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	942,136.	942,136.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	59,144.	59,144.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	50,000.	50,000.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	809,206.	607,210.	147,611.	54,385.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,763,120.	2,727,779.	780,713.	254,628.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	212,422.	179,538.	16,399.	16,485.
9 Other employee benefits	553,368.	486,849.	37,021.	29,498.
10 Payroll taxes	353,820.	311,288.	23,671.	18,861.
11 Fees for services (non-employees):				
a Management				
b Legal	190,337.	5,187.	185,150.	
c Accounting	13,076.		12,503.	573.
d Lobbying	183,941.	183,941.		
e Professional fundraising services. See Part IV, line 17	12,375.			12,375.
f Investment management fees	27,590.		27,590.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,205,840.	777,772.	385,717.	42,351.
12 Advertising and promotion				
13 Office expenses	161,964.	130,144.	25,152.	6,668.
14 Information technology				
15 Royalties				
16 Occupancy	480,280.	310,414.	148,907.	20,959.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,081,953.	2,958,647.	56,737.	66,569.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	11,150.	8,034.	2,340.	776.
23 Insurance	35,301.		35,201.	100.
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 O.)				
a UNRELATED BUSINESS INCO	10,365.	10,365.		
b STATIONERY AND PRINTING	855,863.	653,358.	13,748.	188,757.
c EQUIPMENT RENTAL	537,015.	465,282.	60,398.	11,335.
d POSTAGE AND SHIPPING	177,305.	80,483.	3,003.	93,819.
e All other expenses	151,241.	42,660.	90,337.	18,244.
25 Total functional expenses. Add lines 1 through 24e	13,878,812.	10,990,231.	2,052,198.	836,383.
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 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) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	6,417,771.	1	8,616,494.	
	2 Savings and temporary cash investments	798,526.	2	1,680,631.	
	3 Pledges and grants receivable, net	599,427.	3	860,550.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 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		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	124,358.	9	132,967.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,379,040.			
	b Less: accumulated depreciation	10b 1,352,611.	24,596.	10c 26,429.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11	5,191,616.	12	7,951,982.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	147,679.	15	194,050.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	13,303,973.	16	19,463,103.		
Liabilities	17 Accounts payable and accrued expenses	1,367,682.	17	1,862,773.	
	18 Grants payable		18		
	19 Deferred revenue	2,280,759.	19	6,152,418.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	155,161.	25	181,351.	
	26 Total liabilities. Add lines 17 through 25	3,803,602.	26	8,196,542.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	6,481,952.	27	7,966,957.	
	28 Temporarily restricted net assets	2,768,419.	28	3,049,604.	
	29 Permanently restricted net assets	250,000.	29	250,000.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	9,500,371.	33	11,266,561.	
	34 Total liabilities and net assets/fund balances	13,303,973.	34	19,463,103.	

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,289,330.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,878,812.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,410,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,500,371.
5	Net unrealized gains (losses) on investments	5	355,147.
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.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	11,266,561.

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		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:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2013)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4994445.	8197715.	9705585.	12859589.	14116476.	49873810.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	4994445.	8197715.	9705585.	12859589.	14116476.	49873810.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						29439064.
6 Public support. Subtract line 5 from line 4.						20434746.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	4994445.	8197715.	9705585.	12859589.	14116476.	49873810.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	83,065.	162,097.	157,760.	151,910.	157,447.	712,279.
9 Net income from unrelated business activities, whether or not the 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 assets (Explain in Part IV.)	650,680.	319,600.	343,205.		8,792.	1322277.
11 Total support. Add lines 7 through 10						52182868.
12 Gross receipts from related activities, etc. (see instructions)					12	3,397,614.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	39.16	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	44.64	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule 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

2013

Name of the organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

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

For 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 ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet 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 NATIONAL HEMOPHILIA FOUNDATION	Employer identification number 13-5641857
---	---

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>2,050,898.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ <u>841,190.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ <u>886,261.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ <u>863,450.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ <u>385,771.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ <u>3,719,185.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,722,768.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 1,106,312.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization

Employer identification number

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **See separate instructions.** ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

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) organizations: Complete Part III.

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

Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

Complete if the organization is exempt under section 501(c)(3).

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

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

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

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

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

LHA

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11-08-13

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2013

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 of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1j)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		26,208.
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		229,181.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		27,725.
i Other activities?		X	
j Total. Add lines 1c through 1i			283,114.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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

Supplemental Information (continued)

DEPARTMENT ARE THE NATIONAL ADVOCACY EMPOWERMENT PROGRAM (NAEP) AND
WASHINGTON DAYS. THE NAEP PROVIDES TRAINING, TOOLS AND SUPPORT TO
ASSIST CONSUMERS IN BECOMING EFFECTIVE ADVOCATES. WASHINGTON DAYS IS
NHF'S ANNUAL GRASSROOTS EVENT WHICH BROUGHT PATIENTS TO WASHINGTON D.C.
TO MEET WITH MEMBERS OF CONGRESS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 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

2013

Name of the organization

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Revenues included in Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	287,878.	271,335.	268,750.	261,250.	257,500.
b Contributions					
c Net investment earnings, gains, and losses	26,933.	16,543.	2,585.	7,500.	3,750.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	314,811.	287,878.	271,335.	268,750.	261,250.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment 79.41 %
- c** Temporarily restricted endowment 20.59 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		175,302.	168,149.	7,153.
d Equipment		187,759.	185,373.	2,386.
e Other		1,015,979.	999,089.	16,890.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,429.

Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) 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.	

Investments - Program Related.

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

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

Other Assets.

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

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

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
(1) Federal income taxes	
(2) DEFERRED RENT	40,451.
(3) 457B PLAN PAYABLE	140,900.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	15,666,762.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	355,147.
b	Donated services and use of facilities	2b	22,285.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	377,432.
3	Subtract line 2e from line 1	3	15,289,330.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	15,289,330.

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

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

1	Total expenses and losses per audited financial statements	1	13,900,572.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	21,760.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	21,760.
3	Subtract line 2e from line 1	3	13,878,812.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	13,878,812.

Supplemental Information.

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

PART V, LINE 4:

EXPLANATION: THE FOUNDATION TEMPORARILY RESTRICTED \$26,933 IN 2013 REPRESENTING INCOME FROM THE ENDOWMENT FUND TO BE USED FOR A RESEARCH GRANT. THE \$64,811 UNDER TEMPORARILY RESTRICTED ASSETS REPRESENTS INCOME 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

Supplemental Information (continued)

FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX (UBIT). THE FOUNDATION HAS ACTIVITIES SUBJECT TO UBIT IN THE YEARS ENDED 2013 AND 2012 AND HAS FILED FORM 990T. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE FOUNDATION IS REQUIRED TO FILE FORM 990 (RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX), WHICH IS SUBJECT TO EXAMINATION BY THE IRS UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. THE FORMS 990 FOR 2010 THROUGH 2012 ARE OPEN TO EXAMINATION BY THE IRS AS OF DECEMBER 31, 2013. UNRELATED BUSINESS INCOME TAX FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012 AMOUNTED TO \$10,365 AND \$27,244, RESPECTIVELY.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

▶ 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 **NATIONAL HEMOPHILIA FOUNDATION** Employer identification number **13-5641857**

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0			0.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			0.

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

Schedule F (Form 990) 2013

332071 10-03-13

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.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	DONATION TO "CLOSE THE GAP CAMPAIGN" TO MAKE POSITIVE STRIDES FOR SUSTAINABLE CARE	50,000. CHECK		0.		

2 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 1

3 Enter total number of other organizations or entities 1

Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes 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.

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	
		WALK-A-THON	SOIREE	6	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,061,736.	392,329.	127,312.	1,581,377.
	2	Less: Contributions	1,061,736.	377,981.	111,747.	1,551,464.
	3	Gross income (line 1 minus line 2)		14,348.	15,565.	29,913.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	1,455.	2,500.	1,624.	5,579.
	6	Rent/facility costs	42,229.	52,285.	44,344.	138,858.
	7	Food and beverages	8,212.	0.	8,781.	16,993.
	8	Entertainment	2,800.	0.	1,040.	3,840.
	9	Other direct expenses	522,907.	83,980.	43,445.	650,332.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				815,602.
11	Net income summary. Subtract line 10 from line 3, column (d)				-785,689.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

13a								
					%			
13b					%			

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? 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 ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

- 17 Mandatory distributions:
 - a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
 - b 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, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2013

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number
13-5641857

General Information on Grants and Assistance

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

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 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - 104 AIRPORT DR., STE 2200, CB# 1350 - CHAPEL HILL, NC 27599	56-6001393	501(C)(3)	64,921.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
UNIVERSITY OF TEXAS- HOUSTON HEALTH SCIENCE - P.O.BOX 203382 - HOUSTON, TX 77216	74-1761309		14,063.	0.			INSURANCE, CAREER FOCUSED PROGRAMS, PATIENCE ASSISTANCE FOR CAREER/EDUCATIONAL NEEDS
BLOOD CENTER OF WISCONSIN INC P.O. BOX 78961 MILWAUKEE, WI 53278	39-0807235	501(C)(3)	21,000.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION AND RESEARCH IN BLEEDING AND CLOTTING
DMC EDUCATION & RESEARCH 4201 ST. ANTOINE, 9C/UHC DETROIT, MI 48201	38-2562709	501(C)(3)	47,367.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS
BLEEDING DISORDERS ASSN OF NE NEW YORK - PO BOX 947 172B COLUMBIA TURNPIKE - RENSSELAER, NY 12144	22-2519156	501(C)(3)	24,250.	0.			ADVOCACY CAPACITY BUILDING AND STAFFING ASSISTANCE FOR CHAPTER SUPPORT AN EXPANSION IN HCC'S ADVOCACY INFRASTRUCTURE TO ASSIST THE COUNCIL IN ITS
HEMOPHILIA COUNCIL OF CALIFORNIA 1507 21ST STREET, STE. 103 SACRAMENTO, CA 95811	68-0182998	501(C)(3)	52,000.	0.			

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

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

37.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2013)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAWAII HEMOPHILIA FOUNDATION 45-103B WALLELE RD KANEHOE, 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 CLOTTING 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)	15,000.	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,	

NATIONAL HEMOPHILIA FOUNDATION

13-5641857

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST OHIO HEMOPHILIA FOUNDATION - 3131 SOUTH DIXIE DRIVE, SUITE 103 - MORaine, OH 45439	31-1527065	501(C)(3)	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.			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)	96,535.	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.			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 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
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 MONTGOMERY RUN ROAD CORANPOLIS, PA 15108	95-1642394	501(C)(3)	10,000.	0.			CLINICAL RESEARCH FELLOWSHIP PROMOTING INNOVATION IN BLEEDING AND CLOTTING DISORDERS

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	2	1,500.	0.		
DOREEN MCMULLAN MCCARTHY MEMORIAL ACADEMIC AWARD	1	2,500.	0.		
ACADEMIC SCHOLARSHIP	1	2,500.	0.		
EMERGENCY FINANCIAL ASSISTANCE PROVIDED TO INDIVIDUALS WITH HEMOPHILIA OR OTHER BLOOD-RELATED DISEASES.	56	18,244.	0.		

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

PART I, LINE 2:

EXPLANATION: BASED ON THE NHF REQUIREMENTS ALL CHAPTERS THAT WERE AWARDED

GRANTS PROVIDE QUARTERLY PROGRAM AND FINANCIAL REPORTS REGARDING THEIR

GRANTS WITH US. ONLY AFTER SUBMISSION OF A QUARTERLY PROGRAM REPORT

DESCRIBING THEIR PROGRESS IN COMPLETING DELINEATED TASKS AND COMPLETE

FINANCIAL REPORTING WILL NHF RELEASE THE NEXT QUARTERLY PAYMENT FOR THE

GRANT RECIPIENTS. THE FINAL PAYMENT IS HELD UNTIL A FULL FINAL SUMMARY

REPORT IS HANDED IN, ALL TASKS HAVE BEEN ADDRESSED AND FINANCIAL STATEMENTS

RECONCILED (GRANTS TO CHAPTERS).

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

Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: SURVEY OF PATIENT KNOWLEDGE AND ATTITUDES; COORDINATE CARE WITH EDUCATORS, SCHOOL NURSES, DENTISTS, ETC

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY HOSPITALS CASE MEDICAL CTR

(H) PURPOSE OF GRANT OR ASSISTANCE: IMPLEMENT SHARED MEDICAL APPOINTMENTS PROGRAM FOR PEDIATRIC POPULATION AND PATIENT ASSISTANCE FOR TRANSPORTATION

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF CALIFORNIA, SAN DIEGO

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL HEMOPHILIA FOUNDATION

Employer identification number

13-5641857

Questions Regarding Compensation

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.

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

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?

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.

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

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

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

Only section 501(c)(3) 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:

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

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

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

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

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

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

Yes No

	Yes	No
1a		
1b		
2		
3		
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2013

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.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
VAL BIAS	(i) 276,484.	(ii) 5,000.	(iii) 1,160.	46,381.	26,925.	355,950.	0.
CHIEF EXECUTIVE OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
JORDANA ZEGER	(i) 189,197.	(ii) 1,000.	(iii) 2,643.	8,446.	26,803.	228,089.	0.
CHIEF OPERATING OFFICER	(ii) 0.	0.	0.	0.	0.	0.	0.
JOSEPH KLEIBER	(i) 180,654.	(ii) 1,000.	(iii) 2,495.	18,367.	26,750.	229,266.	0.
SENIOR V.P. OF CHAPTER SERVICES	(ii) 0.	0.	0.	0.	0.	0.	0.
MARY ANN LUDWIG	(i) 212,326.	(ii) 1,000.	(iii) 2,772.	21,691.	9,656.	247,445.	0.
V.P. OF DEVELOPMENT	(ii) 0.	0.	0.	0.	0.	0.	0.
NEIL FRICK	(i) 133,857.	(ii) 4,000.	(iii) 380.	13,679.	9,273.	161,189.	0.
V.P. OF RESEARCH & MEDICAL EDUCATION	(ii) 0.	0.	0.	0.	0.	0.	0.
JOHN INDENCE	(i) 135,591.	(ii) 1,000.	(iii) 440.	13,650.	9,258.	159,939.	0.
V.P. OF MARKETING AND COMMUNICATION	(ii) 0.	0.	0.	0.	0.	0.	0.
	(i)						
	(ii)						
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	(ii)						

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2013

Name of the organization

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.

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

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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. NHF 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,

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SOCIAL MEDIA AND CULTURAL COMPETENCE. NYLI MEMBERS WERE PROVIDED OPPORTUNITIES TO SERVE ON A VARIETY OF NHF ADVISORY GROUPS AND ONE MEMBER SERVED AS A NONVOTING MEMBER ON NHF'S BOARD OF DIRECTORS. NYLI MEMBERS PROVIDED 7 EDUCATIONAL SESSIONS, ADVOCATED ON BEHALF OF THEIR STATES IN WASHINGTON, DC, AT NHF'S WASHINGTON DAYS ADVOCACY EVENT, LED PEER EDUCATION PROGRAMS FOR TEENS AND FACILITATED 2 RAP SESSIONS AT NATIONAL MEETINGS. NHF ALSO LAUNCHED THE FUTURE ADVOCACY LEADERS PROGRAM AS PART OF NYLI, IN WHICH YOUNG ADULTS CAN STRENGTHEN THEIR LEADERSHIP SKILLS, LEARN THE KEYS TO SUCCESSFUL ADVOCACY AND PROVIDE YOUTH ADVOCACY WORKSHOPS AT LOCAL CHAPTER EVENTS.

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

UNDERSTAND THE UNIQUE HEALTHCARE NEEDS OF THOSE AFFECTED BY BLEEDING DISORDERS

NHF MANAGES 6 DISTINCT WEBSITES: HEMOPHILIA.ORG, STEPSFORLIVING.HEMOPHILIA.ORG, HEMAWARE.ORG, AND WEBSITES FOR THE HEMOPHILIA WALK, VICTORY FOR WOMEN AND INHIBITOR SUMMITS. IN 2013 THERE WAS AN 18.5% INCREASE IN WEB TRAFFIC TO HEMOPHILIA.ORG, WITH MORE THAN 474,400 TOTAL UNIQUE VISITORS. MORE THAN 488,200 EMAIL COMMUNICATIONS HAVE BEEN SENT THROUGH SUCH AVENUES AS: ENOTES, HEMAWARE EXPRESS, MEDICAL ALERTS, ADVOCACY ALERTS, MEDIA ALERTS, CHAPTER UPDATES AND DEVELOPMENT PLEAS. NHF HAS MORE THAN 10,200 LIKES ON FACEBOOK (20% INCREASE FROM PREVIOUS YEAR) AND MORE THAN 9,700 TWITTER FOLLOWERS (362% INCREASE FROM PREVIOUS YEAR).

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

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

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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:

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

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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

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

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EXPLANATION: CERTAIN AMOUNTS PREVIOUSLY REPORTED HAVE BEEN RECLASSIFIED TO CONFORM TO CURRENT YEAR PRESENTATION PER THE AUDITED FINANCIAL STATEMENTS. THE BEGINNING BALANCE FOR PREPAID EXPENSES HAS 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 BEEN RECLASSIFIED TO CONFORM TO CURRENT YEAR PRESENTATION PER THE AUDITED FINANCIAL STATEMENTS. SUCH CHANGES WERE LIMITED TO REFLECTING THE ASSET AND LIABILITY PERTAINING TO 457(B) PLAN AT GROSS AMOUNTS ON THE STATEMENTS OF FINANCIAL POSITION. SUCH RECLASSIFICATION HAD NO IMPACT ON THE RESULTS OF OPERATIONS ON EITHER YEAR PRESENTED. THE BEGINNING BALANCE ON LINE 25, OTHER LIABILITIES, WAS INCREASED BY \$95,041 WHICH REPRESENTS THE 457(B) LIABILITY.