# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047	
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For calendar year 2020, or fiscal year beginning

 Do not send to the IRS. Keep for your records. 2020 Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form8879EO for the latest information. Name of exempt organization or person subject to tax Taxpayer identification number TENNESSEE REMOPHILIA BLEEDING DISORDER FOUNDATION 62-1662856 Name and title of officer or person subject to tax ANNE-LOUISE WIRTHLIN, TREASURER Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 3a Form 1120-POL check here > 4a Form 990-PF check here ▶ ☐ b Tax based on investment income (Form 990-PF, Part VI, line 5) . . . . . . . . 4b 5a Form 8868 check here ▶ 🗍 6a Form 990-T check here 7a Form 4720 check here ▶ Part II Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that 🔲 I am an officer of the above organization or 🔲 I am a person subject to tax with respect to (name of organization) , (EIN) \_ and that I have examined a copy of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-363-4537 no later then 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X | lauthorize Bryan Todd & Associates to enter my PIN 62856 as my aignature ERO firm name er five numbers, but on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tex with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Certification and Authentication ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 628268 37129 Do not enter all zarce I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

EROs signature > Bryan Todd, CPA

Date > 06-14-2021

# Form **990**

Department of the Treasury

Internal Revenue Service

# **Return of Organization Exempt From Income Tax**

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

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

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

2020

OMB No. 1545-0047

Open to Public Inspection

Α	For	the	2020 calendar y	ear, or tax year beginning , 2020, and	l ending		, 20			
В	Che	ck if ap	oplicable:	C Name of organizationTENNESSEE HEMOPHILIA BLEEDING DISORDER	FOUNDATION	D Emp	loyer identification num	nber		
	Addr	ess ch	nange	Doing business as			62-1662856			
Ē	Nam	e char	nae		oom/suite	E Telep	hone number			
Ħ		l retur	•	242 HERITAGE PARK DRIVE	105	.,	(615)900-1	486		
ŏ			n/terminated	City or town, state or province, country, and ZIP or foreign postal code		G Gros	s receipts			
П		nded r		MURFREESBORO, TN 37129		\$ 302,657				
Ħ			pending	F Name and address of principal officer:	H/a) to mice					
	Appl	cation	r pending	r Name and address of principal officer.	1	a group return for subordinates? Yes X No Il subordinates included? Yes No				
_	T		ot status: X 501	(a)(a)				140		
1				(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			st. See instructions			
J			► N/A	. nn n	H(c) Group e					
Ď.	rorm art		ganization: X Corp	poration Trust Association Other L Year of formation:	1997 M S	tate of leg	gal domicile: TN			
3.3										
			•	he organization's mission or most significant activities: OUR MISSION IS	TO ENHANCE	THE	LIVES OF TH	IOSE		
ဦ			AFFECTED BY	A BLEEDING DISORDER						
Activities & Governance										
ě		•	Object this beaut	if the organization discontinued its operations or disposed of more than 25°	)/ - <b>f</b> !tt-					
တိ				<del></del>		1		_		
⋖ర	- 1		•	members of the governing body (Part VI, line 1a)		3		9_		
ies	ı		•	endent voting members of the governing body (Part VI, line 1b)		4		9		
⋽				ndividuals employed in calendar year 2020 (Part V, line 2a)		5		3_		
Ş				olunteers (estimate if necessary)		6	· · · · · · · · · · · · · · · · · · ·	*************		
•				usiness revenue from Part VIII, column (C), line 12		7a		0		
	_	b	Net unrelated but	siness taxable income from Form 990-T, Part I, line 11		7b		00		
				<u> </u>	Prior Year		Current Year			
Revenue				d grants (Part VIII, line 1h)	383	,095	298	8,449		
			_	revenue (Part VIII, line 2g)				0		
š	1			ne (Part VIII, column (A), lines 3, 4, and 7d)	9	,154		4,208		
ď	1	1	Other revenue (P	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0		
	_   1	2	Total revenue - a	dd lines 8 through 11 (must equal Part VIII, column (A), line 12)	392	,249	302	2,657		
	1	3	Grants and simila	ar amounts paid (Part IX, column (A), lines 1-3)				0		
	1	4	Benefits paid to d	or for members (Part IX, column (A), line 4)				0		
ģ	1	5	Salaries, other co	ompensation, employee benefits (Part IX, column (A), lines 5-10)	58	032	8,904			
Expenses	1	6a	Professional fund	draising fees (Part IX, column (A), line 11e)				0		
		þ.	Total fundraising	expenses (Part IX, column (D), line 25)				1900 Miles		
ŭ	1	7	Other expenses (	Part IX, column (A), lines 11a-11d, 11f-24e)	247	434	156	5,123		
	1	8	Total expenses.	Add lines 13-17 (must equal Part IX, column (A), line 25)	305	466	225	5,027		
	_	9 1	Revenue less exp	penses. Subtract line 18 from line 12	86	,783	77	7,630		
ಕ	89				Beginning of Curre	nt Year	End of Year			
sets	2	0	Total assets (Part	t X, line 16)	476	, 838	586	5,956		
Net Assets or	2	1	Total liabilities (Pa	art X, line 26)	6,	,029	38	3,517		
_				d balances. Subtract line 21 from line 20	470	809	548	3,439		
Pa	irt 1		Signature E	Block						
				hat I have examined this return, including accompanying schedules and statements, and to the best of m on of preparer (other than officer) is based on all information of which preparer has any knowledge.	y knowledge and belie	f, it is				
O:				UISE WIRTHLIN						
Sig			Signature of of	fficer		Dat	te			
He	re		ANNE-LO	UISE WIRTHLIN, TREASUŖER	**************************************	···				
			Type or print n	ame and title	,					
_			Print/Type preparer	s name Preparer's signature Date	Check	X if	PTIN			
Pai	-		Bryan Todd	I, CPA Bryan Todd, CPA 06-24-2021	self-emp	loyed	P00505670			
Pre	-		Firm's name	Bryan Todd & Associates	Firm's EIN					
Us	e O	nly	Firm's address	4322 Harley Way	Phone no.					
				Murfreesboro TN 37129		615-	584-1024			
May	the	IRS	discuss this retur	n with the preparer shown above? (see instructions)			🛛 Yes [	No		

Forn	n 990 (2020) TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION	62-1662856	Page 2
Pa	It III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		[]
1	Briefly describe the organization's mission:		
	OUR MISSION IS TO ENHANCE THE LIVES OF THOSE AFFECTED BY A BLEEDING DISORDER		
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
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program		
	services?	🗌 Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers,	
	the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$116,078 including grants of \$) (Revenue	\$	)
	CRISIS RELATED FINANCIAL ASSISTANCE TO PEOPLE WITH HEMOPHILIA IN NEED OF NON-	COVERED MED	IATIONS,
	SUPPLIES, EQUIPMENT, HOUSING, TRANSPORTATION TO MEDICAL CARE, ETC.		
4b	(Code: ) (Expenses \$ 23,908 including grants of \$ ) (Revenue	\$	)
	CONFERENCES TO PROVIDE FUNDING FOR PERSONS WITH HEMOPHILIA AND THEIR FAMILES,	PROFESSION	AL
	CONFERENCES FOR CAREGIVERS AND TO PROVIDE INFORMATION TO SCHOOLS AND THE GENE	RAL PUBLIC.	
4c	(Code: ) (Expenses \$ 12,875 including grants of \$ ) (Revenue	\$	)
	OTHER GENERAL SERVICES INCLUDING EDUCATIONAL SCHOLARSHIPS FOR PEOPLE WITH HEMO	OPHILIA OR	OTHER
	CAREGIVERS, SUPPORT GROUPS, TELEPHONE NETWORKS, BEREAVEMENT SUPPORT OF FAMILIE		
		<del></del>	
			<del></del>
			-
		<del>-</del> -	
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
4e	Total program service expenses > 152,861		

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	_		
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes." complete Schedule C. Part II	4		
	oloston in ontological my control of the control of			Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		v
e	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			X
6	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
		6		x
7	"Yes," complete Schedule D, Part I			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
Ü	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
3	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	<u> </u>		<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? # "Yes,"		10000000	196098194-01
_	complete Schedule D, Part VI	11a	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? If "Yes," complete Schedule D, Part VII	11b		x
С	The state of the s			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		х
е	The state of the s	11e		х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		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? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L l	X

Form 990 (2020) TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION Page 4 62-1662856 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X 23 Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b 24a Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a X 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? 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these 27 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 current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? # 28a Х A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ...... 28b X A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . . . . . . . . . . . . . . 29 29 X Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 x 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? # "Yes," complete Schedule N, Part II 32 X 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a X 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)? If "Yes," complete Schedule R, Part V, line 2 35b х 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 X 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V 

	Chlock is Concurs to Contains a responde of flote to any fine in the latter in the		 				
					Yes	No	
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable	1b	0				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and						Section 1
	reportable gaming (gambling) winnings to prize winners?		 	1c	Х		

20) TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a	 3	0.00	192	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	 	2b	x	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	 			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	 	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	 	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	 ٠.	4a		x
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	 	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	 	5b		х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	 	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	organization solicit any contributions that were not tax deductible as charitable contributions?	 	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or				
	gifts were not tax deductible?	 	6b		ĺ
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods				
	and services provided to the payor?	 	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	 	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	 	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	ļ			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	 	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	 [	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	 [	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • •	 [	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	ſ			
	sponsoring organization have excess business holdings at any time during the year?	 [	8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	 	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	 [	9b		
10	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				
11	Section 501(c)(12) organizations. Enter:	1			
а	Gross income from members or shareholders				
þ	Gross income from other sources (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)				
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	 [	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	 			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- 1			
а	Is the organization licensed to issue qualified health plans in more than one state?	 ٠ .	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
þ	Enter the amount of reserves the organization is required to maintain by the states in which	1			
	the organization is licensed to issue qualified health plans				
C	Enter the amount of reserves on hand	 		#062519 6000000	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	 • •	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	 • • [	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				
	excess parachute payment(s) during the year? $ \dots $	 [	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	 [	16		x
	if "Yes," complete Form 4720, Schedule O.				

62-1662856

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

Sec	tion A. Governing Body and Management			
***			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		ж
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	-photograph
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? • • •	12b	x	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	•	
14	Did the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by		(100 mg	Maria Later
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	resusen
b	Other officers or key employees of the organization	15b		x
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100		Α
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
104	with a taxable entity during the year?	16a		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	: va		X
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
		16b		
Sac	organization's exempt status with respect to such arrangements?	100		
17 10				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ANNE-LOUISE WIRTHLIN (615)900-1486, 242 HERITAGE PARK DRIVE, MURFREESBORO, TN 37129			

Form	ggn	(2020)

TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

and the second s					(C)	.,				
(A) Name and title	(B) Average hours per week	box	Position (do not check more that box, unless person is to officer and a director/tr					(D)  Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) LOUISE HARDAWAY	1.00									
MEMBER AT LARGE		х						0	0	0
(2) JAN VAN EYS	1.00									
LIFETIME MEMBER		X						0	0	0
(3) ROBBY BOND	1.00									
BOARD MEMBER		Х	- 1					0	0	0
(4) RACHEL BURTON	1.00	.		Ì	Ì	İ				
BOARD MEMBER	1 00	X						0	0	0
(5) SAM DOUGHTY PRESIDENT	1.00	x		x				0	o	0
(6) ELIZABETH DAY	1.00			^			$\dashv$			0
WEST TN VICE PRESIDENT	<del>- • •</del> • • •	х		x	ı			o	o	0
(7) ANNE-LOUISE WIRTHLIN	1.00								Ū	
TREASURER		x		x			ı	0	o	0
(8) JANET PATTERSON	1.00								_	
MIDDLE TN VICE PRESIDENT		x		x				0	0	0_
(9) AMANDA MITCHELL	1.00		T							
SECRETARY		x		х				0	0	0
(10)								:		
(11)										
(12)										
(13)								***************************************		
(14)										····

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	(A) Name and title	(B) Average hours per week	box	, unles	Po: eck m ss per	rson is	han one s both ar /trustee)	n	(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099-		from the organization and related organizations
<u>(15)</u>												
(16)												
<u>(17)</u>												
<u>(18)</u>												
(19)												
(20)												
(21)						-						
(22)												
(23)												
(24)									ş			
(25)												
1b	Subtotal							<b>"</b>				
c ď	Total from continuation sheets to Part VII, Section Total (add lines 1b and 1c)								0		0	0
2	Total number of individuals (including but not limite	d to those lis								ţ		
	reportable compensation from the organization	<u> </u>								·		Yes No
3	Did the organization list any <b>former</b> officer, director employee on line 1a? <i>If</i> "Yes," complete Schedule 3.	_		•	or h	ighe	est con	nper	sated			3 x
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than	portable con	npensa	ation				-				
5	Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"			-			-	niza	ation or individual			5 X
Section	on B. Independent Contractors		·····									
1	Complete this table for your five highest compensation										·	
	compensation from the organization. Report compe	ensation for t	the cal	enda	ır ye	ar e	nding i	with		ization's ta	x year.	(0)
	(A) Name and business address	3							(B)  Description of service	S		(C) Compensation
	The state of the s										<del></del>	
	Total number of independent contractors (including	***										

TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION 62-1662856 Statement of Revenue

		Check if Schedule O co	ontains a respons	e or n	ote to any line in th	is Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .		1a					
χή <sub>10</sub>	b	Membership dues		1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events		1c					
	d	Related organizations .		1d		1			
ifts ar A	е	Government grants (conti	ributions)	1e	40,734				
3, E	f	All other contributions, gif	fts, grants,			1			
tion r Si		and similar amounts not in	ncluded above	1f	257,715				
ibu Ste	g	Noncash contributions inc	cluded in						
o de tr		lines 1a-1f		1g	\$				
ة ت	h	Total. Add lines 1a-1f				298,449			
					Business Code				
gy.	2a								
ξ	b								
Se	С								
ž e	d								
Program Service Revenue	е								
P	f	All other program service r	evenue						
	g	Total. Add lines 2a-2f -							
		Investment income (includiother similar amounts) . Income from investment of				4,208	4,208		
		Royalties	,						
	ľ	Noyaliles	(i) Real		(ii) Personal				
	6a	Gross rents			(N) FEISORA				
			6b		-,,	1			
	1	Rental income or (loss)	6c						
	}	Net rental income or (loss)							
	İ	, ,	(i) Securitie		(ii) Other				
	/a	Gross amount from sales of assets	(i) Securitie	35	(II) Olliei				
		other than inventory	7a						
	1	Less: cost or other basis				1			
ē	1	and sales expenses	76				600 000 000		
evenue	i	Gain or (loss)							
Š	,	Net gain or (loss)						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Other R	1	Gross income from fundrai							
¥	1	events (not including \$	·•····g						
•		of contributions reported or	n line						
		1c). See Part IV, line 18		8a		1 6 9 6 6 6			
		Less: direct expenses .		8b					
		Net income or (loss) from f		s •					
	ļ	Gross income from gaming							
	1	activities, See Part IV, line		9a					
	!	Less: direct expenses .		9b					
	l	Net income or (loss) from g							
		Gross sales of inventory, le	•						
		returns and allowances		10a					
		Less: cost of goods sold		10b					
	l	Net income or (loss) from s		<u> </u>					and the second s
		( · · · · / · · · · · · ·			Business Code				
S .	11a								
e and	b		,						
e∰ Yer	С								
Miscellanous Revenue	d	All other revenue							
≥	e	Total. Add lines 11a-11d	<u></u>	<u>.</u> '					
	12	Total revenue. See instruc	tions			302,657	4,208	0	0

62-1662856

### TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION

Statement of Functional Expenses Part IX 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 r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, §	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		·		
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	62,798	40,819	9,420	12,559
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,350	878	203	269
10	Payroll taxes	4,756	3,091	713	952
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	28,932	18,805	4,339	5,788
14	Information technology				
15	Royalties				
16	Occupancy	25,248	16,412	3,788	5,048
17	Travel	2,174	1,413	326	435
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	36,781	23,908	5,517	7,356
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	730	475	110	145
23	Insurance	18,329	11,914	2,749	3,666
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	CAMP	20,964	20,964		
b	AWARDS & GRANTS	12,875	12,875		
C	MISCELLANEOUS	2,010	1,307	302	401
d	PROFESSIONAL SERVICES	8,080		8,080	
e	All other expenses				·-····································
25	Total functional expenses. Add lines 1 through 24e	225,027	152,861	35,547	36,619
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				
	following SOP 98-2 (ASC 958-720)				

TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION Page 11 Form 990 (2020) 62-1662856 Part X **Balance Sheet** (B) (A) End of year Beginning of year 241,135 336,595 2 2 3 Pledges and grants receivable, net ......... 3 4 15,400 14,521 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .... 7 Notes and loans receivable, net 11,720 Inventories for sale or use ......... 8,871 8,504 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 26,181 10c 1,169 1,899 Less: accumulated depreciation . . . . . . . . . . . . . . . 10b b 199,059 11 224,921 11 12 Investments - other securities. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 . . . . . . . . . . . . 14 14 15 15 Total assets. Add lines 1 through 15 (must equal line 33) 16 586,956 476,838 16 17 Accounts payable and accrued expenses ....... 6,029 6,167 17 18 18 19 32,350 19 Deferred revenue 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons Secured mortgages and notes payable to unrelated third parties 23 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

Net Assets or Fund Balances 31 Retained earnings, endowment, accumulated income, or other funds 31 32 548,439 470,809 32 Total liabilities and net assets/fund balances ........ 476,838 33 586,956 33 Form 990 (2020)

Capital stock or trust principal, or current funds ........

. . . . . . . . . . . . . . . .

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

Net assets with donor restrictions

and complete lines 29 through 33.

Organizations that follow FASB ASC 958, check here

Organizations that do not follow FASB ASC 958, check here

Paid-in or capital surplus, or land, building, or equipment fund

26

27

28

29

30

EEA

25

26

27

28

29

30

38,517

415,718

132,721

6,029

387,706

83,103

orm	990 (2020) TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION 62-166	2856	<u>P</u>	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			<u>· 📙</u>
1	Total revenue (must equal Part VIII, column (A), line 12)		302,	
2	Total expenses (must equal Part IX, column (A), line 25)		225,	027
3	Revenue less expenses. Subtract line 2 from line 1		77,	630
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		470,	809
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		548,	439
Pai	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u>. 🗌</u>
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		x
	if "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:		1000	
	Separate basis Consolidated basis Both consolidated and separate basis			
þ	Were the organization's financial statements audited by an independent accountant?	2b	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:			
	X Separate basis Consolidated basis Both consolidated and separate basis	660.00		
С	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?	2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	3a		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 on Schedule O and describe any steps taken to undergo such audits	3b		
EEA		For	m <b>990</b> (	2020)

EEA

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

OMB No. 1545-0047 2020

Open to Public Inspection

Department of the Treasury

▶ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number Name of the organization

		SEE HEMOPHILIA BLEEDING					62-166285			
Pa	πl	Reason for Public Charit	<b>y Status.</b> (All d	organizations must c	omplete	this par	t.) See instructions	<b>S.</b>		
The	orgai	nization is not a private foundation bed	cause it is: (For line	s 1 through 12, check on	ly one box	.)				
1		A church, convention of churches, or	association of churc	ches described in <b>sectio</b> :	170(b)(1	)(A)(i).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)								
3		A hospital or a cooperative hospital se	ervice organization	described in section 170	(b)(1)(A)(i	ii).				
4	П	A medical research organization open	=			•	(A)(iii). Enter the			
		hospital's name, city, and state:	•	•		( // /	. , ,			
5	П	An organization operated for the ben	efit of a college or u	iniversity owned or opera	ited by a d	overnment	al unit described in			
•	لمسا	section 170(b)(1)(A)(iv). (Complete	_	on or opera		010111110110	5, 5, 1, 0000 1000 17.			
6	П	A federal, state, or local government of	,	it described in eaction 17	/n/h\/4\/A\	W				
7	X	An organization that normally receive					n the general public			
'	A	described in section 170(b)(1)(A)(vi)	· ·	• • • •	rennnena	unit or nor	ii die general public			
	П	, , , , , ,	•	•						
8	H	A community trust described in section					1			
9	Ш	An agricultural research organization								
		or university or a non-land-grant colle	ege or agriculture (s	ee instructions). Enter th	e name, ci	ty, and stat	e of the college or			
		university:								
10	Ш	An organization that normally receive		* *			•			
		receipts from activities related to its e	*	•	•	•				
		support from gross investment incom		•		,	om businesses			
		acquired by the organization after Jur		* * * * * * * * * * * * * * * * * * * *		•				
11	Н	An organization organized and opera	•							
12	Ш	An organization organized and opera	ted exclusively for t	the benefit of, to perform	the function	ns of, or to	carry out the purposes	i		
		of one or more publicly supported org	anizations describe	ed in <b>section 509(a)(1)</b> or	section 5	<b>09(a)(2)</b> . S	ee section 509(a)(3).			
		Check the box in lines 12a through 12	2d that describes th	ne type of supporting orga	anization a	nd complet	te lines 12e, 12f, and 1	2g.		
	а	Type I. A supporting organization	operated, supervis	sed, or controlled by its su	pported or	ganization(	s), typically by giving			
		the supported organization(s) the	power to regularly	appoint or elect a majori	ty of the di	rectors or t	rustees of the			
		supporting organization. You mu	st complete Part I'	V, Sections A and B.						
	b	Type II. A supporting organization	supervised or con	trolled in connection with	its support	ed organiz	ation(s), by having			
		control or management of the sup	pporting organization	on vested in the same pe	rsons that	control or r	nanage the supported			
		organization(s). You must comp	lete Part IV, Section	ons A and C.						
	С	Type III functionally integrated.	A supporting organ	nization operated in conne	ection with	and functi	onally integrated with,			
		its supported organization(s) (see	instructions). You	must complete Part IV,	Sections A	A, D, and E				
	ď	Type III non-functionally integra	ited. A supporting o	organization operated in c	connection	with its sup	ported organization(s)			
		that is not functionally integrated.	The organization g	enerally must satisfy a di	stribution (	equiremen	t and an attentiveness			
		requirement (see instructions). Yo	ou must complete	Part IV, Sections A and	D, and Pa	rt V.				
	е	Check this box if the organization	-				Type II, Type III			
		functionally integrated, or Type III				<b>31</b>	*1 * *1			
	f	Enter the number of supported organ	-	• • •						
	g	Provide the following information abo	ut the supported or	ganization(s).						
	(i)	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of		
			<b>,,,</b> =	(described on lines 1-10	listed in you	r governing	support (see	other support (see		
				above (see instructions))	фосил	ent?	instructions)	instructions)		
					Yes	No				
					1.55					
A)										
B)										
C)										
		*.				<del> </del>				
D)										
E)										
otal										

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

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

Se	ction A. Public Support	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>			
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and			· · · · · · · · · · · · · · · · · · ·	1		
	membership fees received. (Do not						
	include any "unusual grants.")	518,947	451,568	361,188	383,095	298,449	2,013,247
2	Tax revenues levied for the						
	organization's benefit and either paid to	ļ					
	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	518,947	451,568	361,188	383,095	298,449	2,013,247
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	1000000					
	shown on line 11, column (f)						
	Public support. Subtract line 5 from line 4						2,013,247
	ction B. Total Support						
	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	518,947	451,568	361,188	383,095	298,449	2,013,247
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	9,815	8,220	15,015	9,154	4,208	46,412
9	Net income from unrelated business			1			
	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or				1	1	
	loss from the sale of capital assets						
	(Explain in Part VI.)						
	Total support. Add lines 7 through 10						2,059,659
	Gross receipts from related activities, etc. (se				<i>.</i> [	12	
13	First five years. If the Form 990 is for the org				•	,	
							▶
	ction C. Computation of Public Suppor	<u>~</u>		- h (5)		44	
	Public support percentage for 2020 (line 6, con Public support percentage from 2019 Scheduline)	• •		, ,,		14	97.75 %
	33 1/3% support test - 2020. If the organizati						97.82 %
ıva	box and <b>stop here</b> . The organization qualifies						
h	33 1/3% support test - 2019. If the organization						
	this box and <b>stop here</b> . The organization qual						
17a	10%-facts-and-circumstances test - 2020.			•			
	10% or more, and if the organization meets th	-					
	Part VI how the organization meets the facts-						f
	organization						
h	10%-facts-and-circumstances test - 2019.						
N	15 is 10% or more, and if the organization me	•					
	in Part VI how the organization meets the fac					•	
	organization				•		
18	Private foundation. If the organization did no						
-	instructions						▶ □

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

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

Se	ction A. Public Support	•		•	•	•	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees					1	
	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					1	**************************************
	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			ļ			
	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Se	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses		ļ				
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the organi	ization's first, s	econd, third, for	urth, or fifth tax	year as a secti	on 501(c)(3)	
							▶ 🔲
Sec	tion C. Computation of Public Suppor	t Percentage	8				
	Public support percentage for 2020 (line 8, co	, ,				15	%
16	Public support percentage from 2019 Schedu	ule A, Part III, I	ine 15			16	%
	ction D. Computation of Investment Inc						
	Investment income percentage for 2020 (line	, ,	•	13, column (f)	)	17	%
	Investment income percentage from 2019 Sch					18	%
I9a	33 1/3% support tests - 2020. If the organiza						
	17 is not more than 33 1/3%, check this box as	nd <b>stop here.</b> '	The organizatio	n qualifies as a	publicly suppo	rted organization	n▶ 🗌
þ	33 1/3% support tests - 2019. If the organiza	tion did not che	eck a box on lin	e 14 or line 19a	ı, and line 16 is	more than 33 1/	3%, and
	line 18 is not more than 33 1/3%, check this bo	ox and stop he	e <b>re.</b> The organia	zation qualifies	as a publicly s	upported organiz	ation ►
	Private foundation. If the organization did no	t chock a hay r	on line 14 10a	or 10h check t	hie hov and ea	e instructions	▶ 🗍

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

 	Yes	No
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	0.00	
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3a		1
	100	
3b	1 69500000	\$769,000(A)
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		1984 (1984) 1884 (1984)
4a	11/12/20/20/2014	ASSESSABLE DELAN
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5b		
5с		
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7	19000000000	eographe an
8		
9a		
9b		W-14 45 45 75 74
90	ALTERNATION OF THE PARTY OF THE	very acceptant
3		
	1000	
10a	39/35/38/34	V45920650.
10b		

1.5	Copposing Organizations (Contains Copy			T
		1986319219419	Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b	4009256	100000000
C	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI</b> .	11c		<u> </u>
Sec	ction B. Type I Supporting Organizations			T
		CONTRACTOR (A)	Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			18/100
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	115,000,000,000,000	
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			124
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		- anniestant
2				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	your common of	40-000-4000	100000000000000000000000000000000000000
3		2	enesties) extent	verestockers v
•	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3	2005[9000]	14057/40/01:
Sec	tion E. Type III Functionally Integrated Supporting Organizations	1		·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruc	tions	s).	
a				
b				
c		instru	ctions	s).
2	Activities Test. Answer lines 2a and 2b below.	]		
- а				
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
h	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	-4		33.60
IJ	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	2b	486	
2	these activities but for the organization's involvement.  Parent of Supported Organizations. Anguar lines 2s and 2h holow	AU	11615-66	W. S. C. C.
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the experience have the power to regularly experient or elect a majority of the efficers, directors, or			
đ	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3a	2007/200	
	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .	Ja	200000	(#####################################
O	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 L		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	rgani	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying tr	rust or	n Nov. 20, 1970 (explain in	Part VI). See			
	instructions. All other Type III non-functionally integrated supporting organization	ations	must complete Sections A	A through E.			
Section A - Adjusted Net Income (A) Prior Year							
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of	-					
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ction B - Minimum Asset Amount	(A) Prior Year	(B) Current Year (optional)				
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in <b>Part VI</b> ):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	integr	rated Type III supporting o	rganization			
	(see instructions).	•	_				

Se	ction D - Distributions	y oupporting organi	Zationo (dominado	<u>'/</u>	Current Year
1	Amounts paid to supported organizations to accomplish exer	not purposes		1	
2	Amounts paid to perform activity that directly furthers exempt			H	
	organizations, in excess of income from activity	- p p o opp		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets	o o o o o poo too o o garnza		4	
5	Qualified set-aside amounts (prior IRS approval required) - pro	vide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	ondo dolano irri dit vij	<del> </del>	6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	organization is respons	eive		
_	(provide details in <b>Part VI</b> ). See instructions.	o organization to reopone	5140	8	
9	Distributable amount for 2020 from Section C, line 6			9	<u> </u>
	Line 8 amount divided by line 9 amount			10	
	Ento Camount arrado by into Camount		(ii)	10	(iii)
Sec	ction E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2020	าร	Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount	0.00			
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j	The state of the s			
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

# SCHEDULE D (Form 990)

Department of the Treasury

# **Supplemental Financial Statements**

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

▶ Attach to Form 990.

Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

2020

Open to Public Inspection

742.71			Employer identification number
	NESSEE HEMOPHILIA BLEEDING DISORDER FOUN		62-1662856
Pa	Organizations Maintaining Donor Advised Fu		nts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the done	or or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		Yes No
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	······································	
	Preservation of land for public use (e.g., recreation or edu		a historically important land area
	Protection of natural habitat	-	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a co	enservation
	easement on the last day of the tax year.		
а	Total number of conservation easements		Held at the End of the Tax Year  . 2a
b			. 2b
c	Number of conservation easements on a certified historic structure		
ď	Number of conservation easements included in (c) acquired a	* *	
-		* * * * * * * * * * * * * * * * * * * *	. 2d
3	Number of conservation easements modified, transferred, rele		
•	tax year	ascu, extinguished, or terminated by the orga	anzanon doming the
4	Number of states where property subject to conservation ease	ment is located.	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it I	_	Tyes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		بيا سا
Ū	The state of the state of	anding of violations, and entorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	na of violations, and enforcing expensation o	nacments during the year
•	\$\int \\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ng of violations, and emorcing conservation e.	asements during the year
8	Does each conservation easement reported on line 2(d) above	antiof the requirements of continu 470/b/(4)	(D)(i)
•		, , ,	1 /1 /
9	in Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	le to the organization's mancial statements th	at describes trie
Pai	t III Organizations Maintaining Collections	of Art Historical Treasures or Of	har Similar Assats
A // 2000 to	Complete if the organization answered "Yes" o		iller Gillilai Assets.
1a	If the organization elected, as permitted under FASB ASC 958,		
	of art, historical treasures, or other similar assets held for publi		
	·		ince of public
<b>h</b>	service, provide, in Part XIII the text of the footnote to its finance		
b	If the organization elected, as permitted under FASB ASC 958,		
	art, historical treasures, or other similar assets held for public e	xhibition, education, or research in furtherand	e of public service,
	provide the following amounts relating to these items:		
			9-7-7-1
•	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	•	, provide the
_	following amounts required to be reported under FASB ASC 95	·	
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

	organizations Maintaining Co	pliections of	Art, HIS	toricai	reasures	, or Utr	ier Similar As	sets (C	onun	uea)
3	Using the organization's acquisition, accession, a	nd other records,	check an	y of the fo	llowing that n	nake signi	ficant use of its			
	collection items (check all that apply):			_						
а	Public exhibition		d	Loan	or exchange	program	s			
b	Scholarly research		e	Othe	r					
C	Preservation for future generations									
4	Provide a description of the organization's collecti	ons and explain t	now they	further the	organization	's exempt	purpose in Part			
	XIII.									
5	During the year, did the organization solicit or rece	eive donations of	art, histor	ical treasu	res, or other	similar				
	assets to be sold to raise funds rather than to be r		rt of the o	rganizatior	s collection?	?		.   Y	es	No
Pa	rt IV Escrow and Custodial Arrange		_	000 0		•				
	Complete if the organization and 990, Part X, line 21.	swered "Yes"	on Forn	n 990, P	art IV, line	9, or re	eported an amo	ount on	Forr	m 
1a	Is the organization an agent, trustee, custodian or							_		
								🗌 Y	es	No
þ	If "Yes," explain the arrangement in Part XIII and o	omplete the follo	wing table	<b>ə</b> :						
							An	nount		
C	Beginning balance					. 10	:			,,,,,,,,,,,,,-
đ	Additions during the year					. 10	1			
е	Distributions during the year					. 1e				
f	Ending balance					. 1f				
2a	Did the organization include an amount on Form 9	990, Part X, line 2	1, for esc	row or cus	todial accour	nt liability?	·	. 🗌 Y	es [	No
b	If "Yes," explain the arrangement in Part XIII. Chec	ck here if the expl	anation h	as been p	rovided on Pa	art XIII			[	
Pa	rt V Endowment Funds.									
	Complete if the organization ans	wered "Yes" o	on Forn	n 990, P	art IV, line	10.				
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three years back	(e) Fo	ur years	s back
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and									
	losses									
d	Grants or scholarships									
е	Other expenditures for facilities and									
	programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the current ye	ear end balance (	line 1g, c	olumn (a))	held as:					
а	Board designated or quasi-endowment	%								
b	Permanent endowment ▶ %									
C	Term endowment ▶ %									
	The percentages on lines 2a, 2b, and 2c should en	qual 100%.								
3a	Are there endowment funds not in the possession	of the organization	on that are	e held and	administered	d for the				
	organization by:								Yes	No
	(i) Unrelated organizations							. 3a(i	)	
	(ii) Related organizations							. 3a(ii	)	
b	If "Yes" on line 3a(ii), are the related organizations	listed as required	d on Sche	dule R? •				. 3b	<u></u>	<u> </u>
4	Describe in Part XIII the intended uses of the orga		ment fund	s.						
Pai	t VI Land, Buildings, and Equipme									
	Complete if the organization ans	wered "Yes" o	on Form	1 990, Pa	art IV, line	11a. Se	e Form 990, F	Part X, I	ine 1	0.
	Description of property	(a) Cost or othe	r basis	(b) Cost	or other basis	(c) /	Accumulated	(d) Bo	ok value	e
		(investme	nt)		other)	de	preciation			
1a	Land									
b	Buildings									
C	Leasehold improvements		water-water-water-water-water-water-water-water-water-water-water-water-water-water-water-water-water-water-wa		2,000		2,000			
d	Equipment				24,181		23,012		1,	169
е	Other									
Total	. Add lines 1a through 1e. (Column (d) must equal i	Form 990, Part X,	column (	B), line 10	c.)		▶		1,	169

Part VII	Investments - Other Securities.			_
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 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: r end-of-year market value
(1) Financial o	derivatives			
(2) Closely-he	ld equity interests			
(3) Other				
(A)				
(B)				
(C)		<u> </u>		
(D)				
(E)				
(F)				
(G)				
(H)				
A STATE OF THE PARTY OF THE PAR	(b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.  Complete if the organization answered "Yes" on Formula (1998).	ma OOO Dont IV lie	aa 11a Saa Earm	000 Part V line 13
	Complete if the organization answered trest on Fol	m 990, Partiv, III	Te ric. See Form	990, Fall A, line 13.
	(a) Description of investment	(b) Book value	1	c) Method of valuation: r end-of-year market value
(1)				, one or your money room
(2)				
(3)	All the Control of th			
(4)				
(5)		***************************************		
(6)				
(7)				
(8)				
(9)				
Total. (Column	(b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, li	ne 11d. See Form	990, Part X, line 15.
	(a) Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)		·		
(6)				
(7)				
(8)	Material Programmer Control of Co			
	(b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.  Complete if the organization answered "Yes" on Folline 25.	rm 990, Part IV, Iii	ne 11e or 11f. See	e Form 990, Part X,
1.	(a) Description of liability (b) Book	value		
(1) Federal in				
(2)				
(3)				
(4)	The state of the s			
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (I	b) must equal Form 990, Part X, col. (B) line 25.)			

TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION

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62-1662856

Schedule D (Form 990) 2020

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

### Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

2020

Open to Public Inspection

Employer identification number Name of the organization 62-1662856 TENNESSEE HEMOPHILIA BLEEDING DISORDER FOUNDATION 01. Form 990 governing body review (Part VI, line 11) COPIES OF THIS RETURN HAVE BEEN REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING OF THE RETURN. THE BOARD HAS APPROVED THE RETURN TO BE FILED 02. Conflict of interest policy compliance (Part VI, line 12c) REQUIRES BOARD MEMBERS TO DISCLOSE ANY CONFLICTS, REAFFIRM ANNUALLY THAT NO CONFLICT OF INTEREST ARISES DURING THE YEAR. 03. CEO, executive director, top management comp (Part VI, line 15a) COMPENSATION IS REVIEWED ON AN ANNUAL BASIS BY THE EXECUTIVE COMMITTEE AND IS BASED ON SALARIES PAID FOR A COMPARABLE POSITION AT SIMILAR ORGANIZATIONS. THE BOARD OF DIRECTORS MUST APPROVE ALL COMPENSATION RECOMMENDATIONS. 04. Governing documents, etc., available to public (Part VI, line 19) THE DOCUMENTS ARE AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.