Form **990**

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)

OMB No. 1545-0047 2020

▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury

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

Open to Public Inspection

Α	For	the 2	2020 calendar y	ear, or tax year begini	ning	07-0	1 , 2020,	and end	ing	06	-30 , 20 21		
В	Checl	k if ap	plicable:	C Name of organizationAR	IZONA HEMOPHII	IA ASSOCIATI	ON INC			D Emplo	oyer identification number		
	Addre	ess ch	ange	Doing business as AR	IZONA BLEEDING	DISORDERS					86-0209257		
	Name	e chan	nge	Number and street (or P.0	D. box if mail is not delivered	to street address)		Room/su	uite	E Teleph	none number		
	Initial	return	n	826 N 5TH AVEN	UE						(602)955-3947		
	Final	return	/terminated	City or town, state or prov	ince, country, and ZIP or for	reign postal code				G Gross	receipts		
Ī	Amen	nded re	eturn	PHOENIX, AZ 85	003-1316					\$	1,668,296		
Ī	Applio	cation	pending	F Name and address of prin		OLDSTEIN			H(a) Is this a	group return fo	or subordinates? Yes X No		
_	•			SAME AS C ABOV	E				H(b) Are all	subordinate	es included? Yes No		
	Tax-e	exemp	t status: X 501			4947(a)(1) or 5	27		1		t. See instructions		
J		site:		RIZONAHEMOPHILI					H(c) Group				
K			ganization: X Corp			L	. Year of forma	tion: 19			al domicile: AZ		
	rt I	_	Summary										
	-	_	<u>-</u>	the organization's missi	on or most significant	activities: THE	AHA IS I	DEDICA	TED TO	ENHANG	CING THE QUALITY		
			•	R THOSE LIVING	_								
çe		=											
nan		-											
Veri		2 (Check this box ▶	if the organization	discontinued its oper	ations or disposed o	of more than	25% of	its net asse	ts.			
Activities & Governance				g members of the gover						1	6		
∘ఠ				endent voting members							6		
ties				individuals employed in	•						19		
Ę				volunteers (estimate if r							100		
Ac				ousiness revenue from F							0		
				isiness taxable income							0		
			14Ct difficiated be	ISITICSS TAXABIC ITTCOTTIC	noni i oni 330 i, i a	rt 1, IIIIO 17	• • • • • •	· · · ·	Prior Year	. 75	Current Year		
		8 (Contributions and	d grants (Part VIII, line	16)				1,357	7 011	843,721		
ø													
Ž				revenue (Part VIII, line ne (Part VIII, column (A						3,046	286,903		
Revenue									335	,626	510,388		
œ				Part VIII, column (A), lin					1 000	(583)	3,652		
				add lines 8 through 11 (r					1,909		1,644,664		
				ar amounts paid (Part I)						3,528	4,307		
			Benefits paid to or for members (Part IX, column (A), line 4)								<u>U</u>		
Ś									776	,882	772,756		
Expenses	1			draising fees (Part IX, o							0		
xpe	١,			expenses (Part IX, col	-								
Ш				(Part IX, column (A), lin					1,022		502,703		
				Add lines 13-17 (must					1,807		1,279,766		
		9	Revenue less ex	penses. Subtract line 1	8 from line 12					,684	364,898		
ō	S Ces		T-1-1 (D-	at V. Pag (O)				_	inning of Curr		End of Year		
sets	39191		`	rt X, line 16)					1,988	-	2,376,389		
Net Assets or	B 2		,	Part X, line 26)					1,221		1,244,476		
	∄∣2 art l			nd balances. Subtract l	ine 21 from line 20 .		<u></u>	•	767	,015	1,131,913		
			Signature I	that I have examined this retur	n including accompanying	schedules and statements	and to the hes	et of my kno	wledge and he	lief it is			
				ion of preparer (other than office					wicage and be	1101, 11 10			
			TEGGT 03	N TAGUGON									
Sig	ın		Signature of o	N JACKSON						Dat	Δ		
He		_ '								Dui	O		
пе	ıe			N JACKSON, FI	NANCE MANAGER								
			Print/Type prepare		Preparer's signature		Date			П.,	PTIN		
Da	id				sparor s signature			000	Check	□ "			
Pa		ro-	PAUL A DOI	· · · · · · · · · · · · · · · · · · ·	OUT 673 77		05-13-20		self-em	pioyed	P00239062		
	pa		Firm's name		ONIS, CPA, PC				Firm's EIN ►				
US	e O	nıy	Firm's address		ILSHIRE DRIVE				Phone no.	400			
		10.0	<u> </u>		LE AZ 85257						947-5482		
May	the /	IKS	alscuss this retu	m with the preparer sho	own above? (see inst	ructions)					🛛 Yes 🔛 No		

га	Check if Schoolule O contains a represent to any line in this Bort III
4	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE AHA IS DEDICATED TO ENHANCING THE QUALITY OF LIFE FOR THOSE LIVING WITH CHRONIC BLEEDING
	DISORDERS WHILE ADVOCATING FOR A CURE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 696,773 including grants of \$) (Revenue \$ 284,185)
	HEALTH CENTER - ADULT HEALTH CENTER ESTABLISHED TO PROVIDE PRIMARY CARE AND BLEEDING DISORDERS
	CARE TO TREAT THE WHOLE PERSON. IT IS OPEN TO THOSE WITH BLEEDING DISORDERS AND THEIR ADULT
	FAMILY MEMBERS. AHA PURCHASED A BUILDING AND RENOVATED IT FOR THE HEALTH CENTER.
4b	(Code:) (Expenses \$ 258,361 including grants of \$) (Revenue \$ 2,718)
	COMMUNITY EDUCATION - PROMOTE COMMUNITY AWARENESS THROUGH VARIOUS CONFERENCES AND OTHER MEDIA: 1.
	VIRTUAL NORTH AMERICAN CAMPING CONFERENCE FOR HEMOPHILIA ORGANIZATIONS - ANNUAL CONFERENCE FOR
	200 NATIONAL AND INTERNATIONAL ATTENDEES TO PROMOTE AND ENHANCE THE SUMMER CAMP EXPERIENCE OF
	CHILDERN WITH BLEEDING DISORDERS. 2. VIRTUAL ANNUAL STATEWIDE EDUCATIONAL SYMPOSIUM - BRINGS
	TOGETHER THOSE WITH BLEEDING DISORDERS AND THEIR FAMILIES FROM ACROSS THE STATE TO PROVIDE
	EDUCATION TO HELP THEM BETTER MANAGE THIS CHRONIC CONDITION. 3. CONDUCTED AN ADVOCACY SUMMIT
	CONFERENCE VIA ZOOM TO PROMOTE AWARENESS WITHIN THE BLEEDING DISORDER COMMUNITY AND THE GENREAL
	PUBLIC. 4. CONDUCTED A VIRTUAL HISPANIC HERITAGE DAY WITH THE HISPANIC POPULATION AFFECTED BY
	BLEEDING DISORDERS TO EDUCATE AND SUPPORT THEIR UNIQUE STRUGGLES IN THEIR NATIVE LANGUAGE.
4c	(Code:) (Expenses \$107,503 including grants of \$) (Revenue \$)
	COMMUNITY SUPPORT PROGRAMS - PROVIDE EDUCATION AND SUPPORT GROUP MEETINGS INCLUDING: 1. QUARTERLY
	MEETINGS FOR THE COMMUNITY AS A WHOLE THAT INCLUDE EDUCATION, PHARMACEUTICAL INFORMATION, AND
	TIME FOR INTERACTION. 2. EDUCATIONAL MEETINGS THAT INCLUDED: A. LEARNING TO DISCLOSE YOUR
	BLEEDING DISORDER IN A SAFE WAY. B. UNDERSTANDING INSURANCE AND OPTIONS AVAILABLE TO OUR
	COMMUNITY. C. HOW TO INTERACT WITH LEGISLATORS TO PROMOTE INSURANCE REFORM. D. NUTRITION AND
	EXERCISE - HOW TO IMPROVE QUALITY OF LIFE. E. MENTAL HEALTH - HOW TO IMPROVE QUALITY OF LIFE. F.
	EDUCATIONAL MEETINGS FOR SPANISH-SPEAKING COMMUNITY. G. ON-GOING PROGRAM FOR AT-RISK YOUTH.
4d	Other program services (Describe on Schedule O.)
. ••	(Expenses \$ 62,929 including grants of \$ 4,307) (Revenue \$
4e	Total program service expenses ► 1,125,566

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	х	
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	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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
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? If "Yes,"			
	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		х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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	X	
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	461		
40	"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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		Х
13	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	10		
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			21
••	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		х
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		х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Part IV

ARIZONA HEMOPHILIA ASSOCIATION INC 86-0209257 Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		Х
20	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			Λ
	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			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	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		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	00		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		
38	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
30		38	v	
Par	19? Note: All Form 990 filers are required to complete Schedule O. t V Statements Regarding Other IRS Filings and Tax Compliance	30	Х	
raí	Check if Schedule O contains a response or note to any line in this Part V			
	Shook is conceded a content of recopolities of flotte to drifty into in this rate v	• • •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		. 00	
b	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	х	

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 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	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)?	4a		Х
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
С	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		
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?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
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		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
40	against amounts due or received from them.)	4.0		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	420		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
с 14а	Did the organization receive any payments for indoor tanning services during the tax year?	14a		v
_	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule Q</i>	14a		Х
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	מדי		
13	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	10		

Part VI G

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		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
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,	76		
8	stockholders, or persons other than the governing body?	7b		Х
0	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 Q	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		х
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	7.7	
a b	The organization's CEO, Executive Director, or top management official	15a 15b	Х	v
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	130		Х
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
. •	with a taxable entity during the year?	16a	х	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	х	
Sec	tion C. Disclosure	- 15		
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	▼ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			

JESSICA JACKSON (602)955-3947, 826 N 5TH AVENUE, PHOENIX, AZ 85003-1316

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

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

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

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

Check this box if neither the organization nor any rela	ted organizat	ion co	mpensa	ted a	any curr	ent	officer, director, or	trustee.	
(A)	(B)			(C) osition			(D)	(E)	(F)
Name and title	Average		not check i			М	Reportable	Reportable	Estimated amount
Name and the	hours		, unless pe cer and a d				compensation	compensation	of other
	per week				,		from the	from related	compensation
	(list any	9.5	= 0	2 2	9 표	F	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for	or director	stitui	Key er	ghes	Former	(W-2/1099-WISC)	(** 2/1000 1/1100)	related organizations
	related organizations	ctor	iona	Ney employee	t co				
	below	or director	Institutional trustee) ee	mpe				
	dotted line)	ď	stee		Highest compensated employee				
					ed				
				D.					
(1) CHASTITY FERMOILE	40.00								
EXECUTIVE DIRECTOR			x		ľ		84,947	0	738
(2) KARIN GERLACH	2.00						0 1 / 0 1 1		
DIRECTOR		x					0	0	0
(3) KIANA VERDUGO	2.00								-
DIRECTOR		х					0	0	0
(4) WILLIAM KIRSCHNER	2.00								
DIRECTOR		х					0	0	0
(5) MICHAEL SCHWAHN	2.00								
DIRECTOR		х					0	0	0
(6) ASHLEE RICHMAN	2.00								
DIRECTOR		х					0	0	0
(7) JONATHAN WELLER	2.00								
DIRECTOR		х					0	0	0
(8) YVETTE MUNOZ BRUDNOCK	2.00								
DIRECTOR		х					0	0	0
(9) LEIGH MCKENNEY	2.00								
DIRECTOR		х					0	0	0
(10)AL SCHMEISER	2.00								
CHAIR		х	x				0	0	0
(11)MARK_BOESEN	2.00								
VICE CHAIR		х	х				0	0	0
(12)VICTOR I ALONZO	2.00								
TREASURER		х	x				0	0	0
(13)									
(14)				-					
÷									

Form 990 (2020)

						C)					1		
	(A) Name and title	(B) Average hours per week	officer and a director/truste				s both ar		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	coi	(F) nated am of other mpensar	r tion
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	orga	nization d organi	and
(15)													
(16)													
(17)													
(18)													
(23)													
(24)													
(25)													
1b c	Subtotal	 ion A .						-					
d	Total (add lines 1b and 1c)								84,947	0			738
		ed to triose i	isieu a	bove	#) WI	10 16	eceive	u me	ore train \$100,000	UI			
3	Did the organization list any former officer, direc	tor trustoo	kov on	nlov	, 00	or h	iabost	con	anancatad			Yes	No
3	employee on line 1a? If "Yes," complete Schedul		-	-			-				3		x
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th				con	ple	te Sch	edul	le J for such				
5	individual					···	· · ·		tion or individual		4		Х
3	for services rendered to the organization? If "Yes			-			_				5		x
Secti	on B. Independent Contractors												
1	Complete this table for your five highest compensation												
	compensation from the organization. Report comp	ensation for	the cal	enda	ar ye	ar e	ending	with		nization's tax year.			
	(A)	6							(B)	05	(C)	ation	
	Name and business addres	3							Description of service	C3	Compens	auufi	
	-												

86-0209257

Form 990 (2020) ARIZONA HEMOPHILIA ASSOCIATION INC
Part VIII Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s 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					Sections 512-514
	b	Membership dues					
nnts nts	C	Fundraising events 1c					
Gr.	d	Related organizations					
ifts, r Ar	е	Government grants (contributions) 1e					
a,e	f	All other contributions, gifts, grants,					
Sign		and similar amounts not included above 1f	638,221			A	
ibut	g	Noncash contributions included in					
Contributions, Gifts, Grants and Other Similar Amounts		lines 1a-1f 1g	\$				
	h	Total. Add lines 1a-1f		843,721			
			Business Code				
Φ	2a	HEALTH CENTER FEES	621110	284,185	284,185		
Š	b	CAMP & CONFERENCE FEES	624100	2,718	2,718		
Sel	С						
am Seve	d						
Program Service Revenue	e	All otherwise and in the second					
₫.	l .	All other program service revenue		225 222			
		Total. Add lines 2a-2f		286,903		•	
	3	Investment income (including dividends, interest, other similar amounts)		511,343	511,282		61
	4	Income from investment of tax-exempt bond pro-		311,343	511,202		01
	5	Royalties					
		(i) Real	(ii) Personal				
	6a						
	b	Less: rental expenses 6b 22,67					
	С	Rental income or (loss) 6c 1,32:					
	d	Net rental income or (loss)		1,323			1,323
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
	b	Less: cost or other basis					
ne		and sales expenses 7b	955				
en ne		Gain or (loss)	(955)				
8	1	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	(955)			(955)
Other Re	8a	Gross income from fundraising					
0		events (not including \$					
		of contributions reported on line 1c). See Part IV, line 18					
	h	1c). See Part IV, line 18					
	l .						
		Gross income from gaming					
	••	activities, See Part IV, line 19 9	a				
	b	Less: direct expenses 9					
	l .						
		Gross sales of inventory, less					
		returns and allowances	a				
	b	Less: cost of goods sold 10	b				
	С	Net income or (loss) from sales of inventory .	.				
			Business Code				
S	11a	OTHER	900099	2,329	2,329		
ano nue	b						
evel evel	С						
Miscellanous Revenue		All other revenue					
		Total. Add lines 11a-11d		2,329			
	12	Total revenue. See instructions	🕨	1,644,664	800,514	0	429

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. 7b. Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 4,307 4,307 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 159,064 125,660 ,772 28,632 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 556,670 521,433 16,031 19,206 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 3,549 3,479 21 49 10 48,374 53,473 1,546 3,553 11 Fees for services (nonemployees): b Legal............. 31,545 31,545 10,789 10,789 d Professional fundraising services. See Part IV, line 17 . f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 155,458 153,532 1,926 12 22,730 22,234 376 120 13 Office expenses 14 17,052 14,510 726 1,816 15 16 43,788 39,525 1,218 3,045 17 1,389 364 1,025 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 33,853 28,701 1,472 3,680 Payments to affiliates 21 22 Depreciation, depletion, and amortization 18,528 16,280 643 1,605 23 25,579 21,796 1,081 2,702 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.) SUPPLIES AND MATERIALS 87,091 84,647 2,444 PROGRAM ACTIVITIES 18,395 16,435 1,960 EQUIPMENT RENT AND REPAIR 8,154 3,808 4,346 С d OTHER 14,361 8,868 5,169 324 All other expenses e 13,991 11,613 2,295 83 Total functional expenses. Add lines 1 through 24e. . 25 1,279,766 1,125,566 87,425 66,775 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) . . .

Form 990 (2020)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	497,679	1	581,731
	2	Savings and temporary cash investments	406,767	2	796,803
	3	Pledges and grants receivable, net	32,600	3	2,500
	4	Accounts receivable, net	18,500	4	27,500
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges	11,075	9	8,422
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,193,333			
	b	Less: accumulated depreciation	976,463	10c	952,738
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	37,521	13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	7,642	15	6,695
-	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,988,247	16	2,376,389
	17	Accounts payable and accrued expenses	80,998	17	131,459
	18	Grants payable		18	
	19	Deferred revenue	1,775	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	1,194	21	1,194
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liat		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties	932,140	23	908,315
	24	Unsecured notes and loans payable to unrelated third parties	205,125	24	203,508
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		25	
	26	of Schedule D	1 221 222	25 26	1 244 476
	20	Organizations that follow FASB ASC 958, check here	1,221,232	20	1,244,476
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	65,157	27	464,311
and	28	Net assets with donor restrictions	701,858	28	667,602
Bal	20	Organizations that do not follow FASB ASC 958, check here	701,636	20	007,002
pur		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
ts o	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
SSE	31	Retained earnings, endowment, accumulated income, or other funds		31	
ĭ,	32	Total net assets or fund balances	767,015	32	1,131,913
2	33	Total liabilities and net assets/fund balances	1,988,247	33	2,376,389
	_ 55	. The maximum distribution of the state of t	1,500,247	- 30	2,370,339

EEA

Form **990** (2020)

Par	rt XI Reconciliation of Net Assets					<u> </u>
	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			644,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,279,766		766
3	Revenue less expenses. Subtract line 2 from line 1	3			364,	898
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			767,	015
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		1,	131,	913
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. 🗌
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		[2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		[2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		[2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain 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		х
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 Form **990** (2020)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

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

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

ARI	ZON	A HEMOPHILIA ASSOCIATION	INC				86-020925	7				
Pa	rt I	Reason for Public Charity	y Status. (All o	rganizations must c	omplete	this par	t.) See instructions	S				
The	orgar	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check only	y one box.)						
1		A church, convention of churches, or	association of chu	rches described in sect i	ion 170(b)	(1)(A)(i).						
2		A school described in section 170(b)(1)(A)(ii). (Attach	Schedule E (Form 990 c	or 990-EZ).	.)						
3		A hospital or a cooperative hospital s	ervice organization	n described in section 1	70(b)(1)(A	A)(iii).						
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)	(1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	governmen	tal unit described in					
		section 170(b)(1)(A)(iv). (Complete Part II.)										
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	X	An organization that normally receives a substantial part of its support from a governmental unit or from the general public										
		described in section 170(b)(1)(A)(vi). (Complete Part I	l.)								
8		A community trust described in secti	on 170(b)(1)(A)(vi). (Complete Part II.)								
9		An agricultural research organization	described in secti	ion 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant colleg	je				
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, cit	ty, and stat	e of the college or					
		university:										
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gross					
		receipts from activities related to its e	xempt functions - s	subject to certain exception	ons; and (2	2) no more	than 33 1/3% of its					
		support from gross investment income	e and unrelated bus	siness taxable income (le	ess section	1511 tax) f	rom businesses					
	_	acquired by the organization after Ju	ne 30, 1975.See s	section 509(a)(2). (Com	plete Part	III.)						
11	Ц	An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).						
12		An organization organized and operate	ted exclusively for t	he benefit of, to perform	the functio	ns of, or to	carry out the purposes	3				
		of one or more publicly supported org										
		Check the box in lines 12a through 12				•		•				
	а	Type I. A supporting organization				-		ng				
		the supported organization(s) the			ity of the c	lirectors or	trustees of the					
		supporting organization. You mu			,							
	b	Type II. A supporting organization										
		control or management of the sup			rsons that o	control or r	nanage the supported					
		organization(s). You must comp										
	С	Type III functionally integrated						th,				
		its supported organization(s) (see										
	d	☐ Type III non-functionally integr						n(s)				
		that is not functionally integrated.		•		•	nt and an attentiveness					
		requirement (see instructions). Y										
	е	Check this box if the organization				sa Type I,	Type II, Type III					
		functionally integrated, or Type III	. *									
	1	Enter the number of supported organ Provide the following information about		appization(a)				• • • •				
	g	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) le the e	rganization	(v) Amount of monetary	(vi) Amount of				
	(1)	manie of supported organization	(11) E114	(described on lines 1-10	, ,	r governing	support (see	other support (see				
				above (see instructions))	docum	ent?	instructions)	instructions)				
					Yes	No						
(A)												
(B)												
(0)												
(C)												
(D)												
(E)												
(- <i>)</i>												

86-0209257 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	, ,		, ,	•	,	
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,672,378	1,904,514	1,847,452	1,357,011	843,721	7,625,076
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	1,672,378	1,904,514	1,847,452	1,357,011	843,721	7,625,076
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)						5,478,867
	Public support. Subtract line 5 from line 4						2,146,209
	ction B. Total Support						
_	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	1,672,378	1,904,514	1,847,452	1,357,011	843,721	7,625,076
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources	457	19,497	25,299	27,247	24,061	96,561
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)	70,554	55,514	30,749	14,970		171,787
	Total support. Add lines 7 through 10					40	7,893,424
	Gross receipts from related activities, etc. (se					12	.(2)
13	First five years. If the Form 990 is for the or						
50	organization, check this box and stop here ction C. Computation of Public Suppor					<u> </u>	· · · · · • <u> </u>
	Public support percentage for 2020 (line 6, c			column (f))		14	27 10 %
	Public support percentage from 2019 Sched		-			14 15	27.19 %
	33 1/3% support test - 2020. If the organiza					-	29.49 %
100	box and stop here. The organization qualifie						
ŀ	33 1/3% support test - 2019. If the organization						
	this box and stop here. The organization qu						
17a	10%-facts-and-circumstances test - 2020.	-		-			
	10% or more, and if the organization meets t	_					
	Part VI how the organization meets the facts						
	organization			-	-		
ŀ	10%-facts-and-circumstances test - 2019.						_
•	15 is 10% or more, and if the organization m	•					
	in Part VI how the organization meets the fac						
	organization			•	•		
18	Private foundation. If the organization did n						
-	instructions						▶ □

86-0209257

(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.)

Sed	ction A. Public Support			-	-		
Cal	endar year (or fiscal year beginning in)▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						-
	sold or services performed, or facilities fumished 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						
	Add lines 7a and 7b				-		
8	Public support. (Subtract line 7c from						
<u></u>	line 6.)						
	ction B. Total Support endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(a) 2019	(4) 2010	(a) 2020	/f) Total
	Amounts from line 6	(a) 2010	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gross income from interest, dividends,						
ıva							
	payments received on securities loans, rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						-
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the orga	nization's first	, second, third,	fourth, or fifth	tax year as a s	ection 501(c)(3	3)
	organization, check this box and stop here						▶ □
	ction C. Computation of Public Support						
	Public support percentage for 2020 (line 8, c					15	%
	Public support percentage from 2019 Sched					16	<u>%</u>
	ction D. Computation of Investment In						
	Investment income percentage for 2020 (line					17	%
	Investment income percentage from 2019 S					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the organiz						
	17 is not more than 33 1/3%, check this box	-	-	-			
b	33 1/3% support tests - 2019. If the organiz						
22	line 18 is not more than 33 1/3%, check this	-	-	•	-		-
2 0	Private foundation. If the organization did r	iot cneck a bo	x on line 14, 19	a, or 19b, che	CK this box and	see instruction	15 ▶ 📙

Part IV Suppo

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?
- 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
1		
_		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
Ja		
5b		
5c		
6		
7		
8		
9a		
Ol-		
9b		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			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		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .	11c		
Sec	ion B. Type I Supporting Organizations	110		
000	1011 D. Type I dapporting digunizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			-110
-	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	ion 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 or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	ion D. All Type III Supporting Organizations			
000	1011 D. All Type III Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
	ion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:		tional	
1 a	The organization satisfied the Activities Test. Complete line 2 below.	su uc	uons)	•
a b	The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	see in	struct	ions
	Activities Test. <i>Answer lines 2a and 2b below.</i>		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
1.	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	2 h		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

chec	ule A (Form 990 or 990-EZ) 2020 ARIZONA HEMOPHILIA ASSOCIATION INC		86-02092	257 Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Properties of the Type III Non-Functionally Integrated 509(a)(3) Supporting Organical States of the Properties of the Prope	ani	zations	
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying tr	ust	on Nov. 20, 1970 (explain i	in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organization	atior	ns must complete Sections	A through E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
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		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
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		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A. line 8. Column A)	1		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4

5

6

EEA

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sec	Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish exem		1				
2	Amounts paid to perform activity that directly furthers exempt						
	organizations, in excess of income from activity			2			
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	organization is respons	ive				
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2020 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10	 -		
	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	s	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - 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						
	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:						
	Applied to underdistributions of prior years						
	Applied to 2020 distributable amount						
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							
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7							
	and 4c.						
8	Breakdown of line 7:						
а	Excess from 2016						
b	Excess from 2017						
С	Excess from 2018						
d	Excess from 2019						

e Excess from 2020

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b,
3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E,
lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
01. Other income (Part II, line 10 or Part III, line 12)
NET FUND RAISING REVENUE FROM SPECIAL EVENTS
NEI FOND RAISING REVENUE FROM SPECIAL EVENIS
02. 10% Facts and Circumstances Test (Part II, line 17a or 17b)
SOLICITATION AND SOURCES OF SUPPORT:
AHA CONDUCTS 3 ANNUAL MAJOR FUND RAISING EVENTS ALONG WITH ON-GOING MAIL, SOCIAL MEDIA,
AND WEB-SITE SOLICITATION OF DONATIONS, AND RECEIVES SUPPORT FROM HUNDREDS OF INDIVIDUAL
DONORS FROM THE GENERAL PUBLIC EACH YEAR. IN ADDITION, AHA RECEIVES A SIGNIFICANT AMOUNT
OF SUPPORT FROM OVER 50 CORPORATE DONORS FOR PROGRAMS AND SPECIAL EVENTS. ALL MAJOR ANNUAL
FUND RAISING EVENTS WERE CANCELLED DUE TO COVID-19.
GOVERNING BODY:
THE GOVERNING BOARD IS COMPRISED OF VARIOUS INDEPENDENT COMMUNITY LEADERS WHO ARE ELECTED
TO SERVE 3 YEAR TERMS.
AVAILABILITY TO THE PUBLIC:
THE ADMINISTRATIVE OFFICES ARE OPEN TO SERVE THE PUBLIC MONDAY THROUGH FRIDAY AND THE
HEALTH CENTER IS OPEN MONDAY THROUGH THURSDAY. IN ADDITION, SUPPORT GROUP MEETINGS, CAMPS,
EDUCATIONAL CONFERENCES, AND SPECIAL FUND RASING EVENTS ARE CONDUCTED ON WEEKENDS AND
EVENINGS.

Schedule B

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

Internal Revenue Service Name of the organization

Department of the Treasury

ARIZONA HEMOPHILIA ASSOCIATION INC

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

Employer identification number

86-0209257

Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

86-0209257

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1	PFIZER 4317 S NIELSEN WAY SALT LAKE CITY UT 84119	\$126,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
	SHIRE/TAKEDA 475 W VAUGHN ST, STE 101 TEMPE AZ 85283	\$ 77,500	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3	PHOENIX CHILDRENS HOSPITAL FDN 1919 E THOMAS ROAD PHOENIX AZ 85016	\$64,250	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4	CSL BEHRING 1020 FIRST AVENUE KING OF PRUSSIA PA 19406	\$8,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5_	BAYER HEALTH CARE 5850 EUBANK STREETNE B49 ALBUQUERQUE NM 87111	\$12,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6	BIOVERATIV 225 SECOND AVENUE WALTHAM MA 02451	\$41,250	Person			

Employer identification number

86-0209257

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7_	OCTAPHARMA 121 RIVER STREET, STE. 1201 HOBOKEN NJ 07030	\$34,500	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8	BIOMARIN PHARMACEUTICAL, INC. 770 LINDARE STREET SAN RAFAEL CA 94901	\$ 22,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9_	GENENTECH, INC. 1 DNA WAY, MS 36 SOUTH SAN FRANCISCO CA 94080	\$14,500	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
_10	HEMOPHILIA ALLIANCE FOUNDATION 1758 ALLENTOWN ROAD, 170 LANSDALE PA 19446	\$19,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11	HEMOPHILIA FEDERATION OF AMERICA 116 W. 32ND STREET, 11TH FLOOR NEW YORK NY 10001	\$6,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12	NATIONAL HEMOPHILIA FOUNDATION 116 W 32ND ST, 11TH FLOOR NEW YORK NY 10001	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 86-0209257

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	GLOBAL PRARIE 2836 BLEDSOE ST	\$6,250	Person 🗷 Payroll 🗌 Noncash 🗍
	FORT WORTH TX 76107		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_14	SPARK THERAPEUTICS		Person 🗓 Payroll
	3737 MARKET STREET	\$ 6,990	Noncash (Complete Part II for
	PHILADELPHIA PA 19104		noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15_	CRANE FUND FOR WIDOWS AND CHILDREN 100 FIRST STAMFORD PLACE	\$ 5,000	Person ☑ Payroll ☐ Noncash ☐
	STAMFORD CT 06902	Ψ	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	AZBDBR, LLC 2 PENNS WAY SUITE 404 NEW CASTLE DE 19720	\$126,972	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	UPS 55 GLENLAKE PKWY NE ATLANTA GA 30328	\$5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	COLBURN-KEENAN FOUNDATION, INC. PO BOX 811 ENFIELD CT 06083	\$5,750	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

86-0209257

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
19	US SMALL BUSINESS ADMINISTRATION 409 THIRD STREET SW 5TH FLOOR	\$	Person 🗷 Payroll 🗌 Noncash 🗍 (Complete Part II for			
	WASHINGTON DC 20416		noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person			

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below.
► Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

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

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

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

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

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

•	Section 501(c)(4), (5), or (6) orga	nizations: Complete Part III.			
	ne of organization	·		Employer iden	tification number
AR	RIZONA HEMOPHILIA ASSO	CIATION INC		86-0	209257
Pa	rt I-A Complete if the	organization is exempt under	section 501(c)	or is a section 527 or	ganization.
1	Provide a description of the orga	nization's direct and indirect political can	npaign activities in F	Part IV. (See instructions for	
	definition of "political campaign a	,			
2	Political campaign activity exper	ditures (See instructions)		· · · · · · · · · · · · · · · · · · ·	
3	Volunteer hours for political cam	paign activities (See instructions) .		· · · · · · · · · · · · · · · · · · ·	*
Pa	rt I-B Complete if the	organization is exempt under	section 501(c)	(3).	
1		ax incurred by the organization under se			
2		ax incurred by organization managers ur			
3	If the organization incurred a sec	ction 4955 tax, did it file Form 4720 for thi	s year?		Yes No
4a	Was a correction made?				
b	If "Yes," describe in Part IV.				
Pa		organization is exempt under			:)(3).
1		ded by the filing organization for section 5			
2		anization's funds contributed to other or			
				▶ \$	
3		res. Add lines 1 and 2. Enter here and on			
4	• •	orm 1120-POL for this year?			
5		employer identification number (EIN) of		_	_
		r each organization listed, enter the amo			
		ons received that were promptly and directions received that were promptly and directions are selected to the control of the c	-		
	as a separate segregated fund	or a political action committee (PAC). If a	idditional space is ne	eeded, provide information in F	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
	(1)				
((2)				
((3)				
_ ((4)				
((5)				
	(6)				

86-0209257	
------------	--

Pa	complete if the organization section 501(h)).	n is exempt under section	501(c)(3) and filed	Form 5768 (elec	tion under
Δ	Check ► ☐ if the filing organization belongs to	an affiliated group (and list in Part	IV each affiliated group m	nember's name	
•	address, EIN, expenses, and share	= : :	= :	iombor o mamo,	
В	Check ► ☐ if the filing organization checked be	, , ,			
_		ying Expenditures	о арру.	(a) Filing	(b) Affiliated
		eans amounts paid or incurred.)		organization's totals	group totals
1a					
b					
c		· · · · · · · · · · · · · · · · · · ·			
d	, ,				
e				_	
f	Lobbying nontaxable amount. Enter the amount f				
٠	columns.	offittie following table in both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable an	nount is:		
	Not over \$500,000	20% of the amount on line 1e.	iount is.		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc	9000 OVOT \$500,000		
	Over \$1,000,000 but not over \$1,500,000				
	Over \$1,500,000 but not over \$17,000,000	\$175,000 plus 10% of the exce \$225,000 plus 5% of the exce			
	Over \$17,000,000	\$1,000,000.	55 0ver \$1,500,000.		
_	0				
9					
h :					
!	Subtract line 1f from line 1c. If zero or less, enter				
J	If there is an amount other than zero on either line				
	reporting section 4911 tax for this year?	4-Year Averaging Period Ur		<u>,</u>	∐ Yes ∐ No
	(Some organizations that made a se			of the five column	s bolow
					s below.
	See	the separate instructions for	r iiiles za tiiiougii zi.	•)	
	Lobby	ring Expenditures During 4-Year	Averaging Period		
	LODDY	ing expenditures burning 4-1 ear a	Averaging Feriod		
	Calendar year (or fiscal year	(a) 2017 (b) 2018	(c) 2019	(d) 2020	(e) Total
	beginning in)				
2a	Lobbying nontaxable amount				
L	Labbuing coiling amount				
I.	Lobbying ceiling amount (150% of line 2a, column (e))				
C	Total lobbying expenditures				
C	Grassroots nontaxable amount				
e	Grassroots ceiling amount				
•	(150% of line 2d, column (e))				
_					
f	Grassroots lobbying expenditures				

EEA Schedule C (Form 990 or 990-EZ) 2020

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

Eor	each "Vee" response on lines to through ti below provide in Port IV a detailed	(a)		(b)	
	each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed cription of the lobbying activity.	Yes	No	Δn	ount	
				7		
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?		Х			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
С.	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
e	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?	N .	Х			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	x			37,	500
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
i :	Other activities?		Х	\vdash	2.77	
J	Total. Add lines 1c through 1i		7.		3/,	500
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 C	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Da	rt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5)	or so	ction		
ıa	501(c)(6).	(3), () 3C	Ction		
	001(0)(0).				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				3		
_	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)			-		
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OF				ne 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).					
а	Current year		2a			
b	Carryover from last year		2b			
С	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			
Pa	rt IV Supplemental Information					
	ide 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 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-C, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-B, line 5; Part II-A (affiliated group list); Part II-A, line 1; Part II-B, line 4; Part II-B, line 5; Part II-B, line 5; Part II-A, line 1; Part II-B, line 4; Part II-B, line 5; Part II-B, line 5; Part II-B, line 4; Part II-B, line 5; Part I	ines 1	and			
2 (S	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
01.	Activities to influence legislation (Part II-B, lines 1a - 1h)					
1(G)- CONTRACTED WITH A PROFESSIONAL LOBBYIST TO ADVOCATE FOR THE ORGANIZATION	AND	MEMI	3ERS		
OF	THE BLEEDING DISORDER COMMUNITY.					

SCHEDULE D (Form 990)

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.

Department of the Treasury 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

Employer identification number

ARI	ZONA HEMOPHILIA ASSOCIATION INC		86-0209257
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in wi	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organization	on's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor adv	visors in writing that grant funds can be used	
	only for charitable purposes and not for the benefit of the donor	r or donor advisor, or for any other purpose	
	conferring impermissible private benefit?		
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 organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or edu	cation) Preservation of	a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure		
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located ►	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservati	ion easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expense stat	tement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements th	nat describes the
	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		Other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement and b	palance sheet works
	of art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in further	rance of public
	service, provide, in Part XIII the text of the footnote to its finance	cial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furtheran	ice of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas	sures, or other similar assets for financial gai	in, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

	t III Organizations Maintaining Col			•	Assets (continued)
3	Using the organization's acquisition, accession, and	d other records, check an	y of the following that ma	ake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	ns and explain how they	further the organization's	s exempt purpose in Part	
	XIII.				
5	During the year, did the organization solicit or received				п., п.,
Day	assets to be sold to raise funds rather than to be m		organization's collection's	<u>? </u>	
Pai	Escrow and Custodial Arranger		- 000 Dart IV II.a.	0	
	Complete if the organization answ	vered "Yes" on Forr	n 990, Part IV, line	9, or reported an ar	nount on Form
	990, Part X, line 21.				
1a	Is the organization an agent, trustee, custodian or o				
					Yes X No
b	If "Yes," explain the arrangement in Part XIII and co	omplete the following tab	le:		
					Amount
С.	Beginning balance			. 1c	
d	Additions during the year			. 1d	
e	3 ,			. 1e	
f 2-	Ending balance			. 1f	X Yes No
2a	3				_ =
Boi	If "Yes," explain the arrangement in Part XIII. Check t V Endowment Funds.	k nere if the explanation	has been provided on Pa	art XIII	<u>x</u>
Fai	<u>rt V</u> Endowment Funds. Complete if the organization answ	vored "Vec" on Form	n 000 Part IV line	10	
4.) Current year (b) P	rior year (c) Two year	s back (d) Three years back	ck (e) Four years back
1a 	Beginning of year balance				
b	Contributions				
С	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	ar and halanas (line 1g. s	polima (a)) hold as:		
2	Provide the estimated percentage of the current year	%	olumn (a)) nelu as.		
a b	Board designated or quasi-endowment ► Permanent endowment ► %	70			
	Term endowment %				
С	The percentages on lines 2a, 2b, and 2c should equ	val 100%			
3a	Are there endowment funds not in the possession of		ro hold and administered	I for the	
за		or the organization that a	re neid and administered	i for the	Yes No
	organization by: (i) Unrelated organizations				
	"				3a(i)
h	(ii) Related organizations				3a(ii)
b		•			3b
Par	Describe in Part XIII the intended uses of the organity VI Land, Buildings, and Equipmen		ius.		
Га	Complete if the organization answ		n 000 Part IV line	11a Soo Form 000	Part Y line 10
	·				
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
10	Land	(arroundin)	` '	asprodution	135 000
1a	Land		135,000	150 050	135,000
b	Buildings		978,657	170,856	807,801
۲ C	Leasehold improvements		46.000	46.000	
d	Equipment		46,900	46,900	0.037
e	Other	Form 000 Port V calu	32,776	22,839	9,937
ıvıd	 Add lines 1a through 1e. (Column (d) must equal 	i i oiiii 330, Fail A, COlul	ιιι (<i>Β),</i> ιιιι ο 1ασ		952,738

EEA

	(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 of	derivatives				·
2) Closely-he	eld equity interests				
3) Other					
(A)					
(B)					
(C)					
(D)					
(E)					
(F)				1	
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B)				
Part VIII	Investments - Program Relate				
	Complete if the organization ans	swered "Yes" on For	m 990, Part IV,	line 11c. See	e Form 990, Part X, line 1
	(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)					
(8) (9)					
(8) (9) Total. (Colum	n (b) must equal Form 990, Part X, col. (B)	line 13.)			
(8) (9)	Other Assets.		TO DO DON IV	line 44 d. Coo	a Form 2000 Port V. line of
(8) (9) Total. (Colum		swered "Yes" on For	m 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum Part IX	Other Assets.		rm 990, Part IV,	line 11d. See	e Form 990, Part X, line (b) Book value
(8) (9) Total. (Column Part IX (1)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum Part IX (1) (2)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum Part IX (1) (2) (3)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4)	Other Assets.	swered "Yes" on For	m 990, Part IV,	line 11d. See	
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5)	Other Assets.	swered "Yes" on For	m 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum Part IX (1) (2) (3) (4) (5) (6)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets.	swered "Yes" on For	rm 990, Part IV,	line 11d. See	
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans	swered "Yes" on For (a) Description		line 11d. See	(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ans	swered "Yes" on For (a) Description		line 11d. See	
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities.	swered "Yes" on Formula Description			(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column	Other Assets. Complete if the organization ans on (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans	swered "Yes" on Formula Description			(b) Book value
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	swered "Yes" on Formula Description	rm 990, Part IV,		(b) Book value
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal i	Other Assets. Complete if the organization ans n (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25.	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Fotal. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Total. (Colum) Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Colum) Part X 1. (1) Federal i (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value
(8) (9) Total. (Column Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal i (2) (3) (4) (5) (6)	Other Assets. Complete if the organization ans in (b) must equal Form 990, Part X, col. (B) Other Liabilities. Complete if the organization ans line 25. (a) Description of liability	wered "Yes" on Formula (a) Description Swered "Yes" on Formula (b) Swered "Yes" on Formula (c) Swered	rm 990, Part IV,		(b) Book value

Pa	rt XI Reconciliation of Revenue per Audited Financial Staten		-	r Retur	n.
	Complete if the organization answered "Yes" on Form 990,	Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,831,661
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	164,320		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	22,677		
е	Add lines 2a through 2d			2e	186,997
3	Subtract line 2e from line 1			3	1,644,664
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,644,664
Pa	rt XII Reconciliation of Expenses per Audited Financial State			per Re	turn.
	Complete if the organization answered "Yes" on Form 990.	, Part	IV, line 12a.		
1	Total expenses and losses per audited financial statements			1	1,466,763
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	164,320		
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	22,677		
е	Add lines 2a through 2d			2e	186,997
3	Subtract line 2e from line 1		~ · · · · · · · · · · ·	3	1,279,766
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:)			
а	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	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).			5	1,279,766
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, I			Part X, line	9
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide ar	ny addi	tional information.		
01.	Escrow account liability (Part IV, line 2b)				
GRA	NT FUNDS HELD ON BEHALF OF THE ARIZONA HEMOPHILIA & THRO	MBOS	IS CENTER AT THE	E UNIVE	ERSITY OF
ARI	ZONA IN TUCSON ARIZONA.				

EEA Schedule D (Form 990) 2020

EEA Schedule D (Form 990) 2020

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

86-0209257 ARIZONA HEMOPHILIA ASSOCIATION INC 01. Form 990 governing body review (Part VI, line 11) FORM 990 IS REVIEWED AND APPROVED BY THE BOARD CHAIR PRIOR TO FILING. 02. Conflict of interest policy compliance (Part VI, line 12c) POLICY IS PROVIDED TO AND SIGNED BY ALL OFFICERS, DIRECTORS, AND EMPLOYEES 03. CEO, executive director, top management comp (Part VI, line 15a) BOARD ANNUALLY REVIEWS AND APPROVES THE COMPENSATION OF THE EXECUTIVE DIRECTOR. THE REVIEW TAKES INTO ACCOUNT COMPARATIVE MARKET DATA FOR COMPENSATION PAID BY SIMILAR SIZED NOT-FOR-PROFIT ORGANIZATIONS WITHIN THE COMMUNITY. THE REVIEW AND APPROVAL IS DOCUMENTED IN THE BOARD MEETING MINUTES 04. Governing documents, etc, available to public (Part VI, line 19) ALL AVAILABLE UPON REQUEST. 05. List of other fees for services expenses (Part IX, line 11g) CONTRACT SERVICES

SCHEDULE R (Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

ARIZONA HEMOPHILIA ASSOCIATION INC					86-0209257	n number	
Part I Identification of Disregarded Entities. Complete	ete if the organization	answered "Yes"	" on Form 990 Pa	rt IV line 33	00-0209257		
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) mary activity	Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct cor	htrolling
(1) AZ BLEEDING DISORDERS HEALTH, 46-5198550			0 ,,			ARIZONA	
826 N 5TH AVENUE						HEMOPHII	ΙA
PHOENIX AZ 85003	HEALTH CA	RE	AZ	284,185		ASSOCIAT	CION
(2)							
(3)							
(4)							
(5)							
Part II Identification of Related Tax-Exempt Organiz	zations. Complete if th	ne organization	answered "Yes" o	n Form 990, Pa	rt IV, line 34 bed	cause it ha	id
one or more related tax-exempt organizations de	uring the tax year.						
(a)	(b)	(c)	(d)	(e)	(f)	(g) Sec. 512(b)(1	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity statu (if section 501(c)(3		control	lled entity
(4)		or foreign country)				Yes	No
(1)							
(2)							
(2)							
(3)							
(4)							
(5)							

86-0209257 Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,

because it had or	ne or more related orga	nizations	treated as a pa	artnersnip during	tne tax year.							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)	(j)		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of- year assets	Dispropo alloca		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	aging	Percentage ownership
		country)		sections 512-514)			Yes	No		Yes	No	
(1) AZBDBR, L, 82-2960561	-											
2 PENNS WAY, STE 404	SPECIALITY		BIOTEK									
NEW CASTLE DE 19720	PHARMACY	DE	REMEDYS,	RELATED	397,349			x			х	49
(2)												
(3)												
(4)												
(5)												

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	enti	12(b)(13) rolled tty?
									Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										

86-0209257

Part V	Transactions with Related Organizations. Complete if the organization	n answer	ed "Yes	on Form 99	90, Part IV, line	34, 35b, or 36.
--------	-----------------------------------------------------------------------	----------	---------	------------	-------------------	-----------------

No	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		х
b	Gift, grant, or capital contribution to related organization(s)	1b		х
С	Gift, grant, or capital contribution from related organization(s)	1c		х
d	Loans or loan guarantees to or for related organization(s)	1d		x
	Loans or loan guarantees by related organization(s)	1e		x
f	Dividends from related organization(s)	1f		x
g	Sale of assets to related organization(s)	1g		х
h	Purchase of assets from related organization(s)	1h	x	
i	Exchange of assets with related organization(s)	1i		х
	Lease of facilities, equipment, or other assets to related organization(s)	1j	х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		x
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		х
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		х
o	Sharing of paid employees with related organization(s)	10		х
р	Reimbursement paid to related organization(s) for expenses	1p		x
q	Reimbursement paid by related organization(s) for expenses	1q	x	
r	Other transfer of cash or property to related organization(s)	1r		x
s	Other transfer of cash or property from related organization(s)	1s	x	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.			
	(a) (b) (c) (d)			
	Name of related organization Transaction Amount involved Method of determining a	amount	involved	
	type (a-s)			
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

EEA

86-0209257

rt VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)		(f)	(g) Share of end-of-year assets	(h) Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				sections 512-514)	Yes	No			Yes	No		Yes	Yes No	
(1)							<i>'</i>							
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)														
(12)														
		<u> </u>												000) 20:

EEA

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

OMB No. 1545-0047

► File a separate application for each return.

▶ Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or print ARIZONA HEMOPHILIA ASSOCIATION INC 86-0209257 Number, street, and room or suite no. If a P.O. box, see instructions. File by the due date for 826 N 5TH AVENUE filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See instructions. PHOENIX AZ 85003-1316 Enter the Return Code for the return that this application is for (file a separate application for each return) . . 0 Application Return **Application** Return Is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 • The books are in the care of ▶ JESSICA JACKSON, 826 N 5TH AVENUE PHOENIX AZ 85003-1316 FAX No. ► 602-955-1962 Telephone No.► 602-955-3947 • If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ ☐ . If it is for part of the group, check this box. . . . ▶ ☐ and attach a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until 05-16 , 20 22 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 X tax year beginning 07-01 , 20 **20** , and ending 06-30 ,20 21 . 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ **b** If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3с Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2020)

Statement of Program Service Accomplishments

2020

PG01

Statement #4

Name(s) as shown on return

Your Social Security Number

ARIZONA HEMOPHILIA ASSOCIATION INC

86-0209257

FORM 990-PART III(A)

Statement of Service Accomplishment

PROGRAM SERVICE CODE

PROGRAM SERVICE EXPENSES
GRANTS AND ALLOCATIONS INCLUDED IN ABOVE EXPENSE
PROGRAM SERVICES REVENUE

\$62929 \$4307

\$0

EXPLANATION

FAMILY ASSISTANCE - PROVIDE EMERGENCY AND TEMPORARY FINANCIAL ASSISTANCE TO HEMOPHILIA PATIENTS AND THEIR FAMILIES. LIFELINE- PROVIDES ASSISTANCE FOR MEDICAL BILLS, INSURANCE PREMIUMS AND COBRA PAYMENT ASSISTANCE FOR THE COMMUNITY.

