EXTENDED TO MAY 15, 2020

Form **990**

Return of Organization Exempt From Income Tax

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

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

2018
Open to Public

Form 990 (2018)

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection ** Internal Revenue Service and ending JUN 30, 2019 A For the 2018 calendar year, or tax year beginning JUL 1, 2018 D Employer identification number C Name of organization B Check if applicable HEMOPHILIA OF NORTH CAROLINA, INC Address change 56-1273974 Name E Telephone number Room/suite Number and street (or P.O. box if mail is not delivered to street address) 919-319-0014 Final return/ 260 TOWN HALL DRIVE 594,787. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ H(a) Is this a group return Amended MORRISVILLE, NC 27560 for subordinates? ____ Yes X No Applica-F Name and address of principal officer: STEVEN HUMES H(b) Are all subordinates included? Yes No SAME AS C ABOVE If "No," attach a list. (see instructions) 1 Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or H(c) Group exemption number J Website: WWW.HEMOPHILIA-NC.ORG Year of formation: 1977 M State of legal domicile: NC Association K Form of organization: X Corporation Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: DEDICATED TO IMPROVING THE Governance QUALITY OF LIFE OF PERSONS AFFECTED BY BLEEDING DISORDERS THROUGH Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 11 Number of voting members of the governing body (Part VI, line 1a) 11. 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & 4 5 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 6 0. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 38 **Current Year** Prior Year 349,156 321,835. Contributions and grants (Part VIII, line 1h) Revenue 20,950. 12,000 Program service revenue (Part VIII, line 2g) 6,438. 1,017. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 189,787. 194,301. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 539,010. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 556,474. 23,298. 25,887. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 190,790. 183,621 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 33,617. 246,434. 205,124 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 463,111. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 412,043 144,431 75,899. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 98 533,923. 457,054 20 Total assets (Part X, line 16) 5,299. 4,330 Total liabilities (Part X, line 26) Net / 452,724. 528,624. Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Tumes Herry Sign 12 STEVEN HUMES, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name 12/9 P00093449 self-employed STEPHEN G TERRY Paid 56-0587513 Firm's EIN Firm's name HAIGH, BYRD & LAMBERT, Preparer Firm's address PO BOX 53349 Use Only Phone no. (910) 483-1437 FAYETTEVILLE, NC 28305-3349 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	nn 990 (2018) HEMOPHILIA OF NORTH CAROLINA, INC 56-1273974 Page 2 Part III Statement of Program Service Accomplishments
-	
_	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DEDICATED TO IMPROVING THE QUALITY OF LIFE OF PERSONS AFFECTED BY
	BLEEDING DISORDERS THROUGH ADVOCACY, EDUCATION, PROMOTION OF RESEARCH
	AND DELIVERY OF SUPPORTIVE PROGRAMS AND SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.
0	
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	15-2- 15-2
	HEMODELTITA OF MODELTI GAROTTIA PROTESTA (Revenue \$ 342,785.)
	HEMOPHILIA OF NORTH CAROLINA PROVIDES EDUCATION TO HELP PEOPLE WITH
	BLEEDING DISORDERS AVOID DEBILITATING COMPLICATIONS AND LIVE LONGER,
	MORE ACTIVE AND HEALTHIER LIVES; CONDUCTS ADVOCACY INTULATIVES AT LOCAL.
	AND NATIONAL LEVELS TO HELP ENSURE ACCESS TO MEDICAL CARE AND FOULTWARLE
	INSURANCE REIMBURSEMENT FOR ALL; BUILDS AWARENESS OF BLEEDING DISORDERS
	AND PROMOTES EARLY DIAGNOSIS; ADVOCATES AND CREATES AWARENESS FOR BLOOD
	SAFETY AND HELDS TO BIND AND PROMOTE BEGIND OF THE BOOK BLOOD
	SAFETY AND HELPS TO FUND AND PROMOTE RESEARCH TOWARD BETTER TREATMENTS AND CURES.
	imb corbb.
4b	(Code:) (Expenses \$ 15,729. Including grants of \$) (Revenue \$)
	HEMOPHILIA OF NORTH CAROLINA PUBLISHES A QUARTERLY NEWSLETTER, THE
	CONCENTRATE THAT IS DISCOULTED TO MAKE A QUARTERLY NEWSLETTER, THE
	CONCENTRATE, THAT IS DISTRIBUTED TO MEMBERS, THE MEDICAL COMMUNITY AND
	OTHER INTERESTED PARTIES. INFORMATION IN THE NEWSLETTER CONTAINS
	ARTICLES ON RELEVANT TOPICS TO THE BLEEDING DISORDERS COMMUNITY,
	UPDATES ON PROGRAMS AND SERVICES AND HIGHLIGHTS OF COMMUNITY MEMBERS
	BASED ON INFORMATION RECEIVED FROM THE MEMBERSHIP THE NEWSTROTTED IG
	THEIR PRIMARY SOURCE OF INFORMATION. IN ADDITION TO THE NEWSLETTER,
	HEMOPHILIA OF NORTH CAROLINA PUBLISHES FLYERS WITH INFORMATION ABOUT
	UPCOMING PROGRAMS AND SERVICES. OUR WEBSITE IS ALSO A KEY SOURCE OF
	INFORMATION AND PROFITED A MEDITE IS ALSO A KEY SOURCE OF
	INFORMATION AND RECEIVED A NATIONAL AWARD FOR ITS CONTENT AND PRESENTATION.
	LIGHTIALION.
- A	
4c	(Code:) (Expenses \$ 25,887. Including grants of \$ 25,887.) (Revenue \$)
	THE HEMOPHILIA OF NORTH CAROLINA FINANCIAL ASSISTANCE PROGRAM IS DADW
	OF THE ORGANIZATION'S CONTINUING EFFORT TO IMPROVE THE OHALTTY OF LIFE
	OF INDIVIDUALS AND FAMILIES AFFECTED BY BLEEDING DISORDERS. THIS
	PROGRAM PROVIDES FUNDS TO ELIGIBLE INDIVIDUALS AND FAMILIES WHO NEED
	ASSISTANCE WITH EXPENSES INCUDED IN HIE CARE AND FAMILIES WHO NEED
	ASSISTANCE WITH EXPENSES INCURRED IN THE CARE, TREATMENT OR PREVENTION
	OF A BLEEDING DISORDER, AND/OR BASIC LIVING EXPENSES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$
40	Total program service expenses ► 404,282.
	Form 990 (2018)

1

832002 12-31-18

	The Michigan Co. 1 Square Co. 1		Yes	No
4	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		163	110
	If "Yes," complete Schedule A	1	X	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
	bis the organization required to complete schedule b, schedule of communities. Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	IRAS	yes.	
		3		Х
	public office? If "Yes," complete Schedule C, Part I	0		42
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		X
	during the tax year? If "Yes," complete Schedule C, Part II	4	~	
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			37
	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			77
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes, " complete			
	Schedule D, Part III	8		X
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
_	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	1).5		
11	-	1 3	13.5	
	as applicable.		'	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.0	x	
	Part VI	11a	- 21	+
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		177	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	-
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	U.,	}	1
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	-	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		1	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	1	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_	X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_	X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?		1	
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
148	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	-		
Ω	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	,	X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
15		15		Х
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	10	+	- 43
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1,0		Х
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		125
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		L	-0
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		~~	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	-
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III			X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		a	2
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		b	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			\mathbf{H}
	domestic government on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II	21		Σ
De se	72 40 21 40	For	m 99	0 (201

Form 990 (2018) HEMOPHILIA OF NORTH CAROLINA, INC. 56-1273974 Page 4 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 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 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I \mathbf{x} 25a 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 X 25b 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II X 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a X b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 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 X 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a 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 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 X 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V No Yes 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 0

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)					-				
		í	1	1.5	Yes	No				
2a E	inter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	00	4			7.7.2				
f	HOLD TO THE PORTING AND CHARLES MINIOUS MINIOUS AND ASSESSMENT OF THE PROPERTY	2a		2b	X					
b I	f at least one is reported on line 2a, did the organization file all required federal employment tax returns	87			ZA.					
1	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			3a		X				
3a [a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b l	o If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O									
4a /	At any time during the calendar year, did the organization have an interest in, or a signature or other at	utnority c	over, a	40		X				
	mancial account in a foreign country (such as a bank account, securities account, or other financial ac	ccounty	201000070200001117	4a	. A	2)				
bi	f "Yes," enter the name of the foreign country: ▶		CO & D)							
5	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (i	rbari).		- 1	X				
5a \	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		P4 P	5a	_	X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	mon'r		5b	-	77				
C	f "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	e organiz	ation solicit	0.		x				
	any contributions that were not tax deductible as charitable contributions?			6a		-				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			0.						
	were not tax deductible?			6b	. 1, 1	1,11				
7	Organizations that may receive deductible contributions under section 170(c).									
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices prov	ided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	as require	ad .	3.						
	to file Form 8282?			7c		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		- 1	11	. ''				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontract?		7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?		7f	-	1				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	m 8899	as required?	7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a	a Form 1098-G?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the								
	aportsoning organization that a excess parameter than			8	1,11					
9	Sponsoring organizations maintaining donor advised funds.				,					
a				9a	-	+				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		1 111				
10	Section 501(c)(7) organizations. Enter:	11			10.0					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		-						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		-						
11	Section 501(c)(12) organizations. Enter:	1 1		13.3						
а	Gross income from members or shareholders	11a		-						
b	Gross Income from other sources (Do not net amounts due or paid to other sources against			1						
	amounts due or received from them.)	11b		-						
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a	G 3 17	1 270				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		- 13,	1					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					-				
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	-					
	Note. See the instructions for additional information the organization must report on Schedule O.									
b	and children is specified an interior of beginning in the control of the control									
	organization is licensed to issue qualified health plans	13b		-	2					
C	Enter the amount of reserves on hand	13c			1					
14a	Did the organization receive any payments for indoor tanning services during the tax year?		**********	14a		X				
b	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ıle O	*******	14t	-	-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun	eration o	or							
	excess parachute payment(s) during the year?		*****************	15		2				
	If "Yes," see instructions and file Form 4720, Schedule N.					. 1				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investme	ent incom	ne?	. 16		3				
,,,	If "Yes," complete Form 4720, Schedule O.	******								
	If "Yes," complete Form 4720, Schedule U.	VWW.7,		Fo	rm 9	(

Form	990	(2018)	

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Form 990 (2018) HEMOPHILIA OF NORTH CAROLINA, INC 56-1273974 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response
to line 8a, 8b, or 10b below, describe the circumstances, processes, or change in School to O. Socient weights

	to the da, ou, or rob below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI	425555551	*****	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year1a1	4 3 3	No.	
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent		100	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	W. 1	All C	7401
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		_X_
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Net .	: " 7 1
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			
Sac	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Jec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		r	
40-	This the consultation is not be at the contract of the contrac		Yes	No
IUa	Did the organization have local chapters, branches, or affiliates?	10a		X
IJ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
440	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 filling the form?	11a	X	1. 1. 1.
b 12a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	771		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
13	in Schedule O how this was done	12c	X	
14		13	X	
15	Did the organization have a written document retention and destruction policy?	14	X	
10	Did the process for determining compensation of the following persons include a review and approval by independent			
a	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		13, 45	
b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	15b	111	X
162	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IVA		17.75		2 (1.2)
6.		16a	100	X
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	4.11		
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		276 %	
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)			la La
	for public inspection. Indicate how you made these available. Check all that apply.	s only	avalla	BICI
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d E	_!_1	
	statements available to the public during the tax year.	ı ıman	ciai	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 919-319-0014			
	260 TOWN HALL DRIVE NO. A MORRISVILLE NO. 27560			

Form 990 (2018) HEMOPHILI	A OF NO	₹T	H (CA	RO	LI	NA	INC	<u> 56-12739</u>	74 Page 7
Part VII Compensation of Officers, D	irectors, Tr	ust	ees	, K	ey	Em	plo	yees, Highest Co	mpensated	
Employees, and Independen	t Contracto	rs								
Check if Schedule O contains a respo	onse or note to a	any	line	in th	is F	art \	/11			
Section A. Officers, Directors, Trustees, Key	Employees, an	d Hi	ghe	st C	om	pen	sate	ed Employees		* 1 *
4. Complete this table for all persons required to	he listed, Reno	rt c	ome	ens	atio	n fo	the	calendar year ending v	vith or within the organ	ization's tax year.
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compens List all of the organization's current key em 	s, directors, trus sation was paid ployees, if any.	See	ins	neth truc	er ir tion	s for	dual	s or organizations), regarifications of "key employee	ardiess of amount of co a." or key employee) who	received report-
 List the organization's five current highest of able compensation (Box 5 of Form W-2 and/or Both but all of the organization's former officers 										
 List all of the organization's former officers reportable compensation from the organization a List all of the organization's former director more than \$10,000 of reportable compensation full tist persons in the following order: individual trus 	nd any related or ers or trustees from the organiz	orga that atio	rece n ar	elved ad ar	s. d, in	the	cap	acity as a former direct	or or trustee of the org	anization,
and former such persons.										
Check this box if neither the organization n	or any related o	rga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)			- (C	((D)	(E)	(F)
Name and Title	Average hours per week	box.	Positio o not check mor x, unless persor ficer and a direc			than o	ายก	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	individual trostee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY SHAIR MILLER	2.00	Х		x				0.	0.	0.
PRESIDENT	2.00			^~			-			
(2) TYRONNA HOOKER BOARD MEMBER		X						0.	0.	0.
(3) KELLY CRIBBS	2.00									
BOARD MEMBER		X				-	1_	0.	0.	0.
(4) STEVE PERETTI	2.00						ii.	0	0.	0.
BOARD MEMBER		X		-	+-	+-	-	0.	V.	0.
(5) TIFFANY HARGETT SECRETARY	2.00	X		x				0.	0.	0.
(6) MIRIAM VANHOOK	2.00			-		1	1		0	0.
BOARD MEMBER		X	-	1	1	-	-	.0	. 0.	V.
(7) MATT IGELMAN	2.00						1	0	. 0.	0.
BOARD MEMBER	0.00	X	-	+-	-	+-	-	V		
(8) KATHY REGISTER	2.00			X				0	. 0.	0.
TREASURER	2.00	X	+-	1	+	+	-			
(9) STEVEN HUMES	2.00	X		1.				0	. 0	0.
BOARD MEMBER (10) CURTISS REID COLEMAN	2.00									
BOARD MEMBER		X						. 0	. 0	. 0-
(11) BRYANT WINDHAM	2.00								0	0
BOARD MEMBER		X		_	1		_	0	. 0	. 0.
(12) CHARLENE COWELL	40.00	-						71,750	. 0	. 0.

EXECUTIVE DIRECTOR

Form 990 (2018) HEMOPHIL Part VII Section A Officers Directors True									56-12	7397	4 F	age 8
Toocholi A. Officers, Directors, Trus		ploy	/ees			ghe	st C		es (continued)			
(A) Name and title	(B) Average	Average (do not a				than		(D) Reportable	(E) Reportable	1	(F) Estimat	
	week	offi				ls bot v/trus		compensation from	compensation from related		amount other	
	(list any hours for	Individual trustee or director				_	1	the organization	organizations		mpens	
	related	stee or	netee			ensate		(W-2/1099-MISC)	(W-2/1099-MISC		from th organiza	
	organizations below	dual tru	Institutional trustee		Key employee	st сотр уее	he				and rela rganizat	
	line)	Individ	Institu	Officer	Кеу еп	Highest compensated employee	Former				yanıza	JUIS
		-										
								100 A				
		-										
						- 11						
						Ī						
1b Sub-total								71,750.				
c Total from continuation sheets to Part VI	I, Section A				******			71,750.		0.		0.
d Total (add lines 1b and 1c)					*****]	>	71,750.		0.		0.
Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d al	oove) wh	o re	ceived more than \$100	,000 of reportable			
compensation non-the organization			***************************************								Yes	No No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	nplo	yee,	ort	ilghest compensated er	nployee on			VI, 50,
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su	uch individual		•••••							3		X
4 For any individual listed on line 1a, is the su and related organizations greater than \$150	ni or reportabl 0.000? If "Yes.	e co " coi	impe alam	ensa ete S	tuon Sche	and dula	oth J fe	er compensation from t or such individual	he organization	4		Х
5 Did any person listed on line 1a receive or a	ccrue comper	isati	on f	rom	any	unre	elate	ed organization or indivi	dual for services	" "		S. H.Y
rendered to the organization? If "Yes," com Section B. Independent Contractors	olete Schedule	J fe	or su	ich j	pers	оп				. 5	<u></u>	X
Complete this table for your five highest con	mpensated inc	lepe	nde	nt c	ontr	acto	rs th	at received more than	\$100,000 of comp	aneatin	from	
the organization. Report compensation for	he calendar ye	ear e	ndir	ng w	ith c	or wi	thin	the organization's tax y	ear.	Dilacion	TITOIT	
(A) Name and business	address	arc	\ X T Y:	1				(B) Description of s	ondoo		(C)	_
,,	Maarooo	MC	NE	4			+	Description of a	ervices	Consp	ensatio	
							+					
							\perp					
					-	-	-					
						v						
2 Total number of independent contractors (ii \$100,000 of compensation from the organizer)		ot lin	nite	d to	thos		ted	above) who received m	ore than			
T. 50,000 or componential from the organia	GROH .				- 0							1111

		Check if Schedule O contains a			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
and Other Similar Amounts	1 a	Federated campaigns	1a					
- I	b	Membership dues	. 1b			NAME OF STREET		
Ę.	С	Fundraising events	1c	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
10	d	Related organizations	. 1d					
Ē	е	Government grants (contributions)	1e					
S	f	All other contributions, gifts, grants, and	d					
the		similar amounts not included above	1f 3	321,835.				
9	g	Noncash contributions included in lines 1a-1f:	\$		ili primeri	A Bush		
2	h	Total. Add lines 1a-1f		D	321,835.		Sure to the state of the	1 1 (12 % w may) 2 (12 %)
				lusiness Code	China National		All a transfer of	The second of
	2 a	AD INCOME AND FEES	S	900099	20,950.	20,950.		
01	b		i i					
Ē	С		1					
Revenue	d							
300	е							
	f	All other program service revenue	,				: *******	
	g	Total. Add lines 2a-2f	************		20,950.	": '-	****	
-	3	Investment income (including divid	lends, interes	st, and				C 420
- 1		other similar amounts)			6,438.			6,438.
	4	Income from investment of tax-exe	empt bond pr	oceeds				
	5	Royaltles						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less; rental expenses						
	c	Rental income or (loss)			The second section of the sect		2000 000 000	
		Net rental income or (loss)						1,11 1,111 4,111
	7 a	Gross amount from sales of (i)	Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis						
Ì		and sales expenses						
	Ċ	Gain or (loss)					11.12	Har North and a second
	C	i Net gain or (loss)	*******	>			T 0,1 1,0 1,0	M 1.79 "A . 11.244
03	8 8	Gross income from fundraising ev	ents (not					
Revenue		including \$					74.54.54	
eve		contributions reported on line 1c).	See					
1		Part IV, line 18	а	236,927.				
Othe	1	Less: direct expenses	b	55,777.	Tariffer to the control of the contr			404 450
0		Net income or (loss) from fundrais			181,150			181,150
		a Gross income from gaming activit			NEW PROPERTY.		4 医电影学家	
		Part IV, line 19						
		b Less: direct expenses	b			A Mark Albertage	Tan Carlo	
1		c Net income or (loss) from gaming	activities	<u> </u>			1 1 1 2 1 2 1 2 1 2 1 2 1	6 / 12 / 13 / 13 / 14 / 15 / 15 / 15 / 15 / 15 / 15 / 15
ļ		a Gross sales of inventory, less retu						
		and allowances						
- 4		b Less; cost of goods sold				THE PROPERTY OF THE		
-		c Net income or (loss) from sales o					11g2 - 1 1 W 1	
		Miscellaneous Revenue		Business Code	A CONTRACT OF THE PARTY OF THE			
100	11	a			[
		b						
	, 1	C						
		d All other revenue		900099	8,63		• • • • • • • • • • • • • • • • • • •	
		e Total. Add lines 11a-11d			8,63			
	12	Total revenue. See instructions			539,010	29,587	•	0. 187,588 Form 990 (20

	tion 501(c)(3) and 501(c)(4) organizations must comp				
0-	Check if Schedule O contains a respons	se or note to any line in	this Part IX	(0)	
	not Include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations				建筑等等等等
	and domestic governments. See Part IV, line 21			Property of the Mark of the Mark	
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	25,887.	25,887.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				The state of the state of
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	172,224.	137,779.	13,778.	20,667
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	5,000.	3,750.	800.	450
10	Payroll taxes	13,566.	8,818.	3,120.	1,628
11	Fees for services (non-employees):				
a					
þ					
C		10,251.	6,458.	1,743.	2,050
d	V				
е	The state of the s			en fact i figur falle stand en	
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	234.	234.		
13	Office expenses	19,878.	15,753.	1,665.	2,460
14	Information technology				
15	Royalties				
16	Occupancy	9,528.	5,717.	953.	2,858
17	Travel	6,892.	3,446.		3,446
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	455 050			
19	Conferences, conventions, and meetings	156,060.	156,060.		
20	Interest				
21	Payments to affiliates Depreciation, depletion, and amortization	445	550		
22		415.	270.	87.	58
	Other expenses, Itemize expenses not covered	1,318.	garanta da antigar an Algaria.	1,318.	
24	above. (List miscellaneous expenses in line 24e If line)				
	24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule O.) NEWSLETTERS/FLYERS	47 A77	15 500	8 9 60	The state of the s
a b	SCHOLARSHIPS	17,477.	15,729.	1,748.	
	EDUCATION/TRAINING	12,530.	12,530.		
d	ADVOCACY ADVOCACY	7,341. 2,715.	7,341.		
	All other expenses		2,715.		
	Total functional expenses. Add lines 1 through 24e	1,795.	1,795.	05.040	22.22
25 26	Joint costs. Complete this line only if the organization	463,111.	404,282.	25,212.	33,617
.0	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 (2018) Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 14,596. 45,015. Cash - non-interest-bearing 1 350,937. 379,850. 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 2,103 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary 6 employees' beneficiary organizations (see Instr). Complete Part II of Sch L 7 Notes and loans receivable, net 8 Inventories for sale or use 2,529. 2,339. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment; cost or other 8,514. basis. Complete Part VI of Schedule D ______ 10a 822. 1,238. 10c b Less: accumulated depreciation 10b 7,692. 11 Investments - publicly traded securities 11 104,766. 85,841 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 533,923. 457,054 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 5,299. 4,330. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X of 25 5,299 4,330. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 390,545 481,679. 27 Unrestricted net assets 46,945. 62,179 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

452,724.

457,054.

33

34

528,624.

533,923.

	1990 (2018) HEMOPHILIA OF NORTH CAROLINA, INC	56-127	3974	Page 12		
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI			. 🔲		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	539	010.		
2	Total expenses (must equal Part IX, column (A), line 25)	2		111.		
3	Revenue less expenses. Subtract line 2 from line 1	3		899.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		724.		
5	Net unrealized gains (losses) on investments	5	20/11	125-20		
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8		·		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			0.		
	column (B))	10	528	623.		
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο,	Ye	s No		
za	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X		
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit.				
	review, or compilation of its financial statements and selection of an independent accountant?		2c X			
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	nale Audit	1/1			
	Act and OMB Circular A-133?	-	За	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit	744			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		36			
			Form 99	0 (2018)		

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization 56-1273974 HEMOPHILIA OF NORTH CAROLINA, Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(lii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety, See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations (iv) is the organization listed in your source. g Provide the following information about the supported organization(s). (vi) Amount of other (iii) Type of organization (v) Amount of monetary (i) Name of supported support (see Instructions) support (see Instructions) (described on lines 1-10 organization Yes above (see instructions))

Schedule A (Form 990 or 990 EZ) 2018 HEMOPHILIA OF NORTH CAROLINA, INC 56-1273974 Page 2

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

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

00	ottott A. F dolle Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	208,255.	204,297.	242,120.	361,156.	342,785.	1 358 613
2	Tax revenues levled for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to			İ			
	the organization without charge	000 055	204 225				
	Total. Add lines 1 through 3	208,255.	204,297.	242,120.	361,156.	342,785.	1,358,613.
5	,				A BANGER STATE		
	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,						
			Y KAMANIKA P				
6	Public support. Subtract line 5 from line 4.			100			
Se	ction B. Total Support					3. 2	1 358 613
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(O Total
	Amounts from line 4	208,255.	204,297.	242,120.	361,156.	342,785.	(f) Total
	Gross income from interest,			227,220	3017130.	342,703.	1,358,613.
	dividends, payments received on	_	11		1		
	securities loans, rents, royalties,						
	and income from similar sources	109.	175.	242.	1,017.	6,438.	7,981.
9	Net income from unrelated business			1		7,1001	1,700
	activities, whether or not the	r i					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)		.,		10,887.	8,637.	19,524.
	Total support. Add lines 7 through 10					MANUSE PROPERTY	1,386,118.
12	Gross receipts from related activities,	etc. (see instruction	ons)	***************************************		12 1,	,085,772.
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ix year as a section	501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	here	roontago	************************	******************************	*******************	
				1			00 00
15	Public support percentage for 2018 (I Public support percentage from 2017	Sabadulo A. Dast	Niced by line 11, c	column (f))		14	98.02 %
169	33 1/3% support test - 2018. If the o	scriedule A, Part	t shock the how a	- Une 40 and the s	(A !- OD 4 (OO)	15	98.79 %
	stop here. The organization qualifies	as a publich supp	orted organization	i ine is, and ine	14 is 33 1/3% of m	iore, check this box	k and
b	33 1/3% support test - 2017. If the o	urganization did no	t check a hov on i	ine 13 or 16c and	lino 15 io 22 1/20/	ormore shortest	
	and stop here. The organization quali	ifies as a nublicly s	supported organiza	ation	mid 19 19 99 11930	or more, check thi	S DOX
17a	10% -facts-and-circumstances test	t - 2018. If the ora:	anization did not o	check a box on line	13 16a or 16h s	and line 14 is 10%	av moro
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	is box and etap h	ere Explain in Da	t VI how the organi	zation
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	organization	c vinow the organi	Zauon
b	10% -facts-and-circumstances test	- 2017, If the ora	anization did not o	heck a box on line	13. 16a. 16b. or 1	7a, and line 15 is 1	
	more, and if the organization meets th	ne "facts-and-circu	mstances" test. cl	eck this box and	stop here. Explain	in Part VI how the	070 01
	organization meets the "facts-and-circ	umstances" test.	The organization of	ualifies as a public	cly supported orga	nization	
18	Private foundation, If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					dula A (Form 000)	

Part	III Support Schedule for Or	ganizations D	Described in S	ection 509(a)	(2)		
,,	(Complete only if you checked the	ne box on line 10	of Part I or if the o	rganization failed	to qualify under Pa	art II. If the organizat	tion fails to
	qualify under the tests listed bel	ow, please comp	ete Part II.)				
	on A. Public Support					4 2 0040	(f) Total
	ar year (or fiscal year beginning in) ► _	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	lfts, grants, contributions, and						
m	embership fees received. (Do not						
in	clude any "unusual grants.")				***		
n fo a o	ross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the rganization's tax-exempt purpose						
	iross receipts from activities that	'					
	re not an unrelated trade or bus-						
	ness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to or expended on its behalf						
	he value of services or facilities						
	umished by a governmental unit to	,				1/	
	he organization without charge						
	Total, Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	received from disqualified persons						
fi €	Amounts included on lines 2 and 3 received rom other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						- Control of the Cont
c/	Add lines 7a and 7b			with the forest the			
	Public support. (Subtact fine 7c from line 8.)	, 1-1 1 1 11 11 11 11 11					
	tion B. Total Support				1 () 0047	[(a) 0019	(f) Total
Calen	dar year (or fiscal year beginning in) 📂	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(i) rotar
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
	Unrelated business taxable income			l.			
	(less section 511 taxes) from businesses			1	10		
	acquired after June 30, 1975						
11	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
1/2	assets (Explain in Part VI.)						ļ
14	First five years, if the Form 990 is for	r the organization	's first, second, th	nird, fourth, or fifth	tax year as a sect	tion 501(c)(3) organi	zation,
	check this box and ston here		***************************************				
Sec	tion C. Computation of Pub	lic Support P	ercentage				
15	Public support percentage for 2018	(line 8, column (f),	, divided by line 13	3, column (f))		15	9
Sec	Public support percentage from 201 ction D. Computation of Inve	estment Incor	ne Percentag	е			9
17	Investment income percentage for 2	2018 (line 10c, cold	umn (f), divided by	/ line 13, column (f)}	. 17	9,
40	Investment income percentage from	2017 Schedule A	A. Part III, line 17			18	9,
19a	33 1/3% support tests - 2018. If the	e organization did	not check the bo	x on line 14, and	line 15 is more tha	n 33 1/3%, and line	I / IS NOT
	more than 33 1/3% check this hox	and stop here. Th	ne organization qu	alifies as a publich	y supported organ	ization	,,,,,,,,,,
k	33 1/3% support tests - 2017. If the line 18 is not more than 33 1/3%, cf	e organization did	not check a pox	online (4 Of M)6	rad, driu ilila 10 is se se s nublich/eur	norted omanization	•
	line 18 is not more than 33 1/3%, ch	teck this box and	stop nere. The or	yanızanon qualine	a da a publicity suf	bereit a der umerion	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 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 (b) and (c) 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 (b) and (c) 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 (b) and (c) 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 filling organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If *Yes, * answer 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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chedule	A (Form 990 or 990-EZ) 2018 HEMOPHILIA OF NORTH CAROLINA, INC	<u>56-127397</u>	4 Pa	ge 5
Part IV				
		[1.31	Yes	No
11 Has	s the organization accepted a gift or contribution from any of the following persons?		1	
а Ар	erson who directly or indirectly controls, either alone or together with persons described in (b) and (c)	174.17k		* * 4 . 5
bei	ow, the governing body of a supported organization?	11a		
h Afa	amily member of a person described in (a) above?	11b		
c A3	5% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
ection	n B. Type I Supporting Organizations			
		17.50	Yes	No
1 Did	the directors, trustees, or membership of one or more supported organizations have the power to			
rec	ularly appoint or elect at least a majority of the organization's 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	1 2 1 1		
COL	ntrolled the organization's activities. If the organization had more than one supported organization,	1.1.1.1	11.	
de	scribe how the powers to appoint and/or remove directors or trustees were allocated among the supported	10.00		
ore	panizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1	
2 Die	I the organization operate for the benefit of any supported organization other than the supported			
2 1210	ganization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	4.24		
D ₂	art VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	pervised, or controlled the supporting organization.	2	L	
su.	n C. Type II Supporting Organizations			
ecuo	II O. Type II oupporting organizations		Yes	No
	ere a majority of the organization's directors or trustees during the tax year also a majority of the directors			
1 W	trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
or	trustees of each of the organization's supported organization(s)? If the same persons that controlled or managed	22.5		1 1 1
	management of the supporting organization was vested in the same persons that controlled or managed	1		11
th	e supported organization(s).			
ectio	n D. All Type III Supporting Organizations		Yes	No
	in line by the last day of the fifth month of the	(1 No.)	1111	
1 Di	d the organization provide to each of its supported organizations, by the last day of the fifth month of the	U PARAM		
OF	ganization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	^ R	1 1	1
ye	ear, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	l ia		1
O	ganization's governing documents in effect on the date of notification, to the extent not previously provided?		7 - 1	7 1.1
2 W	ere any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
O	ganization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how		11	
th	e organization maintained a close and continuous working relationship with the supported organization(s).	2	11 11	
3 B	y reason of the relationship described in (2), did the organization's supported organizations have a	1.16.00		
s	gnificant voice in the organization's investment policies and in directing the use of the organization's			
	come or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
8	upported organizations played in this regard.	3		
Section	on F. Type III Functionally Integrated Supporting Organizations			
1 0	theck the box next to the method that the organization used to satisfy the Integral Part Test during the yeatsee i	nstructions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	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 e	ntity (see instruction	ons).	1
2 4	activities Test. Answer (a) and (b) below.	1	Ye	s No
аГ	lid substantially all of the organization's activities during the tax year directly further the exempt purposes of			
ŧ	he supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
•	hose supported organizations and explain how these activities directly furthered their exempt purposes,			
į	now the organization was responsive to those supported organizations, and how the organization determined	-Y 7	in No.	
,	hat these activities constituted substantially all of its activities.	22		
ra i t	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	far.		11.11
D [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	18		
		21		-3 -
é	activities but for the organization's involvement.	7. 7		
3	Parent of Supported Organizations. Answer (a) and (b) below.		0.	11
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	3	a	
	trustees of each of the supported organizations? Provide details in Part VI.	1		
-			1	1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of eac of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3	n l	

Pa	edule A (Form 990 or 990-EZ) 2018 HEMOPHILIA OF NORTH CAP	COLIN	VA, INC 5	6-1273974 Page 6
1	13Po in Non Functionally integrated sustants Supporting	ng Org	anizations	
•	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must contain the content of the conten	ng trust	on Nov. 20, 1970 (explain in i	Part VI.) See instructions. A
Sec	tion A - Adjusted Net Income	ompiete	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(optional)
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	į.	
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		***************************************
Sacr	tion B - Minimum Asset Amount	1 0		(B) Current Year
	TOTI D - Withinfurth Asset Amount		(A) Prior Year	(optional)
1	Aggregate fair market value of all non-exempt-use assets (see	;	in the second of the second	Parisa and Calabar
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	10		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other	1.00	grant hagen, state in	TERRITOR DA GLAMBERTO, AN
	factors (explain in detail in Part VI):	1.00		
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 1-1/2% of line 3 (for greater amount,	1		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	_		
4	Enter greater of line 2 or line 3	3		
5	Income tax imposed in prior year	4		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	5		
_	emergency temporary reduction (see instructions)			
7		6	100	
,	Check here if the current year is the organization's first as a non-functionall instructions).	y integra	ated Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2018

Part V: Type III Non-Functionally Integrated 509(7,07		Current Year
Section D - Distributions 1 Amounts paid to supported organizations to accomplish exer	mpt purposes		
Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpose	es of supported organizations		
Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			,
7 Total annual distributions, Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the	ne organization ls responsive		
(provide details in Part VI). See Instructions.			
9 Distributable amount for 2018 from Section C, line 6			
10 Line 8 amount divided by line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
Distributable amount for 2018 from Section C, line 6		galvelik prosentyter skil	
Distributable amount for 2018 from Section C, line 6 Underdistributions, if any, for years prior to 2018 (reason-			
able cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013	pring American Commence		in the fighter are acted.
b From 2014	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		. મુલ્લાના ઉત્સાલકાર પ્રાથમિક
c From 2015			Page 4 Ad STREET TO
d From 2016			AND STREET OF MENTON AND STREET, AND AND STREET
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount	The state of the s		
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3l from 3f.			
4 Distributions for 2018 from Section D,			
line 7: \$	1305 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
a Applied to underdistributions of prior years	Light of the providing the		
b Applied to 2018 distributable amount	Parities and the property of t		
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if	AYES MENTER OF		
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			A-A-F-A-A-M-MA-P-A-A-A-A-A-A-A-A-A-A-A-A-A-A-
6 Remaining underdistributions for 2018. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			1.
Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j			
and 4c.		Angel Maria Confedence	
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017		78-6-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	
e Excess from 2018	本性 [1] 2 / 12 新秋性 [4] [2] [2]		

Schedule A	(Form 990 or 990-EZ) 2018 HEMOP	HILIA OF	NORTH	CAROLINA	, INC	56-1273974	Page 8
Part VI	Supplemental Information. P Part IV, Section A, lines 1, 2, 3b, 3c, 4 line 1; Part IV, Section D, lines 2 and 3 Section D, lines 5, 6, and 8; and Part V (See instructions.)	rovide the expla	anations requi	red by Part II line	10: Part II line 17a o	17b: Dort III line 19:	
	1,6,2,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4,4	**********					
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. ➤ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Name of the organization

Employer identification number

	HEMOPHILIA OF NORTH CAROLINA, INC	56-1273974
Organization type (chec		
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	1
	527 political organization	
Cov. 000 DE	501(c)(3) exempt private foundation	
Form 990-PF		
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note: Only a section 50 General Rule	on is covered by the General Rule or a Special Rule . 1(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp ation filing Form 990, 990 EZ, or 990 PF that received, during the year, contributions any one contributor. Complete Parts I and II. See instructions for determining a cor	s totaling \$5,000 or more (in money or
Special Rules		
sections 509(any one contr	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line ibutor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of to EZ, line 1. Complete Parts I and II.	13, 16a, or 16b, and that received noth
was total on	cation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receiv ntributions of more than \$1,000 exclusively for religious, charitable, scientific, literary cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead	, or addicational bulboses, or for the
year, contribu is checked, e purpose, Dor	zation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recei utions exclusively for religious, charitable, etc., purposes, but no such contributions inter here the total contributions that were received during the year for an exclusively of the that the parts unless the General Rule applies to this organization be ritable, etc., contributions totaling \$5,000 or more during the year	y religious, charitable, etc., ecause it received nonexclusively
but it must answer "N	tion that isn't covered by the General Rule and/or the Special Rules doesn't file Sch lo" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ (neet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	edule B (Form 990, 990-EZ, or 990-PF), or on its Form 990-PF, Part I, line 2, to
Little Fay Danomyork D	eduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2018

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Page 2 Name of organization Employer Identification number HEMOPHILIA OF NORTH CAROLINA, INC. 56-1273974 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 1 BAYER HEALTHCARE Person X Payroll 100 BAYER RD 27,500. Noncash (Complete Part II for PITTSBURGH, PA 15205 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 2 CSL BEHRING, LLC & FOUNDATION Person X Payroll PO BOX 511 54,000. Noncash (Complete Part II for KANKAKEE, IL 60901 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 3 HEMOPHILIA FEDERATION OF AMERICA Person X Payroll 210 7TH STREET SE, SUITE 200B 14,531. Noncash (Complete Part II for WASHINGTON, DC 20003 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 NOVO NORDISK Person X Payroll 100 COLLEGE RD WEST 14,500. Noncash (Complete Part II for PRINCETON, NJ 85401 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 5 PFIZER HEMOPHILIA X Person Payroll 235 EAST 42ND STREET 35,000. Noncash (Complete Part II for NEW YORK, NY 10017 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6 DRUGCO X Person Payroll

107 SMITH CHURCH ROAD

ROANOKE RAPIDS, NC 27870

Noncash (Complete Part II for

noncash contributions.)

10,600.

Name of organization

Employer identification number

HEMOPHILIA OF NORTH CAROLINA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addi	itional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	HEMOPHILIA PREFERRED CARE 63 SOUTH ROYAL STREET SUITE 710 MOBILE, AL 36602		Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 8	OCTAPHARMA 121 RIVER STREET HOBOKEN, NJ 07030	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	GRIFOLS 2410 LILLYVALE AVE LOS ANGELES, CA 90032	\$ 30,062.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	THE HEMOPHILA ALLIANCE FOUNDATION 1758 ALLENTOWN ROAD #183 LANSDALE, PA 19446	\$ <u>13,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	COLBURN-KEENAN FOUNDATION INC. PO BOX 811 ENFIELD, CT 06083	\$ 11,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	DIPLOMAT PO BOX 321130 FLINT, MI 48532	\$\$.	Person X Payroll (Complete Part II for noncash contributions.)

Schedule	B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Page 2

Name	of	organ	ization
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Employer identification number

HEMOPHILIA OF NORTH CAROLINA, INC

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition		1-12/39/4
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	MATRIX HEALTH 3300 CORPORATION AVE. SUITE 104 WESTON, FL 33331	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	BIOVERATIV 225 2ND AVENUE WALTHAM, MA 02451	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	GENENTECH 1 DNA WAY SAN FRANCISCO, CA 94080	\$ 31,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	SHIRE 300 SHIRE WAY LEXINGTON, MA 02421	\$ 72,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	EXPRESS SCRIPTS 201 GREAT CIRCLE ROAD NASHVILLE, TN 37228	\$\$.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	REALO SPECIALTY CARE 130 PINE STATE STREET, SUITE C LILLINGTON, NC 27546	\$ 16,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	SANOFI 225 SECOND AVENUE WALTHAM, NJ 02451	\$ 11,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		* * * * * * * * * * * * * * * * * * *	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions

Name of organization

Employer identification number

HEMOPHILIA OF NORTH CAROLINA, INC

Part II	Noncash Property (see instructions), Use duplicate copies of F		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No.		(0)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
•		\$	
(a) No.	(b)	(c)	(-2)
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
	44/4		
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		4	
		\$	
(a) No.	4.3	(c)	
from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(See instructions.)	
		\$	

Page 4 ion number 4 200 for the year
held
held
9
s held

ne of organiz	m 990, 990-EZ, or 990-PF) (2018) atlon		Employer Identification number
MODETT.	IA OF NORTH CAROLINA	TNC	56-1273974
art III Exc	lusively religious, charitable, etc., contribution	ns to organizations described in section through (e) and the following line entry. Fo harltable, etc., contributions of \$1,000 or less to	o 501(c)(7), (8), or (10) that total more than \$1,000 for the year organizations or the year. (Enterthis late, once,) \(\bigcup \\$
No.			
rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, ar	(e) Transfer of gift	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gift	Relationship of transferor to transferee
	transieree's trante, address, c		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address,		Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2018
Open to Public Inspection

Employer identification number

Name of the organization

HEMOPHILIA OF NORTH CAROLINA, INC 56-1273974

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2h c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, Inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation pasements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X A DE A DE LA COLUMN DE LA COLUM

to be sold to raise funds rainer than 10 po minimum as part or the industrial part of the part V Except wand Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, fustee, custodian or other intermediany for contributions or other assets not included on Form 990, Part X, line 21, for except ablations and additions during the year 1 to 1 t		ule D (Form 990) 2018 HEMOPHIL	IA OF NORT	H CAF	COLINA	INC	Other Si		12739'			<u>a 2</u>
Check all that apply :	Part	III Organizations Maintaining Co	illections of Art.	, Fistor	ical He	dsures, or	o a clanific	cant use of	f its collect	ion ite	ams	
a Public exhibition d	3 1	Jsing the organization's acquisition, accession	n, and other records,	, check a	ny or the ro	ollowing that al	e a signin	Jant use of	113 001100	Will Inc		
Dispersion of the companies of the organization of the organizat	(Π.								
Prevalue a description of thurse generations	а	Public exhibition										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XII. 5 During the year, did the organization solicit or receive domations of art, historical treasuruse, or other similar assets to be sold to raise stunds eather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization arraward "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XV? 1b If "Yes," explain the arrangement in Part XIII and complete the following tables: 6 Beginning balance 1	b		ė	L Oth	ner							
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assess to be seed for these funds a maintained as part of the organization's collection? Part IV	C	Preservation for future generations						in	Doxt VIII			
to be sold to raise funds rather than to be meintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.	4	Provide a description of the organization's col	lections and explain	how they	further th	e organization	s exempt	purpose in	Fait Air.			
to be sold to raise funds rather trant to 60 maintained its bart of the distribution or other part IV Excrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for exercising the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for exercising the part of the plants of the organization and the part of t	5	During the year, did the organization solicit or	receive donations of	fart, histo	rical treas	ures, or other s	similar ass	eis		ſ		No
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year 1b India balance 1c India balance 1c India balance 1c India balance 1d India begin balance 1d India balance 1d	. 1	to be sold to raise funds rather than to be mai	ntained as part of th	e organiz	ation's col	lection?		000 Dar				INO
on Form 980, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 fe Indig balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1 for "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization sewered "Yes" on Form 990, Part IV, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Grants or scholarships c Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment >		reported an amount on Form 990, Part	X, line 21.						(V, IIII 9,	———		
on Form 960, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year 1 ted and distinct during the year 1 ted and distinct during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes 1 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization sewered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance b Contributions 1b Part V Endowment Implement	1a	Is the organization an agent, trustee, custodia	in or other intermedia	ary for co	ntributions	s or other asse	ts not incli	uded				
b if "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance d Additions during the year e Distributions during the year e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes Splain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII. b if "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII. b if "Yes," explain the arrangement in Part XIII, Check here if the explanation has been provided on Part XIII. c Net investment arrangement in Part XIII. a Beginning of year balance Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years by Contributions. c Net investment earnings, gains, and losses of Grants or scholarships (b) Prior year (c) Two years back (e) Four years by Contributions. c Net investment earnings, gains, and losses of Grants or scholarships (b) Prior year (c) Two years back (e) Four years by Contributions (e) Four years by Contributions (e) Four years back (e) Four years		on Form 990, Part X?					,		Yes			No
d Additions during the year	b	If "Yes," explain the arrangement in Part XIII a	and complete the following	owing tal	ole:		Г					
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d Additions during the year Distributions during the year 16	G	Reginning balance			******			1c				
e Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Endowment Funds. Complete if the organization has been provided on Part XIII. Part V	d	Additions during the year	/4/24**********************************			************		1d				
1 Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	0	Distributions during the year	***********************					1e				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	-	Ending balance					L		-			
b if "Yes," explain the arrangement in Part XII. Check here if the explanation has been provided on Part XII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back or Net investment earnings, gains, and losses of Grants or scholarships e Other expenditures for facilities and programs g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment \(\) % c Temporarily restricted endowment \(\) % 6 Temporarily restricted endowment \(\) % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) related organizations 5 If Yes' on line 3a(ii), are the related dorganization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes' on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of Equipment 5 Buildings c Leasehold improvements 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of Equipment 5 Buildings c Leasehold improvements 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value of Equipment 5 Buildings c Leasehold improvements 4 Description of Property	On	Did the groundation include an amount on Fo	orm 990, Part X, line :	21, for es	crow or cu	istodial accour	nt hability?		Yes			No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (b) Four years back (c) Two years back (d) Three years back (e) Four years back (for the years back years back (for the years back years back years back (for the years back years back years back years yea	r.a	If "Yes " explain the arrangement in Part XIII.	Check here if the ex-	planation	has been	provided on Pa	art XIII			****		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (e) F			the organization ans	swered "	es" on Fo	rm 990, Part N	v, line 10.					
1a Beginning of year balance b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 9/6 b Permanent endowment ▶ 9/6 c Temporarily restricted endowment ▶ 9/6 c Temporarily restricted endowment ▶ 9/6 the percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment a Other	i Cri					(c) Two years	back (d)	Three years	back (e) i	our y	ears i	ack
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	4	Daylaning of year halance										
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % c Temporarily restricted endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation				***								
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and programs f. Administrative expenses g. End of year balance 2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a. Board designated or quasi-endowment										7		
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g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 96 b Permanent endowment ▶ 96 c Temporarily restricted endowment ▶ 96 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations 3a(ii) 3a(ii) 1 b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 1 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Gost or other basis (other) (c) Accumulated depreciation 1 1a Land												
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶	f	Administrative expenses										
b Permanent endowment	g	End of year balance		. 0	andrema l	all hold as:						
b Permanent endowment	2			e (line 19	, column (a)) Helu as.						
c Temporarily restricted endowment ▶	a			%								
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iii) related organizations (iv) re	b		***************************************									
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) unrelated organizations (ii) related organizations (ii) related organizations (iii) related organizations (iv) unrelated organizations (iv) unrelated organizations (iv) related organizations (iv) related organizations (iv) related organizations (iv) restricted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Other	C	Temporarily restricted endowment										
by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 8,514. 7,692. 8		The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.									
by: (i) unrelated organizations (ii) related organizations b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 8,514. 7,692. 8	За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held i	and administer	ed for the	organizaec	OΠ	I.	Van	No
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(ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2 Other		(i) unrelated organizations										
b if "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment 8,514. 7,692. 8		(iii) related organizations		***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		<u>3</u>	- 1		-
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 2 Other	b	if "Yes" on line 3a(ii), are the related organiz	ations listed as requi	ired on S	chedule R	?	*********			3b [L
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 2 Other	4	Describe in Part XIII the intended uses of th	e organization's end	owment t	unds.						_	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value basis (other) 1a Land b Buildings c Leasehold improvements d Equipment 2 Other		rt VI Land, Buildings, and Equipr	nent.									
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment 2 Other	L	Complete if the organization answere	ed "Yes" on Form 99	0, Part IV	/, line 11a.	See Form 990	, Part X, li	ne 10.				
ta Land b Buildings c Leasehold improvements d Equipment 8,514. 7,692. 8			(a) Cost or	other	(b) Cos	st or other	(c) Aco depr	umulated eciation		Book	k valu	16
b Buildings c Leasehold improvements		Land					i i i i i i i		* -			
c Leasehold improvements d Equipment 8,514. 7,692. 8												
d Equipment 8,514. 7,692. o									_			
d Equipment					W.	8.514.		7,69:	2.		{	322
e Other						U, ULE .						
		Other		- V b.	mn (D) Ilina	1001		1	>			322
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.).	Tot	al. Add lines 1a through 1e. (Column (d) must	equal Form 990, Pai	ILA, COIUI	ini (D), NNS	, 100.J.,,,,,,,,		Sc	chedule D	(Forr		

() December 1	on Form 990, Part IV, line	11h. See Form 99	0. Part X line 12
(a) Description of security or category (including name of security)	(b) Book value		valuation: Cost or end-of-year market value
1) Financial derivatives			
(2) Closely-held equity interests			
3) Other			
(A) WELLS FARGO MUTUAL FUNDS	104,766.	END-OF-	YEAR MARKET VALUE
(B)			
(C)			
(D)	1.00		
(E) (F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	104,766.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 99	D, Part X, line 13.
(a) Description of Investment	(b) Book value		valuation: Cost or end-of-year market value
(1)			
(2)			
(3)		· · · · · · · · · · · · · · · · · · ·	
(4)			
(6)	- And the state of		
(6) (7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			de la
Part IX Other Assets.			***
Complete if the organization answered "Yes" or	on Form 990, Part IV, line	11d. See Form 99	0, Part X, line 15.
(a) C	Description		(b) Book value
(1)	Description		
(1) (2)	Description		
(1) (2) (3)	Description		
(1) (2) (3) (4)	Description		
(1) (2) (3) (4) (5)	Description		
(1) (2) (3) (4) (5) (6)	Description		
(1) (2) (3) (4) (5) (6) (7)	Description		
(1) (2) (3) (4) (5) (6) (7) (8)	Description		
(1) (2) (3) (4) (5) (6) (7) (8) (9)			
(1) (2) (3) (4) (5) (6) (7) (8)			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of	15.)		(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of the properties of the properties of the complete if the organization of liability (1) Federal income taxes	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X. Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X. Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X: Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the complete if the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7) (8)	15.)	11e or 11f. See Fo	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of the organization of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	15.)	11e or 11f. See Fo	(b) Book value

Schedule D (Form 990) 2018

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

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

Name of the organization					Employer	dentification number
HEMOPHILI	A OF NORTH CARC	LINA	, I.	NC	56-12	73974
Part I Fundraising Activities. Correquired to complete this part.				n Form 990, Part IV, I	ine 17. Form 990	-EZ filers are not
Indicate whether the organization raised	e Solici f Sollci g Speci ral agreement with any individu VII) or entity in connection with als or entities (fundraisers) pur	tation of tation of al fundra nal (includ professi	non-govern ising of ling of lonal f	overnment grants nment grants events fficers, directors, trus undraising services?	stees, or	∕es □ No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have or or con contribu	Did alser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount pai to (or retained b fundraiser listed in col. (i	organization
		Yes	No			
		1.				
Total	*****************************					
List all states in which the organization is or licensing.	s registered or licensed to solid	it contrik	oution	s or has been notifie	d it is exempt fro	m registration
						With the second
Alberta de la constanta de la					· · · · · · · · · · · · · · · · · · ·	

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

Sch		le G (Form 990 or 990-EZ) 2018 HEMOPHI Fundraising Events. Complete if the of fundraising event contributions and grounds.	ne organization answered	l "Yes" on Form 990, Par	t IV, line 18, or reported	
e			(a) Event #1 HEMOPHILIA WALK (event type)	(b) Event #2 CASINO NIGHT (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	199,587.	37,340.		236,927.
	2	Less: Contributions				
	3	Gross Income (line 1 minus line 2)	199,587.	37,340.		236,927.
	4	Cash prizes				
S.	5	Noncash prizes				
pense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment		10 100		has been hard hard hard
	9	Other direct expenses				55,777.
	10			*******************************		55,777. 181,150.
Pa		III Gaming. Complete if the organization				TOTATOR
		\$15,000 on Form 990-EZ, line 6a.				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1	Gross revenue			***************************************	
900	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary, Add lines 2 throug	gh 5 in column (d)	P-12-2-12-12-12-12-12-12-12-12-12-12-12-1	F	
	ı İs	Net gaming income summary, Subtract line nter the state(s) in which the organization conduct the organization licensed to conduct gaming a	ducts gaming activities: _activities in each of these	e states?		Yes No
) IT '	"No," explain:				
		ere any of the organization's gaming licenses "Yes," explain:	-		144 - ANAIS V	Yes No

Schedule G (Form 990 or 990-EZ) 2018 HEMOPHILIA OF NORTH CAROLINA, INC 56-1273974 Page
11 Does the organization conduct gaming activities with nonmembers? Yes
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
to administer charitable gaming? Yes I
13 Indicate the percentage of gaming activity conducted in:
a The organization's facility13a
b An outside facility 13b
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
Name >
Address >
15a Does the organization have a contract with a third party from whom the organization receives garning revenue? Yes
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount
of gaming revenue retained by the third party > \$
c If "Yes," enter name and address of the third party:
Name >
Address
16 Gaming manager information:
Name
Gaming manager compensation ▶ \$
Description of services provided
Director/officer Employee Independent contractor
17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to
retain the state gaming license?
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
organization's own exempt activities during the tax year 🕨 \$
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Schedule G	G (Form 990 or 990-EZ) Supplemental Info	HEMOPHILIA (OF NORTH	CAROLINA,	INC	56-1273974 Page 4
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SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

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

Open to Public OMB No. 1545-0047 Inspection Employer identification number

Name of the organization

Department of the Treasury Internal Revenue Service

Schedule I (Form 990) (2018) ê 56-1273974 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table LINC OF NORTH CAROLINA, (c) IRC section (if applicable) 3 Enter total number of other organizations listed in the line in the last conditions for Form 990. Enter total number of other organizations listed in the line 1 table criteria used to award the grants or assistance? Part I General Information on Grants and Assistance (b) EIN HEMOPHILIA 1 (a) Name and address of organization or government Part II N

56-1273974 Schedule I (Form 990) (2018) HEMOPHILIA OF NORTH CAROLINA, INC

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHIE TIMOS STATE VIII THE SAS SERVED FRA SAS SERVED S	, t	с а с	c	איזיייה טיייייייה יהויייה	
1	10 10 10 10 10 10 10 10 10 10 10 10 10 1	•			
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	uired in Part I, line	2; Part III, column	(b); and any other a	iditional information.	
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Schedule I (Form 990) (2018)

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1546-0047

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

Open to Public Inspection

Employer identification number Name of the organization 56-1273974 HEMOPHILIA OF NORTH CAROLINA, INC FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: ADVOCACY, EDUCATION, PROMOTION OF RESEARCH AND DELIVERY OF SUPPORTIVE PROGRAMS AND SERVICES. FORM 990, PART VI, SECTION B, LINE 11B: THE BOARD WAS PROVIDED A DRAFT OF THE FORM 990 FOR THEIR REVIEW PRIOR TO THE SUBMISSION OF THE FORM. FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST STATEMENT AND POLICY ARE REVIEWED AND SIGNED BY THE BOARD MEMBERS ANNUALLY AT A QUARTERLY FACE-TO-FACE MEETING. EVERY NEW EMPLOYEE RECEIVES AND SIGNS A CONFLICT OF INTEREST STATEMENT DURING ORIENTATION. ALL EMPLOYEES REVIEW AND SIGN THE CONFLICT OF INTEREST STATEMENT ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15A: THE PRESIDENT OF THE BOARD PERFORMS AN EVALUATION OF THE EXECUTIVE DIRECTOR AND PRESENTS IT TO THE FULL BOARD. THE BOARD THEN PERFORMS A REVIEW IN THE ABSENCE OF THE EXECUTIVE DIRECTOR. THE BOARD PREPARES THE FINAL EVALUATION WHICH IS SIGNED BY THE EXECUTIVE DIRECTOR AND KEPT IN THE EXECUTIVE DIRECTOR'S PERSONNEL FILE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES INFORMATION AVAILABLE TO THE PUBLIC AT THE ORGANIZATION'S OFFICE UPON REQUEST AND ON THE ORGANIZATION'S WEBSITE.