Form 990

** PUBLIC DISCLOSURE COPY **

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.

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for Instructions and the latest information. 2020



0001

A	For the	e 2020 calendar year, or tax year beginning $ { m JUL} 1, 2020$ and ending	<u>JUN 30, 2021</u>	•					
B	Check If applicabl	C Name of organization	D Employer identif	ication number					
	Addre chang Name chang	* Kentucky Hemophilia Foundation, Inc.	**-**67	50					
F]chang]Initial								
Ē	iretum Final return	1850 Taylor Avenue	uite E Telephone numbe 502-456-	3233					
	termin sted	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	333,229.					
	Ameno	TOULDAILTE' VI 40210	H(a) is this a group r	etum					
	Applic tion	* F Name and address of principal officer: Ursela Kamala		5?					
	pendit	¹⁹ same as C above		ncluded? Yes No					
1	Tax-exe	empt status: 🗶 501(c)(3) 🔄 501(c) () 🚽 (insert no.) 🔄 4947(a)(1) or	ille.	list. See instructions					
		te: Www.kyhemo.org	H(c) Group exemption						
				M State of legal domicile: KY					
		Summary		n outo or legal dominant, -++					
<u>نىنىيا</u>		Briefly describe the organization's mission or most significant activities; To provi	de eduction a	nđ					
Activities & Governance	`	empowerment concerning the treatment of blee	ding disorder	8.					
- La		Check this box 🕨 🛄 if the organization discontinued its operations or disposed of r							
No.		Number of voting members of the governing body (Part VI, line 1a)		11					
ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11					
ര്	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	3					
E e	6	Total number of volunteers (estimate if necessary)	6	50					
-tiv	79	Total unrelated business revenue from Part VIII, column (C), line 12	7a	38,404.					
Ř	5	Net unrelated business tevenue from Form 990-T, Part I, line 12	7a 7b	841.					
—	<u> </u>		Prior Year	Current Year					
	8	Contributions and grants (Part VIII, line 1h)	153,837.	147,523.					
hue	9	Program service revenue (Part VIII, line 2g)	81,378.						
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,198.						
ä		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,012.	68,116.					
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	252,425.	294,729.					
—		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	294,729.					
		Benefits paid to or for members (Part IX, column (A), line 4)	.0.	0.					
14	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	102,036.					
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)	0.	102,030.					
ned	104	Total fundraising expenses (Part IX, column (D), line 25)							
Ä	17	Dther expenses (Part IX, column (D), ine 25)	0.	108,664.					
	18 -	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	0.	210,700.					
	19	Revenue less expenses. Subtract line 18 from line 12	252,425.	84,029.					
58			Beginning of Current Year	End of Year					
and the second	20 1	Fotal assets (Part X, line 16)	544,589.	617,090.					
Se	21	Fotal liabilities (Part X, line 26)	94,448	82,920.					
Net Assets or Fund Balances	22	Net assets or fund balances, Subtract line 21 from line 20	450,141.	534,170.					
Pa	ert II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of my	/ knowledge and belief, it is					
		and complete. Declaration of preparer (other than officer) is based on all information of which prep	-	· · · · · · · · · · · · · · · · · · ·					
		N UNSCH KATHIOVA	7/5/202	27_					
Sig	ń i	Signature of officer	Date /						
Her		Ursela Kamala, Executive Director							
Print/Type preparer's name Preparer's signature Date Check X PTIN									
Paid		David L. Smith	07/05/22 if self-employe						
	- F	Firm's name Smith Financial Services, PLLC	Firm's EIN	**-***9526					
		Firm's address 2302 Hurstbourne Village Dr., Ste 2		5540					
	·····,	Louisville, KY 40299		2-882-2708					
Mav	the IR	S discuss this return with the preparer shown above? See instructions							

LHA For Paperwork Reduction Act Notice, see the separate instructions. 032001 12-23-20

Fom	n 990 (2020) Kentucky Hemophilia Foundation, Inc. **-**6750 P Int III Statement of Program Service Accomplishments
ra	
	Check if Schedule O contains a response or note to any line in this Part III
1	The Kentucky Hemophilia Foundation assists individuals with hemophili
	and similar bleeding disorders through education, advocacy, and
	support services and by promoting research for a cure.
	Support bervices and by promoting research for a care.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	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.
4 a	
	Advocacy Day is an annual event at the state capitol to educate
	legislators about the needs and concerns of Kentucky's bleeding
	disorders community and emphasize the need for patient assistance
	programs and the importance of access to health care.
4 b_	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders t obtain cutting edge information about available factor products and
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		<u>. </u>	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		x	
_	If "Yes," complete Schedule A		X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ļ		<u> </u>
-	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	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
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		-802898	
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	1944): 	999-899	1929268
-	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	115.		X
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? // "Yes," complete Schedule D, Part VIII	11c		X
đ	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			<u></u>
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>x</u>
-	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u>X</u>	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u>11f</u>	<u> </u>	<u>.</u>
128	Schedule D, Parts XI and XII	12a		x
Б	Was the organization included in consolidated, independent audited financial statements for the tax year?	120	· i	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	125		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? // "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			~~
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
10	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		X
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10	·	
	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			<u> </u>
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
þ	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			. T
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	X
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			Yes	No.
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		ĺ	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
<u>.</u>	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
÷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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
258	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	<u>25a</u>		X
D	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
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	25b		-
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	<u> </u>		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes, " complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? #		w	
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?#			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	i		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			x
04	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		<u>A</u>
34		24		X
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	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	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
<u>.</u>	Note: All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
		20.5.00	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
	Enter the number of Forms W2G included in line 1a, Enter 0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		X	
	(gambling) winnings to prize winners?	Form		0000
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⊦om	990	(2020)	

Form 990 (2020) Kentucky Hemophilia Foundation, Inc. Part V Statements Regarding Other IRS Fillings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, the for the calendar year ending with or Within the year covered by this nature. 3	1.001, 1.1			Yes	No
Iteration of the calendary year anding with or within the year covered by this return Image: The calendary year anding with or within the year covered by this return Image: The calendary period of the calendary covered by this return Image: The calendary covered by the calendary covered by this return Image: The calendary covered by	:2a	Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements.			
b If a test one is reported on line 2a, diff the organization file al required technal emplyment tax returns? 2b X 0 Diff the organization have unvisited business gross income of \$1,000 or more during the year? 3a X 3b X 3b X 3b X 3b X 3a X X X X X X X X X X X X X X Y					
Note: If the sum of Ines 1s and 2s is greater than 250, you may be required to e-file (see Instructions) 3a 3b 3b 3a Diff the organization have unsisted business gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a forsign country (buch as a bank account, accurities account; or other financial accounts (FBAF). 4a X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X 5a Was the organization have annual gross receipts that are normaly greater than \$100,000, and did the organization solid: any contributions that were normaly greater than \$100,000, and did the organization solid: any contributions that were normaly greater than \$100,000, and did the arganization solid: the granization network express tattement that such contributions or gift 6a X 7 Traparization situ argo receive deductible or influetions under section 170(c). 7a X 8 Tray: "I did the organization netwise section 170(c). 7a X 9 Tray: "I did the organization netwise section 170(c). 7a X 16 Tray: "I did the organization network expression that were normally greater than \$100,000, and did the arganization self-arganization secti	h		2h	X	8234244
3a Did the organization have unrelated Dusiness gross income of \$1,000 or more during the year? 3a X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 3b X 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? 4a X b) 11*Yes, "near the name of the foreign country is each the term section at any time during the tax yea? 6a X b) 01 any taxable party notify the organization that it was or is a party to a prohibite tax shelter transaction? 6a X b) 11*Yes, "in the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any countifulations that was not tax deductible as charitable contributions? 6a X b) 11*Yes, "in the organization include with every solicitation a express statement that such contributions oright were not tax deductible? 6a X b) 11*Yes, "in the organization include with every solicitation a express statement that such contributions oright were not tax deductible? 7a X 11*Yes, "in the organization include with every solicitation a express statement that such contributions on a set way that the organization nearbox any funds, directly or indirectly, or permitin excessore orgin tax 7a X	N	· · · · · · · · · · · · · · · · · · ·		19.000 Aliantes	siddiae S
b If vac,* that it liked a form 950-T for the yaar? If Vac* to fine 8b, provide an explanation on Schedule 0 36 X 4a At any time during the calendar year, did the organization have an interest h, or a signature or other authority over, a financial account? 4a X b If *vac,* enter the name of the foreign country [such as a bark account, securities account; or other financial account? 4a X b Did any toxes in party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any toxes in the foreign country [such as a bark toxe or the party to a prohibited tax shelter transaction? 6a X c Did any toxes intal gross neglects that are normally greater than \$100,000, and did the organization shells 6a X b Did any toxes intal gross neglects that are normally greater than \$100,000, and did the organization shells 6a X c If *vas,* i did the organization the value of the value of the global shell and shells or contributions or gifts 6a X d If *vas,* i did the organization notify the done of the value of the global shell and shells or contribution or gifts 6a X d If *vas,* i did the organization notify the outpeak of the global shell contribution or global shells on the analytic or global shells on the analytic or global shell on the analytic or global shell o	3a		3a	X	Sterrer an
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Form 990 (2020)

Form 990 (2020) Kentucky Hemophilia Foundation, Inc. **-***6750 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

-*6750 Page 6

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
ta	Enter the number of voting members of the governing body at the end of the tax year 11			1243
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
ь	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2	3446304	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
9	of officers, directors, trustees, or key employees to a management company or other person?	3		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
4		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6		. 🕰
7a	is the second			
	more members of the governing body?	7a	ļi	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			. يوني .
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	:9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
ь	If 'Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	105		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Were officers, directors, or trustees, and key employees required to disclose annually Interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	The Organization - 502-456-3233			
	1850 Taylor Avenue, No. 2, Louisville, KY 40213			
03200	3 12-23-20	Form	990 ((2020)
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Part VII Compensation of Officers, Directors, Tru	
Employees, and Independent Contractor	5

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

. List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

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

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

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

Name and title Average hours per weak (lit any nour for organization befow held organization befow held organization there are at electronic to befow held organization there are at electronic to the electro	(A)	(B)	(C)		(D)	(E)	(F)				
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032007 12-23-20

	990 (2020)									ion, Inc.	**_***	<u>6750</u>	Page 8
Pa	t VII Section A. Off	cers, Directors, Trus	tees, Key Em	ploy	ièes	, an	d Hi	ghe	st C	ompensated Employe	es (continued)		
	(A) Name and	l title.	(B) Average hours per week	box offi	(C) Position (do not check more the box, unless person is b officer and a director/tr		than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	n amo ot	F) nated unt of her	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forther	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fror organ and r	nsation n the lization elated izations
<u></u>													<u> </u>
<u> </u>									_	Č			
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							à 15						
									 ۱۹۹۹	2000 2010			
							20						
	Subtotal						ية. ••••••	<u>.</u>		77,884.	0		0.
C	Total from continua	tion sheets to Part VI	I, Section A	<u>.</u>			na se			0.	0		0.
 2	Total (add lines 1b a Total number of indiv	nd 1c) iduals (including but n	ot limited to th	lase	liste	d al	DOVE	: e) wł	P 10 r	eceived more than \$100		•]	<u> </u>
_	compensation from t	· · · · · · · · · · · · · · · · · · ·		S.		- S	÷ -,				,		0
3						mp				hest compensated emp			es No
4	For any individual list		m of reportabl	e co	omp	ensa	ation	anc	l ot	ner compensation from		3	X X
5	Did any person listed rendered to the organ	on line 1a receive or a lization? If "Yes," com	icciue comper	isat	ion f	rom	any	unr		ed organization or Indiv		5	X
Sec	tion B. Independent (A-100 000 F		
1		ort compensation for								hat received more than the organization's tax			m
		(A) Name and business	address	NC	ONI	2				(B) Description of s	ervices	(C) Compens	ation
						-							
<u> </u>		<u> </u>	·									<u></u>	<u> </u>
<u>.</u>		<u></u>											
	, 									·			
2		pendent contractors (i sation from the organiz	-	ot lii	nlte	d to	tho: (sted	above) who received n	iorë than		
	z 40 00 00											Form 99	0 (2020)

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	Official official of the	contains a response	e of flote to any in		(B)		751
				(A) Total revenue	Related or exempt	(C) Unrelated business revenue	(D) Revenue excluder from tax under sections 512 - 51
1 a	Federated campaigns	<u>1a</u>					
þ	Membership dues		1,974.				
	Fundraising events		33,572.				
	Related organizations						
	Government grants (contr						
	All other contributions, gifts,						
	similar amounts not included		111,977.				
q	Noncash contributions included in						
	Total, Add lines 1a-1f			147,523.			
			Business Code				
• • •	Other program		BUONICCO VOCO	29,683.	29,683.	<u>ANTERESE ANTERESE AN</u>	arrado Hos Robit Carra
	7		·	28,796.			
b		;		18,650.			·
Q			<u> </u>	1,800.		2	· ·
d	Annual meetin	19	·	1,000.	T VOAN		
e		<u> </u>			NANGER NANG		
f	All other program service					An	n alaman sa
g	Total. Add lines 2a-2f			78,929.			
3	Investment income (includ						4.04
	other similar amounts)			161.			161
4	Income from investment of	of tax-exempt bond	proceeds 🕨 🕨				
5	Royatties						
	· · · · ·	(i) Real	(ii) Personal				
6 a	Gross rents	6a					
	Less: rental expenses	6b					
	Rental income or (loss)	6c					
	Net rental income or (loss)						
	Gross amount from sales of	(i) Securitles	(i) Other				
rël	assets other than inventory	7a					
L							
D	Less: cost or other basis						
	and sales expenses	7b	5 A 1965 3 Mai 206				
	Gain or (loss)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Station (and the set	wayaya waxa waxayi ku
	Net gain or (loss)			Tel este des politices estates de secondo		NANGARANAN MANANANAN	www.com/com/com/com/com/com/com/com/com/com/
8 a	Gross income from fundraisin						
		<u>,572.</u> of					
	contributions reported on	ANGS - 5996	er cre				
	Part IV, line 18	8					
	Less: direct expenses		36,261.	<u></u>			ሻለ ግለኛ
	Net income or (loss) from		<u>,</u>	29,395.		ana ana ang ang ang ang ang ang ang ang	29,395
9 a	Gross income from gamin						
	Part IV, line 19		2,555.				
b	Less: direct expenses		2,239.				
	Net income or (loss) from		>	316.			316
	Gross sales of inventory, I						
	and allowances		a				
b	Less: cost of goods sold						
	Net Income or (loss) from						
	The second of the second second		Business Code				
44.5	Advertising		541800	38,404.		38,404.	
nra b	2 4 4		900099	1.	1.		
-	HTDOGITHHEOUD	<u> </u>					
c	6 H _ 4l						
	All other revenue			38,405.			interace and the
	Total, Add lines 11a-11d Total revenue, See instructio			294,729.		38,404.	29,872
12		NTN:					

032009 12-23-20

2020.06000 Kentucky Hemophilia Foundat 0594___1

9:

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (D) (B) (C) Do not include amounts reported on lines 6b, Fundraising Program service Management and 7b, 8b, 9b, and 10b of Part Vill. general expenses expenses expenses 1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, Ilne 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 75,404. 61,077 7,540 6,787. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,428. 13,307. 1,643. 1,478. Other salaries and wages 7 Pension plan accruals and contributions (include. 8 2,392. 1,938. 239 215. section 401(k) and 403(b) employer contributions) 499. 615. 61 55. Other employee benefits 9 7.197. 5,829. 720. 648. 10 Payroll taxes Fees for services (nonemployees): 11 Management a Legal b 12,602 12,602. Accounting Ċ d Lobbying Professional fundraising services. See Part IV, line 17 ø Investment management feas f Other, (If line 11g amount exceeds 10% of line 25, 50 5 41 4 column (A) amount, list line 11g expenses on Sch O.) 2,460. 2,470 10. 12 Advertising and promotion 21,209 14,987. 3,073. 3,149. 13 Office expenses Information technology 14 and the 15 Royalties 471. 5,231. 4,237. 523. 16 Occupancy 304 34. 375. 37. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,350. 1.350. 20 Interest Payments to affiliates 21 4,746. 475. 427. 3,844. Depreciation, depletion, and amortization 22 4,509. 3,652. 451 406. 23 Insurance Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 42,958 42,958. Direct program expenses а 5,230. 646. 580. Equpment rental & maint 6,456. b 2,610. 529. 290. Membership fees 3,429. c 343. 1,349. 500. 506. d Miscellaneous 1,088. 291. 1,930. 551. All other expenses 164,561. 30,788. 15,351. 210,700. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined. educational campaign and fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)

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Form 990 (2020)

Form 990 (2020)

Part X Balance Sheet

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		ť			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		et and the stars	413,404.	1	43,450
	2	Savings and temporary cash investments				2	471,625
	3	Pledges and grants receivable, net				3	5,224
	4	Accounts receivable, net			21,038.	4	
	5	Loans and other receivables from any current o	r forme	officer, director.			
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the	an a		, idala estate ela desta ela desta ela deserva		
	6	Loans and other receivables from other disqual	-			5.155 A.G	
	. . .	under section 4958(f)(1)), and persons describe		6369 <i>27</i> 6			
n	7	Notes and loans receivable, net				7	······································
カゴロクカイ	8					8	
ř.	9	Inventories for sale or use Prepaid expenses and deferred charges	•	*************	16,104.	9	7,494
		Land, buildings, and equipment: cost or other				9 1893-19	1,434
			10-	187,111.			
	_	basis. Complete Part VI of Schedule D	103	97,814.	94,043.		89,297
		Less: accumulated depreciation					05,251
	11	Investments - publicly traded securities		·····	<u> </u>	11	
	12	Investments - öther securities. See Part IV, line 1			1989999, <u>19925, </u>	12	
	13	Investments - program-related. See Part IV, line				13	··· ··
	14	Intangible assets			<u>.</u>	14	
	15	Other assets. See Part IV, line 11				15	617 000
	16	Total assets. Add lines 1 through 15 (must equa			544,589.		617,090
	17	Accounts payable and accrued expenses			17,674.		16,637
	18	Grants payable			27 047	18	10-010
ĺ	19	Deferred revenue			37,947.	<u>19</u>	19,019
	20	Tax-exempt bond llabilities		20			
	21	Escrow or custodial account liability. Complete I	-32322	New Agence and the		21	
2	22	Loans and other payables to any current or form	ಮಿಕೆಸ್ಟ್ ೧	86.68			
		trustee, key employee, creator or founder, subst	25935423	120902525			
		controlled entity or family member of any of thes				22	
•	23	Secured mortgages and notes payable to unrela			28,635.	23	23,064
	24	Unsecured notes and loans payable to unrelated	. 245			24	
	25	Other liabilities (including federal income tax, pa	110000				
		parties, and other liabilities not included on lines	a		10 100		
		of Schedule D			10,192.		24,200
_	26	Total liabilities. Add lines 17 through 25			94,448.	26	82,920
÷ .		Organizations that follow FASB ASC 958, che	ck her				
		and complete lines 27, 28, 32, and 33.		la de la della			
					425,951.	27	514,170
	28	Net assets with donor restrictions Organizations that do not follow FASB ASC 9		······	24,190.	28	20,000
			58, che	:k here 🕨 🛄			
		and complete lines 29 through 33.					
		Capital stock or trust principal, or current funds				29	
:		Paid in or capital surplus, or land, building, or eq				30	
		Retained earnings, endowment, accumulated inc				31	
		Total net assets or fund balances			450,141.	32	534,170
- 1	33	Total liablities and net assets/fund balances			544,589.	33	617,090

Kentucky Hemophilia Foundation, Inc.

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

-*6750 Page 11

Form	1990 (2020) Kentucky Hemophilia Foundation, Inc.	**	***6750	Pag	_{ze} 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	294		
2	Total expenses (must equal Part IX, column (A), line 25)	2	21(
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 29.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	450),1	<u>41.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	534	1,1	70.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			· · · · · · · · · · · · · · · · · · ·	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	О,			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	lonà			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
Ь	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 separat	e basis			
	consolidated basis, or both:				
	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 th	e audit	,		
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	igle Au	dit		
	Act and OMB Circular A-133?		<u>3a</u>		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
			Form	390 (2020)

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SCHEDULE A		Dublic Che	with Ctotus of	ad Du	hlia C	unnort		OMB No. 1545-0047
(Form 990 or 990	EZ)		nrity Status an inization is a section 50					2020
	· · ·		47(a)(1) nonexempt ch			I VI A SECUUM		LULU
Department of the Treasu	<i>y</i>		Attach to Form 990 or		Open to Public			
Internal Revenue Service		Go to www.irs.go	w/Form990 for instruct	ions and	the latest	information.		Inspection
Name of the organ		•			-			r identification number
	Ken	tucky Hemor	philia Founda	ition,	, Inc.	r An 1999 - 1999		**-***6750
			(All organizations must				1S,	
			(For lines 1 through 12,			•		
			ion of churches describe		• • •	1)(A)(I).		
			(Attach Schedule E (Fon janization described in s			m		
····			anzation described in s onjunction with a hospita		,		WIN Entor	r the beenitel's name
city, and				4 40301100	a macea	on itofold ille	диць стиет	ane noșhital și îtatilă ¹
		for the benefit of a c	ollege or university owne	d or oper	ated by a r	overnmental	unit descrit	hed in
		(Complete Part II.)						
		•	mental unit described in	section 1	70/b¥ 1¥Å	¥м. ¹⁰⁰		
		. –	antial part of its support				the ceneral	I public described in
		Complete Part II.)					-	
8 🛄 A comm	inity trust descril	bed in section 170(b)(1)(A)(vi). (Complete Pa	rt II.)				
9 L An agric	ıltural research o	rganization described	in section 170(b)(1)(A)	(ix) operat	ed in conj	unction with a	land-grant	t college
or univer	sity or a non-land	l-grant college of agri	culture (see instructions)	. Enter the	e name, cil	y, and state o	f the collec	je or
universit				3.57 2017				
			e than 33 1/3% of its sur					
			20117	1900	÷.			t from gross investment
			e (less section 511 tax) f	rom Dusin	esses acq	uired by the o	ganization	after June 30, 1975.
	i on 509(a)(2). (Co ization organized		sively to test for public s	ofatu Saa	eestion 5	00(a)(A)		
		-	sively for the benefit of, t		•		am/ out th	e numoses of one or
			ed in section 509(a)(1) o		• •		-	
			of supporting organization					
			supervised, or controlled					y giving
			egularly appoint or elect					-
organi:	ation. You must	complete Part IV, S	ections A and B.					
b └──l Typjel	A supporting or	ganization supervise	d or controlled in connec	tion with i	ts support	ed organizatio	iπ(s), by ha	wing
contro	or management	of the supporting org	anization vested in the s	same pers	ons that c	ontrol or mana	ige the sur	oported
		st complete Part IV,						
			g organization operated	· · · ·			lly integrate	ed with,
			s). You must complete					
· · · · · · · · · · · · · · · · · · ·	4 4		prting organization oper zation generally must sa					
	· ·	- Second - Second	nplete Part IV, Section				1 di attent	IVeness
		500 Sec. 1990 Sec. 19	written determination fro				II. Type III	
		S2802502	nally integrated support][, .]	, .,	
f Enter the num	1- 1		· · · · · · · · · · · · · · · · · · ·					
		n about the support						
(i) Name of :	1.2	(ii) EiN	(III) Type of organization (described on lines 1-10	(iv) is the orga in your govern		(v) Amount of		(vi) Amount of other
organiz	10011		above (see instructions))	Yes	No	support (see in	structions	support (see instructions)
<u></u> .								
					,			
Total							1	I

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 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 fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905
2	Tax revenues levied 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						
	the organization without charge				. <u>.</u>		
4	Total. Add lines 1 through 3	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						415,346.
	Public support. Subtract line 5 from line 4.						633,559.
Sec	tion B. Total Support			an a			· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e)2020 145,549.	(f) Total
7	Amounts from line 4	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	131.	1,103.	2,808.	1,198.	161.	5,401.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	9,132.	3,960.		20,206.		33,298.
10	Other income. Do not include gain	the A					
	or loss from the sale of capital	1928-18		110 000	45 000	CO 014	061 645
	assets (Explain in Part VI.)	<u></u>	Sar All	148,226.	45,208.	68,211.	
11							1,349,249.
12	Gross receipts from related activities,					12	80,904.
13	First 5 years. If the Form 990 Is for th					NO1(C)(3)	
Car	organization, check this box and stor tion C. Computation of Publ						······
	Public support percentage for 2020 (I	NuMPR - + C		column (fi)		14	46.96 %
	Public support percentage from 2019	1993-49-35E.					58.01 %
	33 1/3% support test - 2020. If the c						
104	stop here. The organization qualifies						
ħ	33 1/3% support test - 2019. If the c						
-	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						or more,
	and if the organization meets the fact						
	meets the facts and circumstances te						
þ	10% -facts-and-circumstances tes		• • •				
-	more, and if the organization meets th						-*
	organization meets the facts and circl						
18	Private foundation. If the organizatio						
_							

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-**6750 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
.3	Gross receipts from activities that						
	are not an unrelated trade or bus-				λ.		
	iness under section 513						
4	Tax revenues levied for the organ-			1			
•	ization's benefit and either paid to						
	or expended on its behalf						
-5	The value of services or facilities		1.	l.			· · · · · ·
	furnished by a governmental unit to			4			
	the organization without charge						
é	Total. Add lines 1 through 5				ana mananana Mara	·····	
	Amounts included on lines 1, 2, and			ener Alterna		· · · · · · · · · · · · · · · · · · ·	
1.0	3 received from disqualified persons						
Ľ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 18 for the year	······					
	Add lines 7a and 7b	· · · · · · · · · · · · · · · · · · ·					
	Public support. (Submachine 70 from fine 6.)						
	tion B. Total Support		des Ma				
<u> </u>	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	° (c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) =		<u></u>			<u>, , , , , , , , , , , , , , , , , , , </u>
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income		des I				
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	As. W					
Ģ	Add lines 10a and 10b	elles ^{We} dersti					
11	Net Income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	I					
14	First 5 years. If the Form 990 is for th	-	· · · · · · · · · · · · · · · · · · ·		-		n,
_	check this box and stop here				<u></u>	· · · · · · · · · · · · · · · · · · ·	
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2020 (column (f))	·····	15	%
	Public support percentage from 2019					16	%
Sec	tion D. Computation of Investion	stment Incom	<u>e Percentage</u>				
17	Investment income percentage for 20)20 (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3% , and line 17	' is not
	more than 33 1/3%, check this box a						
þ	33 1/3% support tests - 2019. If the						nd
	line 18 is not more than 33 1/3%, che	-					
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	his box and see ins	tructions	<u></u>
	3 01-25-21			15		dule A (Form 990	

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; end (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disgualified 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 line 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.)

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1 2 3a 3h 3c 4a 4Ь 4ċ 5a 5b 5c 6 7 8 9a 9b 9c 10a 105 Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-**6750 Page 5 Part IV Supporting Organizations (continued)

11 Heat the organization accepted a gift or contribution from any of the following person? A person with person described in lines 11 b and 11 b heav, the governing body of a supported organization? 11 H 11 11 H <th></th> <th></th> <th></th> <th>Yes</th> <th>No</th>				Yes	No
11 be below, the governing body of a supported organization? 11 a 0 A family memor of a period oscitchad in ito 11 a above? 11 b 0 A family memor of a period oscitchad in ito 11 a bove? 11 b 9 A family memor of a period oscitchad in ito 11 a bove? 11 b 9 A family memor of a period oscitchad in ito 11 a bove? 11 c 9 Det the governing body, members of the governing body, officers acting in that official capacity, or membership of one or or more supported organizations at the the power to may if the supported organization of the supported organization of the supported organization of the support of organization of the support of organization of the supported organization of the support of organization of the s	11	Has the organization accepted a gift or contribution from any of the following persons?			
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b A family member of a person described in line 11 a above? I A 53% controlled entity of a person described in line 11 a of 11 b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Pert VI. Section B. Type I Supporting Organizations The apport of the organization bave the power to regularly appoint or seter at least a naporty of the organization of the governing body, members of the grant of grant of grant of the grant of			11a		
 c) A 35% controlled entity of a person described in the 11s or 11b shore? If "Yes" to fire 11s, 11b, or 11c, provide deal in Part N. Section B. Type I Supporting Organizations 1) Did the agreement body, members of the agreeming body, officers acting in this official capacity, or instructions officers, directors, or trustees at all times during the tax yes? If "No," describe in Part VI how the supported organization of the organization advector does at lateral the organization advector does at lateral	ь		11b		
detail in Part VI. 11c Section B. Type I Supporting Organizations Yes No. 1 Did the governing body, nembers of the governing body, officers opting in this official capacity, or nembership of one organization have the power to regularly apport or elect at least a majority of the organization officers, directors, or trustees at all times during the super I/f Mo. ² (accord in Part VI. Not is supported organization, describe how the provent is supported organization, describe how the power to regularly apport of super I/f Mo. ² (accord in Part VI. Not is supported organization, describe how the power to supported organization of the chart is supported organization and the power apported organization of the then the support of super I/f Mo. ² (accord in Part VI. Not providing such how the how providing such how the how the support of an organization of the chart of the purposes of the support of organization of the support or organization of the support organization or such the support of and another the support of an organization of the support organization as vested in the support of an organization of the support organization as vested in the support of an analysis of the discord or analged the support organization as vested in the same period or analged the support or analged the support organization and there there analysis of the discord or analged the support organization and there there analysis of the discord or analged the analysis of the organization and the support of analysis of the discord or analged the analysis of the organization and there analysis of the discord or analged the support of analysis of the support of analysis of the discord or analged the support of analysis of the support of analysis of the discord or analged the support of analysis of the discord or analged the support of analged the discord oranalged the support of analysis of the discor					
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directors, or trustees at all times during the tax year? If No, "describe In Part VI how the supported organization (see supported organization and one supported organization and mate conditions or restrictions, If any, applied to support the tax year. 2 Did the organization operate for the benefit of any supported organization of the tax year. 2 Did the organization according the support of any support of organization If If Yes, "depin in Part VI how the support of any support of organization and the conditions or controlled the support of organization of the support of organization of the support of organization If If Yes, "depin in Part VI how providing such benefit carlied out the purposes of the support of organization If Yes, "depin in Part VI how providing such benefit carlied out the purposes of the support of organization If Yes, "depin in Part VI how providing organizations and the purposes of the support of organization If Yes, "depin in Part VI how providing organizations and the purposes of the support of organization If Yes, "depin in Part VI how providing organizations and the support of organization If Yes, If Yes IN Department of the support of organizations and the support of organization II Yes, "depin in Part VI how providing organizations was vested in the same perions that controlled or managed the support of organization is used in the same perions that controlled or managed the support of organization is used in the support of organization is used organization is used in the same perions that control or management of the support of organizations and and the date of notification, the west meet the organization and the organization is used of the organization is used or the date of notification, the west meet the organization is the support of organization is used or the organization is used to the integrate of the support of organization is used to the organization is used to the support of organization is used to the integrate. Support of organization is used to the integrate of the org	1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
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organization, describe how the powers to appoint and/or remove officers, of rustees were allocated among the supported organization and what conditions or restrictions, if any, applied to support the tax year. 1 2 Did the organization operate for the banefit of any supported organization ofther than the supported, organization ach benefit carried of ut the purposes of the supported organization. 2 3 Section C. Type II Supporting Organizations 2 1 9 Were an emjority of the organization's directors or trustees during the tax year also a majority of the directors or management of the supporting organizations was vested in the same portions that controlled or managed the supporting organization was vested in the same portions that controlled or the support of organizations and the support of organizations and the support of organization and the support of organizations and the support of organizations and the support of organization and the support of organizations and the support of organizations and the support of organization and the organization and the support of the organization and the support of organization and the support of organization and the organization and the organi		directors, or trustees at all times during the tax year? If "No," describe in Part VI now the supported organization(s)			
supported organization and what conditions or restrictions, if any, applied to such powers during the fax year. 2 Did the organization operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supporting organization? If "Yes," explain in Part VI how provided or canadaption organization was vested in the same parison that controlled or managed the supporting organization was vested in the same parison that controlled or management of the supporting organization was vested in the same parison that controlled or management of the supporting organization was vested in the same parison that controlled or management of the supporting organizations. Section D. All Type III Supporting Organizations Were any of the organization of its supported organizations, by the last day of the fifth month of the organization's governing documents in effect on the date of rotification, ratio (ii) coles of the organization's governing documents in effect on the date of rotification, ratio (ii) coles of the organization maintabed a close and continuous working relationally in the supported organization's (ii). 2 were any of the organization's directors, or trustees either (i) appointed organization's (ii). 3 were any of the organization's directory or supported organization is supported organization's (ii). 3 by reason of the relationship desorbied in in 2, above, iii dife organization and the supported organization's (ii). 3 by reason of the relationship desorbied in the 2, above, iii dife organization and the organization's (ii). 3 by reason of th		organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
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1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying 1 All other Type III non-functionally integrated supporting organizations must c	truisit o	on Nov. 20, 1970 (explain in P	'art VI). See instructio
ecti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	Ŧ		
2	Recoveries of prior-year distributions	.2		
3	Other gross income (see instructions)	·3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7.	Other expenses (see instructions)	7	Å.	
	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	16®		
	Fair market value of other non-exempt-use assets	tc	1979) 197	
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors			
•	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
	Subtract line 2 from line 1d.	<u> </u>		
	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	-		
7	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 0.035.	6	· · · · · · · · · · · · · · · · · · ·	
7	Recoveries of prior-year distributions	7	· · · · ·	
8	Minimum Asset Amount (add line 7 to line 6)	8		
-	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_	Enter greater of line 2 or line 3.	4		
	Income tax Imposed in prior year.	5		
	Distributable Amount, Subtract line 5 from line 4, unless subject to			
₩.	emergency temporary reduction (see instructions).	6		

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-**6750 Page 7

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ied)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		Ï	
2	Amounts paid to perform activity that directly furthers exem				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	۱Ś	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	· · · · ·		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e.		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(II)		(111)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	18	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
·	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
í	Carryover from 2015 not applied (see instructions)				
<u> </u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
.a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
ċ	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			·	
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
e	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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or 990-PF)
Department of the Trea
Internal Revenue Servi

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
I	Centucky Hemophilia Foundation, Inc.	**-***6750
Organization type(chec)	cone):	
Filers of:	Section:	
Form 990 or 990 EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organizatio Note: Only a section 501	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	ule. See instructions.
General Rule		
For an organizat property) from a	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin my one contributor. Complete Parts I and II. See instructions for determining a contributo	ig \$5,000 or more (in money or r's total contributions.

Special Rules

- Ex For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and It.,
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
 - year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990 EZ, or 990 PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B	(Form	990, 990	EZ, or 99	0-PF) (2020)

Name of	organization
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Kentucky Hemophilia Foundation, Inc.

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 1</u>		\$ <u>25,500.</u>	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
2		\$ <u>50,000.</u>	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
3		\$ <u>10,750.</u>	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
4		\$6,250.	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
5		\$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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
023452 11-25-2	20	Schedule B (Form)	990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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Schedule B (P	orm 990, 990-EZ,	or 990-PF)	.(2020)

Employer identification number

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Kentucky Hemophilia Foundation, Inc.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	· · · · · · · · · · · · · · · · · · ·	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
[]		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (Sée instructions.)	(d) Date received
.		\$	
(8) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

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lame of organ	ization		Employer identification numb
	y Hemophilia Foundatio		**-***6750
n co U	xclusively religious, charitable, etc., contribution om any one contributor. Complete columns (a) to impleting Part III, enter the total of exclusively religious, ch se duplicate copies of Part III if additional s	hrough (e) and the following line entr aritable, etc., contributions of \$1,000 or I	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the y. For organizations ess for the year. (Enter this info. once.) \$\$
(a) No. from Part I	(b) Purpose of gift	(c) Use of glft	(d) Description of how gift is held
	I	(e) Transfer of gift	de.
	Transferee's name, address, and	± ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, and	I ZIP + 4	Relationship of transferor to transferee
(a) No. from		(c) Use of gift	
Part I	(b) Purpose of gift		(d) Description of how gift is held
			·
		(e) Transfer of gift	
	Transferee's name, address, and	IZIP+4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<		
 		(e) Transfer of gift	
	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
		,	
·			

SCHEDULE C	Political Campaign	and Lobbvin	a Activities	OMB No. 1545-0047
(Form 990 or 990-EZ)				, 2020
	Complete if the organization is described			n en len heren in Kanada in heren in he
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form990 for	Open to Public Inspection		
If the organization answ	wered "Yes," on Form 990, Part IV, line 3, or Fo	rm 990-EZ, Part V, li	ne 46 (Political Campa	ign Activities), then
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not co	mplete Part I-C.		
	r than section 501(c)(3)) organizations: Complete	Parts I-A and C below	. Do not complete Part	I-B.
	ations: Complete Part I A only.			
	vered "Yes," on Form 990, Part IV, line 4, or Fo			
	anizations that have filed Form 5768 (election un			-
	anizations that have NOT filed Form 5768 (electi vered "Yes," on Form 990, Part IV, line 5 (Prox			· · · · · · · · · · · · · · · · · · ·
Tax) (See separate inst		A LOY) (Dee gehaldre	mad detional or Porma	550-22, Fart V, Inte 656 (Froxy
Section 501(c)(4), (5)	, or (6) organizations: Complete Part III.			
Name of organization			E	mployer identification number
	Kentucky Hemophilia Four			**-***6750
Part I-A Comple	ete if the organization is exempt und	er section 501(c)	or is a section 52	7 organization.
	on of the organization's direct and indirect politics			-
	activity expenditures			►\$
3 Volunteer hours for	political campaign activities			<u>; </u>
Part I-B Comple	ete if the organization is exempt und	er section 501(c)	(3).2	- 1.0
	any excise tax incurred by the organization und			▶:\$
2 Enter the amount of	any excise tax incurred by organization manage	rs under section 4955		► \$
3 If the organization in	ncurred a section 4955 tax, did it file Form 4720 f	or this year?		Yes No
4a Was a correction m	ade?			Yes 🗆 No
b if "Yes," describe in	Part IV.			
	ete if the organization is exempt und			
	rectly expended by the filing organization for sec	(All and a second s		►\$
	the filing organization's funds contributed to othe ivities			►s
	on expenditures. Add lines 1 and 2. Enter here ar			φ
				► \$
	ration file Form 1120-POL for this year?			
	Idresses and employer identification number (EIN			
	r each organization listed, enter the amount paid			
	ed that were promptly and directly delivered to a mittee (PAC). If additional space is needed, provi			parate segregated fund or a
		T		
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	m (e) Amount of political s contributions received and
			funds. If none, enter	. promptly and directly
				delivered to a separate political organization.
				If none, enter -0
				
		· · · · · ·		
		<u> </u>		• • • -•
			1	
			ĺ	
		<u> </u>		
For Paperwork Reduction	on Act Notice, see the Instructions for Form 99	30 or 990-EZ.	Schedule	e C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 Ker Part II-A Complete if the organiz	ntucky Hemophilia Fo	undation, I	nc. **	**6750 Page 2
section 501(h)).	Lation is evening under sectio			
	pelongs to an affiliated group (and list in	Part IV each affiliated	oroup member's nar	ne. address. EJN.
	excess lobbying expenditures).		3 	
Contraction of the second seco	checked box A and "limited control" pro	visions apply.		
Limits on	Lobbying Expenditures es" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence	public opinion (grassroots lobbying)			
b Total lobbying expenditures to influence	a legislative body (direct lobbying)			
c Total lobbying expenditures (add lines 1				
e Total exempt purpose expenditures (ad	d lines 1c and 1d)			
f Lobbying nontaxable amount. Enter the				
if the amount on line 1e, column (a) or (b)	8: The lobbying nontaxable and	ount is:		
Not over \$500,000	20% of the amount on line 1e.			
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the exc	ess over \$500,000.		
Over \$1,000,000 but not over \$1,500,00	00 \$175,000 plus 10% of the exc	ess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,0	000 \$225,000 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,000.			
g Grassroots nontaxable amount (enter 2	5% of line 11)			·
h Subtract line 1g from line 1a. If zero or l	ess, enter -0-	an <u>Maradi</u>		
i Subtract line 1f from line 1c. If zero or le	ss, enter -0-	de festander" Linden		
J If there is an amount other than zero on				
reporting section 4911 tax for this year?	•		<u></u>	Yes No
(Some organizations that m	4-Year Averaging Period Under ade a section 501(h) election do not i See the separate instructions for lin	have to complete all o	of the five columns I	below.
	Lobbying Expenditures During 4-Yea		•	
r	Fordund Pyhenking co Minuta 4-1 co	. Yee sheet Leitod		
Calendar year (or fiscal year beginning in)	(a) 2017 (b) 2018	(c) 2019 [°]	(d) 2020	(e) Total

Schedule C (Form 990 or 990-EZ) 2020

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2a Lobbying nontaxable amount b Lobbying ceiling amount (150% of line 2a, column(e))

c Total lobbying expenditures

d Grassroots nontaxable amount e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 11 below, provide in Part IV a detailed description	(:	1}		b)
of the lobbying activity.	Yes	No	Am	ount
1 During the year, did the filing organization attempt to influence foreign, national, state, or				
local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?	X	anen piraitarij		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?		X	-	
c Media advertisements?		X	and a second second	
d Mailings to members, legislators, or the public?		X	· • •	
		x		
Publications, or published or broadcast statements?		X		
f Grants to other organizations for lobbying purposes?	988. '\\$ X	Ω.		52
g Direct contact with legislators, their staffs, government officials, or a legislative body?	NARAN NARA	X		22
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	NUNGNU. Natio			
i Other activities?		X .		C 0-
j Total. Add lines 1c through 1i		anna an taona an tao an tao Tao an tao an t) Na stalina wasa wasa	52
2a Dld the activities in line 1 cause the organization to be not described in section 501(c)(3)?	e Mariando e alta a	X		<u>nesestää</u>
b If "Yes," enter the amount of any tax incurred under section 4912				
c. If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		(
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	n 501(c)	(5), or s	ection	
501(c)(6).			Yes	No
			1.62	140
1 Were substantially all (90% or more) dues received nondeductible by members?				
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?				ļ
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the Part III-B Complete if the organization is exempt under section 501(c)(4), section				
 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). a Current year 		2a	- - -	
b Carryover from last year	•••••	2b	1	
c Total		20		
Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		20		
		3 1999		
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4	-	
5 Taxable amount of lobbying and political expenditures (See instructions) Part IV Supplemental Information	<u></u>	5		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group instructions); and Part II-B, line 1. Also, complete this part for any additional information. Part II-B, Line 1, Lobbying Activities:	list); Part II	A, línes 1	and 2 (See	
The Kentucky Hemophilia Foundation holds an annual adv		dav	at the	.
state capitol to express the needs and concerns of our	/ocacy	uuy		<u> </u>
state capitor to express the meeds and concerns of our				3
	blee	ding	ents	.
lisorders community to legislators and/or their design	blee nees.	ding Pati		
disorders community to legislators and/or their design and caregivers are encouraged to participate. The pri	blee nees. imary	ding Pati focus	is or	ı
disorders community to legislators and/or their design and caregivers are encouraged to participate. The pri access to health care.	blee nees. imary	ding Pati focus		ı
disorders community to legislators and/or their design	r blee nees. imary Schedul	ding Pati focus eC(Form	15 OI	1 0-EZ) 20

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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b, Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 **jZU** ZU Open to Public Inspection

Name of the organization

Kentucky Hemophilia Foundation, Inc.

Employer identification number **-**6750

1	organization answered "Yes" on Form 990, Part IV, li	(a) Donor advised funds	(b) F	unds and other accounts
	Total number at end of year		(9/1	
2	Aggregate value of contributions to (during year)	· · ·		• · · · •
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		L	
-	are the organization's property, subject to the organization's			Yes 🗌
6	Did the organization inform all grantees, donors, and donor a			
•	for charitable purposes and not for the benefit of the donor			
	Impermissible private benefit?			Yes
Par	t II Conservation Easements. Complete if the or	nanization answered "Yes" on Form 96	10 Part IV line	
	Purpose(s) of conservation easements held by the organizat			
•	Preservation of land for public use (for example, recreation		of a historica	aly important land area
	Protection of natural habitat			historic structure
	Preservation of open space			matoric structure
2	Complete lines 2a through 2d if the organization held a quali			
	day of the tax year.		ALL OF A COURSE	Held at the End of the Ta
ė			22	
a h	Total number of conservation easements		Z	
b	Total acreage restricted by conservation easements			
	Number of conservation easements included in (c) acquired			
ä				.]
	listed in the National Register			
	Number of conservation easements modified, transferred, re	eased, extinguished, or terminated by	the organizat	ion ouring the tax
	year >			
	Number of states where property subject to conservation ea	NEL CONTR	-	
	Does the organization have a written policy regarding the pe			
	violations, and enforcement of the conservation easements.	66A		Yes 📖
6 .	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing o	conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation easem	ents during the year
_ :	▶\$			
	Does each conservation easement reported on line 2(d) abor			I
	and section 170(h)(4)(B)(ii)?			
	In Part XIII, describe how the organization reports conservation	• • •	· ·	
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stat	ements that d	escribes the
	organization's accounting for conservation easements.		<u> </u>	
			Other Sim	illar Assets,
°ar	Operate Management and a second se			·
Par l	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.		
Pari Ia	If the organization elected, as permitted under FASB ASC 95	1990, Part IV, line 8. 58, not to report in its revenue stateme	nt and balance	
Parl	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put	n 990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in	nt and balance n furtherance	
Pari Ia	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its final	1990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in ncial statements that describes these i	nt and balance n furtherance tems,	of public
la b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95	1990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in ricial statements that describes these i 58, to report in its revenue statement as	nt and balance n furtherance tems, nd balance sh	of public eet works of
la b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public	1990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in ricial statements that describes these i 58, to report in its revenue statement as	nt and balance n furtherance tems, nd balance sh	of public eet works of
ari la b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items:	990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in ricial statements that describes these in 58, to report in its revenue statement and c exhibition, education, or research in fit	nt and balance in furtherance tems, nd balance sh urtherance of	of public eet works of
ar la b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in nicial statements that describes these i 58, to report in its revenue statement and c exhibition, education, or research in fi	nt and balance in furtherance tems, ind balance sh urtherance of	of public eet works of public service, \$
la b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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	1990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in ncial statements that describes these i 58, to report in its revenue statement ar c exhibition, education, or research in fi	nt and balance in furtherarice tems, ind balance sh urtherance of	of public eet works of public service, \$\$
b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pul service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1	1990, Part IV, line 8. 58, not to report in its revenue statemen blic exhibition, education, or research in ncial statements that describes these i 58, to report in its revenue statement ar c exhibition, education, or research in fi	nt and balance in furtherarice tems, ind balance sh urtherance of	of public eet works of public service, \$\$
2ar 1a b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	1 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in ncial statements that describes these i 58, to report in its revenue statement and c exhibition, education, or research in fa asures, or other similar assets for finant SC 958 relating to these items:	nt and balance in furtherance tems, ind balance sh urtherance of intherance of it is a state of	of public eet works of public service, \$ \$ ide
2ar 1a b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its finar If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A Revenue included on Form 990, Part VIII, line 1	1 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in ricial statements that describes these i 58, to report in its revenue statement and c exhibition, education, or research in fit asures, or other similar assets for finant SC 958 relating to these items:	nt and balance in furtherance tems. Ind balance sh untherance of Cial gain, prov	of public eet works of public service, \$
2 a b	If the organization elected, as permitted under FASB ASC 95 of art, historical treasures, or other similar assets held for pull service, provide in Part XIII the text of the footnote to its finan If the organization elected, as permitted under FASB ASC 95 art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical tre the following amounts required to be reported under FASB A	1 990, Part IV, line 8. 58, not to report in its revenue statement blic exhibition, education, or research in ricial statements that describes these i 58, to report in its revenue statement and c exhibition, education, or research in fit asures, or other similar assets for finan SC 958 relating to these items:	nt and balance in furtherance tems. Ind balance sh untherance of Cial gain, prov	of public eet works of public service, \$ \$ ide

		y Hemophil							*6750		age 2
Pa	t III Organizations Maintaining (Collections of A	vrt, Hi	storical T	reasures,	or Oth	er Simi	lar Asse	ts/continu	ied)	
3	Using the organization's acquisition, access	ion, and other recor	ds, che	ck any of th	e following th	iat make	significant	t use of its	•		
	collection items (check all that apply):			_							
a	Public exhibition	ï	d [Loan or ex	change prog	ram					
b	Scholarly research	:4	e ∟	Other							
c	L Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how	they further	the organiza	tion's exe	empt purp	ose in Par	t XIII.		
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets								-		-	
	to be sold to raise funds rather than to be m								Yes	L	No
Pa	t IV Escrow and Custodial Arran		lete if ti	ne organizati	on answered	"Yes" o	n Form 99	0, Part IV,	line 9, or		
·	reported an amount on Form 990, Pa										
1a	is the organization an agent, trustee, custoo								-	_	1
_	on Form 990, Part X?					·····	····	,, L	⊥ Yes	I	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowin(g table:					<u> </u>		
									Amount		
c	Beginning balance								• • • •		
	Additions during the year				- 111 A	162.00	11/Gal	1			
e	Distributions during the year						1983 B				
f	Ending balance Did the organization include an amount on F						1f	l	Yes	1	
	If "Yes," explain the arrangement in Part XIII				LADGARA TAN	4617NA:		in a star a s] 162	<u> </u>	No 1
	t V Endowment Funds. Complete									<u> </u>	1
1 6 1		(a) Current year		Prior year	(c) Two ye			vears back	(e) Four v	ears	back
1a	Beginning of year balance	(a) current your	<u> </u>	ASP	in anti-		(u)	,	(0)		
	Contributions										
	Net investment earnings, gains, and losses		1								
ď	Grants cr scholarships		<u> </u>		5						
e	Other expenditures for facilities										
-	and programs			r Sa							
f	Administrative expenses		18s.	288 288							
	End of year balance										
2	Provide the estimated percentage of the cur	rent year end baland	ce (line	1g, column	(a)) held as:						
а	Board designated or quasi-endowment 🕨	1974034029633	_%		5.45.						
b	Permanent endowment	%	197 1								
c	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiz	ation ti	hat are held	and administ	ered for t	the organi	zation	_		
	by:								<u> </u>	es	No
	(i) Unrelated organizations								3a(i)	_	
	(ii) Related organizations				·····				3a(ii)	_	
b.	If "Yes" on line 3a(ii), are the related organiza				7	·····	•••••		36		
	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		owmen	t tunas.							
1.61	Complete if the organization answere		0 Dart	W line 11a	Soo Form 00		line 10				
	Description of property	(a) Cost or c			t or other		ccumulate	ad I	(d) Book	native	
	Description of property	basis (investr		1	(other)		preciation		(u) BOOK	alue	,
"ta	Land										
	Buildings			14	17,396.	1.	60,6	67.	86	, 72	29.
	Leasehold improvements					İ					
	Equipment				39,715.		37,1	47.	2	,56	58.
	Other										
	Add lines 1a through 1e. (Column (d) must e		X, colu	ımn (B), line	10c.)				89	, 29	97.
			_					Schedule	D (Form 9		

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Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990. Part IV, line	11b. See Form 990 Part X lin	ei 12.
(a) Description of security or category (including name of security)	(b) Book value		Cost or end-of-year market value
1) Financial derivatives			······································
2) Closely held equity interests			··········
3) Other			
(A)			· · ·
(B)			
(C)			
(D)			
(F)		-	
(G)	· · · · ·		
(H)		na an a	
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of Investment			
	(b) Book value		ost or end-of-year market value
(1)			
(2)			
(3)			
(4)		Section along	
(5) (6)			
(7)			
(8)		All	
(0)		1997 (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1997) (1	
(9)			· · · ·
(9) otal. (Col. (b) must equal Form 990. Part X. col. (B) line 13.)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
etal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.	on Form 990, Part IV, line		• 15.
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"	on Form 990, Part IV, line Description		• 15. (b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes"			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4)	Description		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4)			
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)	Description		
Attal. (Col, (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8)	Description		
Attal. (Col, (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		
otal. (Col, (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities.	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes"	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes	Description	11d. See Form 990, Part X, line	(b) Book value
btal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) Refundable advances	Description	11d. See Form 990, Part X, line	(b) Book value
btal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) btal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Refundable advances (3)	Description	11d. See Form 990, Part X, line	(b) Book value
btal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) otter Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Refundable advances (3) (4)	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes. (2) Refundable advances (3) (4) (5)	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) 1 (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) Refundable advances (3) (4) (5) (6)	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Refundable advances (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal Income taxes (2) Refundable advances (3) (4) (5) (6) (7) (8)	Description	11d. See Form 990, Part X, line	(b) Book value
Attal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) Refundable advances (3) (4) (5) (6) (7)	Description	11d. See Form 990, Part X, line	(b) Book value

032053 12-01-20

Sche	dule D (Form 990) 2020 Kentucky Hemophilia Founda	tion,	Inc.	**-***6750 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per l	?etum.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	·		
1	Total revenue, gains, and other support per audited financial statements			1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
Ь	Donated services and use of facilities	2b		
c	Recoveries of prior year grants			
:d	Other (Describe in Part XIII.)	2d		
0	Add lines 2a through 2d	,+++		2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	-4a		
þ	Other (Describe in Part XIII.)	4b		
Ç	Add lines 4a and 4b			4c
5	Total revenue, Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With	i Expenses pei	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1	Total expenses and losses per audited financial statements	<u>, and an </u>		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities			
b	Prior year adjustments	2b		
ċ	Other losses	2c	, splat	
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e
3	Subtract line 2e from line 1			3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b			
Б	Other (Describe in Part XIII.)	4b		
G	Add lines 4a and 4b			4c
5	Total expenses, Add lines 3 and 4c, (This must equal Form 990, Part I, line 18.)			5
Par	t XIII Supplemental Information.			

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

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032054 12-01-20

Schedule D (Form 990) 2020

SCHEDULE G	Suppleme	ental Information Regarding	a Fun	drais	sing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if th	e organization answered "Yes" or organization entered more than \$	• Form	990,	Part IV, line 17, 18, (or 19		2020
,	(
Department of the Treasury Internal Revenue Service	Ge		Open to Public Inspection					
Name of the organization		wa Hamambilia Dever	و مد مد ا		T		Employer ide **_**	entification number
Part Fundrais		Y Hemophilia Found				line 1	-	
required to	complete this par	t.						
 Indicate whether the a Mail solicitat 		sed funds through any of the follow e Solicitá			. Check all that apply jovernment grants	•		
	email solicitations			-	mment grants			
c 🔲 Phone solici		g 🗔 Specia	l fundr	alsing	events			
d in person so		or oral agreement with any individua	d:/inclu	dina c	ficers, directors (tru)	etaac	or	
		art VII) or entity in connection with			- C			5 🗆 No
		viduals or entities (fundraisers) purs	uant to	agre	ements under which	the f	undraiser is to l	be
compensated at le	ast \$5,000 by the	e organization.	· .		and a second		<u> </u>	1
(I) Name and address or entity (fund		(ii) Activity	have o	Did raiser ustody trol of utions?	(iv) Gross receipts from activity	to (Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
<u></u>	<u></u>			142				
				4				
				in de la compañía de				
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			1					
·····			1					
		<u> </u>						
Total	ing.			-				
	ch the organizatio	n is registered or licensed to solicit	contrit	ution	s or has been notified	l it is	exempt from r	gistration
or licensing.			·					
		····						
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		· · · · · · · · · · · · · · · · · · ·						
		<u> </u>						
	 .	·····						
LHA For Paperwork Re	duction Act Noti	ce, see the Instructions for Form	990 or	990-1	EZ. S	chec	iule G (Form 9	90 or 990-EZ) 2020
032081 11-25-20			32					

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Schedule G (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and cross income on Form 990-FZ, lines 1 and 6b. List events with cross receipts greater than \$5,000

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ĺ			Hemophilia	Golf		(add col. (a) through
			Walk	Scramble	2	- col. (c))
במ			(event type)	(event type)	(total number)	
ויכאמויחמ	1	Gross receipts	33,572.	43,234.	22,422.	99,228
	2	Less: Contributions	33,572.			33,572
	3	Gröss income (line 1 minus line 2)		43,234.	22,422.	65,656
	4	Cash prizes			: 	
	5	Noncash prizes				
	6	Rent/facility costs		15,576.		15,576
	7	Food and beverages				
į	8					
Į	9	Other direct expenses			15,183.	
	10	Direct expense summary, Add lines 4 throug				36,261
		Net income summary. Subtract line 10 from III Gaming. Complete if the organization	line 3, column (d)			29,395
				bingo/progressive bingo		
						oon (af innough oon (i
	1	Gross revenue			· · · · · · · · · · · · · · · · · · ·	col. (a) through col. (d
┦		Cash prizes				
┦	3	Cash prizes			· · · · · · · · · · · · · · · · · · ·	
	3 4	Cash prizes Noncash prizes Rent/facility costs				
┦	3 4	Cash prizes Noncash prizes Rent/facility costs	Yes %	Ýes %	Yes %	
┦	3 4 5	Cash prizes Noncash prizes Rent/facility costs	Yes%		Yes%	
┦	3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	□ No	Yes%	<u>No</u>	
┦	3 4 5 6 7	Cash prizes	h.5 in column (d)	Ýes% □%	<u>No</u>	
	3 4 5 7 8	Cash prizes	h 5 in column (đ)	Ýes% □%	<u>No</u>	
	3 4 5 7 8 Ent	Cash prizes	No h.5 in column (d) 7 from line 1, column (d) ucts gaming activities;		<u>No</u> ►	
	3 4 5 6 7 8 Ent Is t	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	Yes% No states?	<u>No</u> ►	
	3 4 5 6 7 8 Ent Is ti Is ti	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these	I Yes% No states?	No	Yes N
a	3 4 5 6 7 8 Ent Isti	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 throug Net gaming income summary. Subtract line 7 ter the state(s) in which the organization cond the organization licensed to conduct gaming a	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or ta	Yes% No No states?	No	YesN
a	3 4 5 6 7 8 Ent Isti	Cash prizes	No h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: uctivities in each of these evoked, suspended, or ta	Yes% No No states?	No	Yes N

Schedule G (Form 990 or 990 EZ) 2020 Kentucky Hemo	philia Foundation, Inc. **	-***6750	Page 3
11 Does the organization conduct gaming activities with nonme		Yes	No No
12 Is the organization a grantor, beneficiary or trustee of a trust,			
to administer charitable gaming?		🗌 Yes	No No
13 Indicate the percentage of gaming activity conducted in:			
a The organization's facility		13a	%
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 gaming revenue?	Yes	🖂 No
b If "Yes," enter the amount of gaming revenue received by the	e organization > \$		
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			
			· ··-·
<u></u>			
Director/officer Employee	Independent contractor		
17 Mandatory distributions:			
a is the organization required under state law to make charitable			
retain the state gaming license?		Yes	L
b Enter the amount of distributions required under state law to		I	
organization's own exempt activities during the tax year > \$	Inations required by Part I, line 2b, columns (iii) and (v); and I	Part III, finas A.	0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide an		r ar (11, 11) 53 51.º	50, 100,
			,
032083 11-25-20	Schedule G (Fo	rm 990 or 990-	EZ) 2020
	34		

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	990-EZ) Kentucky Hemophilia Foundation, Inc. **-**6750 ental Information (continued)
· · · ·	
···	
	Schedule G (Form 990 or

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SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ DMB No. 1545-0047 2020 Open to Public Inspection
Name of the organization	Kentucky Hemophilia Foundation, Inc.	Employer identification number **-**6750
Form 990, Pa	t III, Line 4c, Description of Program Servi	Ce:
Summer camp :	s a five day educational and recreational pro	ogram for
children and	teens with bleeding disorders. The philosop	hy of our
summer camp j	orogram is to empower campers to be healthy a	nd active
youngsters "	ust like any other kids" while learning to m	anage their
bleeding disc	order or learn about their sibling's bleeding	disorder.
The mission of	of the summer camp is to improve knowledge, a	ttitudes, and
behavorial sl	ills of children with hemophilia or a simila:	r bleeding
disorder as w	ell as accompanying siblings who do not have	a bleeding
disorder for	developing a healthy, risk-reduced lifestyle	• The goals
of the summer	camp program are to: 1. combine life skill:	s education
with outdoor	adventure and fun for the development of self	E-esteem,
<u>confidence, t</u>	eam-building, and leadership skills through a	age and gender
appropriate a	ctivities; 2. promote physical emotional, and	nd mental
wellness; 3.	advocate risk-reducing behavior for optimal (child
development a	nd prevention of complications for each child	l with a
bleeding disc	rder.	

Part III, Line 4d Other program service accomplishments

Expenses: 31,891

The Annual Education Meeting and Summer Family Event is our largest

yearly education event, which features several nationally known

speakers who address topics pertinent to the bleeding disorders

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) 2020

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 11-20-20
 36
Schedule Q (Form 990 or 990-EZ) 2020	Page 2
Name of the organization Kentucky Hemophilia Foundation, Inc.	Employer identification number **-**6750
community in the realm of research advances, new and futu	re treatment
options as well as overall well-being.	·
The Year-End Community Event provides an opportunity for	families
affected by bleeding disorders to obtain cutting edge inf	ormation about
available factor products and ancillary services and have	an
opportunity to meet and get acquainted with other familie	s for support.
Expenses: 121,603	
Support Services include emergency financial assistance,	Medic Alert
emblems, bicycle helmets, post-secondary education schola	rships,
sponsorships for attending conferences, educational semin	ars, web site,
newsletter, other support services,	
and allocation of overhead to programs.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is reviewed by the board treasurer and is made an	vailable to other
executive committee members.	<u> </u>
Form 990, Part VI, Section B, Line 15a:	
The consideration for an increase in the Executive Directo	or's compensation
occurs during the annual budget process. Performance is e	valuated on an
ongoing basis by reviewing program participation; program	outcomes; and
program development. The Executive Director submits an ac	tivities report
to the board of directors at each board meeting.	

Form 990,	Part VI,	Section	с,	Line	19:		
032212 11-20-20						27	Schedule O (Form 990 or 990-EZ) 2020
						57	

Schedule O (Form 9		:0					Page 2
Name of the organi:	zation Kentu	icky Hemophi	lia Fou	undatio:	n, Inc.		Employer identification number **-**6750
Governing	documents	and financ	ial sta	atement	s are ma	ide av	ailable upon
request.							
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032212 11-20-20				38		Sch	edule O (Form 990 or 990-EZ) 2020

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2021

Prepared for	Kentucky Hemophilia Foundation, Inc. 1850 Taylor Avenue No. 2
	Louisville, KY 40213
Prepared by	Smith Financial Services, PLLC 2302 Hurstbourne Village Dr., Ste 200 Louisville, KY 40299
Amount due or refund	Balance due of \$177
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

000941 04-01-20

Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
		For ca	lendar year 2020 or other tax year beginning JUL $1,\ 2020$, and ending JUN $30,\ 20$	21	2020
Depar Intern	riment of the Treasury al Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(2)		Open to Public Inspection for 501(c)(3) Organizations Only
AL	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmp	loyer identification number
	xempt under section	Print	Kentucky Hemophilia Foundation, Inc.	, ,	*-**6750
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 1850 Taylor Avenue, No. 2		p exemption number instructions)
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	_529(a)529S		Louisville, KY 40213	_ F 🗆	Check box if
			ok value of all assets at end of year		an amended return.
				Applica	ble reinsurance entity
_	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	► L	Yes X No
			d identifying number of the parent corporation.		
			The Organization Telephone number > 9	502-	456-3233
N. 194	18 7 V				4· · · · ·
-1		• •	ss taxable income computed from all unrelated trades or businesses (see		
_				1	1,841.
2				2	1 0 4 1
3	Add lines 1 and 2			3	1,841.
4			see instructions for limitation rules) taxable income before net operating losses, Subtract line 4 from line 3	4	1,841.
5 6			ng loss. See instructions	5	1,041.
0 7		•	as taxable income before specific deduction and section 199A deduction.		· · · · · · · · · · · · · · · · · · ·
'	Subtract line 6 from			7	1,841.
8			ally \$1,000, but see instructions for exceptions)	8	1,000.
9			Juction. See instructions	9	
10			nes 8 and 9	10	1,000.
11			ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,	—	
				111	841.
Pa	rt II Tax Com	putati	លា		
1	Organizations tax	able a	s corporations, Multiply Part I, line 11 by 21% (0.21)		177.
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on		······
	Part I, line 11 from:		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins	truction			
4	Other tax amounts		Istructions	4	
5	Alternative minimu		rusts only)	5	
6			Sility income. See instructions	6	· <u>····································</u>
7	Total. Add lines 31	through	6 to line 1 or 2, whichever applies	7	177.
LHA	For Paperwork R	educti	on Act Notice, see instructions.		Form 990-T (2020)

023701 02-02-21

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Form 9			Page 2
Part	11	Tax and Payments	
ta	Forei	n tax credit (corporations attach Form 1118; trusts attach Form 1116) 1a	
b	Other	credits (see instructions)	
c	Gene	ral business credit. Attach Form 3800 (see instructions)	
ď		t for prior year minimum tax (attach Form 8801 or 8827)	
0		credits. Add lines 1a through 1d	1e
2		act line 1e from Part II, line 7	2 177.
3	Other	taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866	
		Other (attach statement)	3
4	Total	tax. Add lines 2 and 3 (see instructions).	
		n 1294. Enter tax amount here	4 177.
.5		net 965 tax liability paid from Form 965 A or Form 965-B, Part II, column (k), line 4	5 0.
6a		ents: A 2019 overpayment credited to 2020	
b		estimated tax payments. Check if section 643(g) election applies	
c			
ď			
e		ip withholding (see instructions)	
Ť		t for small employer health insurance premiums (attach Form 8941)	
g		credits, adjustments, and payments: Form 2439	
9		Form 4136 Other Total > 6g	
7	Total	payments. Add lines 6a through 6g	7
8		ated tax penalty (see instructions). Check if Form 2220 is attached	8
9		ue. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9 177.
10		bayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10
11		the amount of line 10 you want: Credited to 2021 estimated tax	11
		Statements Regarding Certain Activities and Other Information (see instructions)	
1		time during the 2020 calendar year, did the organization have an interest in or a signature or other authority	Yes No
-		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
		N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	here		X
2		y the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	
		n trust?	X
	If "Ye	s," see instructions for other forms the organization may have to file.	
3		the amount of tax-exempt interest received or accrued during the tax year > \$	
- 4a	Did th	e organization change its method of accounting? (see instructions)	
Ь		"Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"	
-		n in Part V	a contract a possibility of the second s
Part		Supplemental Information	
		planation required by Part IV, line 45. Also, provide any other additional information. See instructions.	
¢:	CO	der penaties of periury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowl rect, and complete, Declaration of prepare (other than taxpaye) is based on all information of which preparer has any knowledge.	adge and bellef, it is true,
Sign Here		May	the IRS discuss this return with
nere			preparer shown below (see
			uctions)? X Yes No
		Print/Type preparer's name Preparer's signature Date Check X if	PTIN
Paid		seif-employed	
Prepa	rer	David L. Smith 07/05/22	P00118653
Use C		Firm's name ► Smith Financial Services, PLLC Firm's EIN ►	**-**9526
		2302 Hurstbourne Village Dr., Ste 200	
		Firm's address 🕨 Louisville, KY 40299 Phone no. 50	2-882-2708

Form 990-T (2020)

023711 02-02-21

11380705 147419 0594

SCHE	DULE A
(Form	990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Department of the Treasury Open to Public Inspection for Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service 501(c)(3) Organizations Only A Name of the organization B Employer identification number **-***6750 Kentucky Hemophilia Foundation, Inc. Unrelated business activity code (see instructions) 541800 С 1 1 D Sequence: of Describe the unrelated trade or business Advertising income Ë Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Balance 🕨 1c Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c ŝ. 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) 4a b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 statement) 5 Rent income (Part IV) 6 6 7 Unrelated debt-financed income (Part V) Ź 8 Interest, annuities, royaltles, and rents from a controlled organization (Part VI) 8 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) 9 Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 23,350. 9,679. 13,671. 11 11 Other income (see instructions; attach statement) 12 12 23,350. 9.679. 13,671. 13 Total. Combine lines 3 through 12 13 Part II Deductions Not Taken Elsewhere (See Instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 9.230. 1 1 Salaries and wages 2 2 Repairs and maintenance 3 3 4 Bad debts 4 Interest (attach statement) (see instructions) 5 5 Taxes and licenses 8 6 Depreciation (attach Form 4562) (see instructions) 7

8,	Less depreciation claimed in Part III and elsewhere on return	8b	
9	Depletion	9	
10	Contributions to deferred compensation plans	10	
11	Employee benefit programs	11	
12	Excess exempt expenses (Part VIII)	12	
13	Excess readership costs (Part IX)	13	2,600.
14	Other deductions (attach statement)	14	
15	Total deductions. Add lines 1 through 14	15	11,830.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	icolumn (C)	16	1,841.
17	Deduction for net operating loss (see instructions)	17	.0
18	Unrelated business taxable income. Subtract line 17 from line 16	18	1,841.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Entity

1

OMB No. 1545-0047

023741 12-23-20

11380705 147419 0594

Ent	ity	1

art	Ite A (Form 990-T) 2020	nter method of inv	entory valuati	on 🕨				
1	Inventory at beginning of year					4		
2	Purchases					2		
3	Cost of labor					3		
4	Additional section 263A costs (attach stateme	ent)				4		
5	Other costs (attach statement)					5		
6	Total. Add lines 1 through 5					6		
7						7		
8	Cost of goods sold. Subtract line 7 from line (8		
9	Do the rules of section 263A (with respect to p						Yes	No
	V Rent Income (From Real Prope							
1	Description of property (property street addres							
	<u>^</u>							
	B							
	<u>د ل</u>							
	D							
			A	B	C		D	
2	Rent received or accrued							
a	From personal property (if the percentage of							
	rent for personal property is more than 10%							
	but not more than 50%)				'a			
b	From real and personal property (if the							
	percentage of rent for personal property excer	eds						
	50% or if the rent is based on profit or income							
c	Total rents received or accrued by property.						n	
_	Add lines 2a and 2b, columns A through D							
4	Total rents received or accrued. Add line 2c co Deductions directly connected with the incom in lines 2(a) and 2(b) (attach statement)	e				▶ 		0.
4 <u>5</u> art	Deductions directly connected with the incom in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A throu	e gh D. Enter here a me (see instruct	nd on Part I, I	ne 6, column (B)				0.
4 5	Deductions directly connected with the incom in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh <u>D. Entèr here a</u> Me (see instruct ddress, city, state	nd on Part I, I	ne 6, column (B)				
4 5 art	Deductions directly connected with the incomin lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A B	e gh <u>D. Entèr here a</u> Me (see instruct (ddress, city, state	nd on Part I, I	ne 6, column (B)				
4 5 1rt	Deductions directly connected with the incomin lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A B C	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I	ne 6, column (B)				
4 5 art 1	Deductions directly connected with the incomin lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A B C	e gh D. Enter here a me (see instruct ddress, City, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
<u>5</u> art 1	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement)	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 <u>5</u> art	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement)	e	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 <u>5</u> <u>art</u> 1	Deductions directly connected with the incomin lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 <u>5</u> <u>art</u> 1	Deductions directly connected with the incomin lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A B C Gross income from or allocable to debt-finance property Deductions directly connected with or allocable to debt-financed property	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 art 1 2 3	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state ed	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 <u>5</u> 1 2 3 a b	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A B C Gross income from or allocable to debt finance property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement)	e gh D. Enter here a me (see instruct ddress, city, state ed	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 1 2 3 3	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 and 1 2 3 a b c	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 <u>5</u> 1 2 3 a b	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions, Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 ant 1 2 3 a b c 4	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 1 1 2 3 a b c 4	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state ed e sable	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 1 1 2 3 a b c 4 5	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	A	ne 6, column (B) heck if a duat-use (se B	e instructions)			0.
4 5 1 1 2 3 a b c 4 5 6	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	nd on Part I, I ions) , ZIP code). C	<u>ne 6, column (B)</u> heck if a dual-use (se	e instructions)			
4 5 1 2 3 a b c 4 5 5 7	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state ad	A %	ne 6, column (B) heck if a dual-use (se B B	e instructions)			0.
4 5 1 1 2 3 a b c 4 5 6 7	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state ad	A %	ne 6, column (B) heck if a dual-use (se B B	e instructions)			0.
4 5 and 1 2 3 a b c	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throu Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state	A and on Part I, Ii ions) , ZIP code). C A A and on Part % e and on Part	ne 6, column (B) heck if a dual-use (se B B I, line 7, column (A)	e instructions)			0. %
4 5 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the incomination in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A throut Unrelated Debt-Financed Inco Description of debt-financed property (street a A	e gh D. Enter here a me (see instruct ddress, city, state ed ed e sable	A and on Part I, Ii ions) , ZIP code). C A A and on Part % e and on Part mer here and	ne 6, column (B) heck if a dual-use (se B B I, line 7, column (A) on Part I, line 7, colu	c C			0.

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											Entity	1
Schee	lule A (Form 990-T) 2020)			<u> </u>						Page	3
Par	VI Interest, Annu	lities, R	oyalties, and R	ents fro	om Contro					is)		
						E	Exempt Contro	lled Organ	izations			
	1. Name of controlle	d (2. Employer	3, Net	unrelated	4. Tot	al of specified		f column		Deductions direct	ly
	organization		Identification	1	me (loss)	payr	nents made	that is inc controllin	luded in t	he	connected with	
			number	(see in	structions)			tion's gro	oss incom	ie i	ncome in column 5	i
(1)											- · ·	_
(2)						1				ŀ		-
(3)						Í						
(4)					· · ·	Î						-
			No	nexempt (Controlled O	rganizat	ions					-
	7. Taxable Income	8.1	let unrelated	9. T	otal of specif	ied	10. Part o	of column	9	11. D	eductions directly	
		in	come (loss)	pa	yments mad	e	that is inc	luded in th	ne		onnected with	
		(see	instructions)				controlling (income	ÿn's ∣	ілсо	me in column 10	
(1)				1			91033	arcome_	·		<u> </u>	-
(2)				<u> </u>			1					—
(3)								NGRA.				_
(4)								nn 1899. Gelerikens				—
<u></u>		·					Add colum			A		_
							Enter here	ns o aru nd on Par	nti. I i		olumns 6 and 11. here and on Part I.	
							line 8, c				∋ 8, column (B)	
Totals								gar Geo	ο.			
		ncome /	of a Section 50	1(-)(7)	(0) or (17)			9364. ->-	<u></u>		0	.
<u>) </u>		ription of it	on a Section So				100.00				The second stands and a	
	1 0630	uhươn di n			2. Amoul incom		3. Deductio		I. Set-asio ach state		5. Total deduction and set-asides	
							(attach staten		aon state	meniy	(add cols 3 and 4	
(1)					0288) Notaelia	x - A	269 267				· · · · · · · · · · · · · · · · · · ·	_
(2)					1988) T	<u> Perro ante</u> Veremente	<u>х</u>					
<u>(3)</u>					· · · ·	· water ·	<u>.</u>		<u>.</u>			_
(4)		<u>.</u>					·					_
(7)			<u>. </u>		Add amou	ints in	station and the second	1993 1 993 1993 1993		Section 27	Add amounts in	_
					column 2.						column 5. Enter	
					here and or						here and on Part	l,
Tatala					line 9, colu						line 9, cotumn (B)	
Totals Port						0.		374835 3 24988			0	÷
2000 (2000) 2000 / 2000 			ctivity Income	Uner	inan Adv	ertisin	ig income (s	ee instruc	tions)			<u> </u>
1	Description of exploited								_			
2	Gross unrelated busine								2			_
3	Expenses directly conn											
_	line 10, column (B)			÷					3			_
4	Net Income (loss) from									ł		
_	lines 5 through 7									_		_
5	Gross income from acti	wity that is	not unrelated busi	ness incol	me			•••••	5			_
6	Expenses attributable t	o income i	entered on line 5								· · · · · · · · · · · · · · · · · · ·	
7.	Excess exempt expens								l			
	4. Enter here and on Pa	art II, line 1:	2						[7	i		

Schedule A (Form 990-T) 2020

023731 12-23-20

				Entity 1
	dule A (Form 990-T) 2020			Page 4
	IX Advertising Income	· · · · · · · · · · · · · · · · · · ·	4	······
1	Name(s) of periodical(s). Check box if report A Newsletter & webs		dated basis.	
	A D Newsletter & webs	DICE		
	° 🗆 —	· · ·		
			, _	
Enter	amounts for each periodical listed above in t	the corresponding column		i
		A	B C	D
2	Gross advertising income	23,350.		
_	Add columns A through D. Enter here and			23,350.
a			•••••••••••••••••••••••••••••••••••••••	
3	Direct advertising costs by periodical	9,679.		
a	Add columns A through D. Enter here and		· · · · · · · · · · · · · · · · · · ·	9,679.
-				
4	Advertising gain (loss). Subtract line 3 fron	n line	9000 2015	
-	2. For any column in line 4 showing a gain,			
	complete lines 5 through 8. For any colum	-		
	line 4 showing a loss or zero, do not comp			
	lines 5 through 7, and enter zero on line 8			
5	Readership costs		"Weighter of P	
6	Circulation income			
7	Excess readership costs. If line 6 is less th			
	line 5, subtract line 6 from line 5. If line 5 is			
	than line 6, enter zero	2,600.		
8	Excess readership costs allowed as a			
	deduction. For each column showing a gal	In on	<i>′</i>	
	line 4, enter the lesser of line 4 or line 7 \dots			
a	Add line 8, columns A through D. Enter the	a greater of the line 8a, columns total or ze	ro here and on	
	Part II, line 13			2,600.
Part	X Compensation of Officers,	Directors, and Trustees (see instru		
			3. Percentage	4. Compensation
	1. Name	2. Title	of time devoted	attributable to
	rsela Kamala	Executive Director	to business	unrelated business 9,230.
	LSCIA NAMAIA	EXECUTEVE DILECTOL		5,200
(2)		2101 Wei	%	
<u>(3)</u>			%	
(4)			%	
Total		Stan State		9,230.
	. Enter here and on Part II. line 1 👘 🖉 🖉 👘			2,6304
Part	Enter here and on Part II, line 1	(see instructions)	▶	5,230.
Part	Enter here and on Part II, line 1	(see instructions)		9,200.
Part	XI Supplemental Information	(see instructions)	►	9,200.
Part	XI Supplemental Information	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1 XI Supplemental Information	(see instructions)	►	<u> </u>
Part	Enter here and on Part II, line 1	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1	(see instructions)	►	<u> </u>
Part	A Enter here and on Part II, line 1 XI Supplemental Information	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1 XI Supplemental Information	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1 XI Supplemental Information	(see instructions)		<u> </u>
Part	Enter here and on Part II, line 1	(see instructions)		
	Enter here and on Part II, line 1			<u> </u>
Part	Enter here and on Part II, line 1 XI Supplemental Information			<u> </u>
Part	Enter here and on Part II, line 1 XI Supplemental Information			
	Enter here and on Part II, line 1 XI Supplemental Information			
	Enter here and on Part II, line 1	(see instructions)		
	Enter here and on Part II, line 1			
	Enter here and on Part II, line 1			edule A (Form 990-T) 2020

Smith Financial Services, PLLC 2302 Hurstbourne Village Dr., Ste 200 Louisville, KY 40299

> Kentucky Hemophilia Foundation, Inc. 1850 Taylor Avenue, No. 2 Louisville, KY 40213

hhillmildallallalla

026340 04-01-20 **Caution:** Forms printed from within Adobe Acrobat may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.



TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2021

Kentucky Hemophilia Foundation, Inc. 1850 Taylor Avenue No. 2 Louisville, KY 40213
Smith Financial Services, PLLC 2302 Hurstbourne Village Dr., Ste 200 Louisville, KY 40299
Not applicable
Not applicable
Not applicable
Not applicable
This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us as soon as possible.

000941 04-01-20

······

Form	990

** PUBLIC DISCLOSURE COPY **

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.

OMB No. 1545-0047 2020 Open to Public Inspection

Departs	rient c	of the	Treasur	٧
Internal	Reve	nue S	Service	

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

A	For th	e 2020 calendar year, or tax year beginning $JUL \ 1 \ , \ 2020$ and	ending J	UN 30, 2021	
B	Check n applicat	e: C Name of organization	D Employer identifi	cation number	
Г	Addr	Kentucky Hemophilia Foundation, Inc.			
Γ	Nam	Doing business as		**-***67	50
Ē	initia retun	Number and street (of P.U. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	<u>г</u>
Ċ	Finel	V I TOOO TAXTOT WALLING	2	502-456-	3233
<u>.</u>	termi ated			G Gross receipts \$	333,229.
		DOUISVIILE, KI 40213	:	H(a) Is this a group re	etum
	Appl tion pend			for subordinates	7 🗌 Yes 🛣 No
		same as c above		H(b) Are all subordinates in	ncluded? Yes No
		tempt status: 🗶 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1)	or 🛄 527	If "No," attach a	list. See instructions
		te: > www.kyhemo.org		H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Year i	of formation: 1960 N	A State of legal domicile; KY
P	art I	Summary		884. <u> </u>	
2	1	Briefly describe the organization's mission or most significant activities: \underline{TO}	rovide	eduction a	nd
anc		empowerment concerning the treatment of			
Activities & Governance	2	Check this box 🕨 📖 if the organization discontinued its operations or dispos			
No.	3	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)			11
les	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			3
EVH.	6	Total number of volunteers (estimate if necessary)			50
Aci	7a	Total unrelated business revenue from Part VIII, column (C), line 12	577 77 7	<u>7a</u>	38,404.
	<u>b</u>	Net unrelated business taxable income from Form 990-T, Part I, line 11			841.
				Prior Year 153,837.	Current Year
en:	8	Contributions and grants (Part VIII, line 1h)		81,378.	<u>147,523.</u> 78,929.
Кеvепие		Program service revenue (Part VIII, line 2g)		1,198.	161.
å		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		16,012.	68,116.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		252,425.	294,729.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		252,425.	<u> </u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)	······	0.	0.
6		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	······	0.	102,036.
Expenses	169	Professional fundraising fees (Part IV, column (A) line (1a)	·····	0.	0.
ber	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	51.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0.	108.664.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0.	210,700.
	19	Revenue less expenses, Subtract line 18 from line 12		252,425.	84,029.
252				inning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		544,589.	617,090.
Beginning of Current Year 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20					82,920.
		Net assets or fund balances. Subtract line 21 from line 20		450,141.	534,170.
P	art II	Signature Block			

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

Sign Here	Signature of officer Ursela Kamala, Executi Type or print name and title	ve Director	Date	
Paid	Print/Type preparer's name David L. Smith	Preparer's signature	Date Check X 07/05/22	PTIN P00118653
Preparer	Firm's name 🕞 Smith Financial	Services, PLLC	Firm's EIN 👞 **	-***9526
Use Only	Firm's address 2302 Hurstbourne Louisville, KY 4		0 Phone no.502-	882-2708
May the I	RS discuss this return with the preparer shown ab	ove? See instructions		X Yes No
032001 12-2	3-20 LHA For Paperwork Reduction Act Notic	ce, see the separate instructions.		Form 990 (2020)

1.020	ert 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:
	The Kentucky Hemophilia Foundation assists individuals with hemophil
	and similar bleeding disorders through education, advocacy, and
	support services and by promoting research for a cure.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3.	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, an
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$525 . Including grants of \$) (Revenue \$8,7)
	Advocacy Day is an annual event at the state capitol to educate
	legislators about the needs and concerns of Kentucky's bleeding
	disorders community and emphasize the need for patient assistance
	programs and the importance of access to health care.
	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders to obtain cutting edge information about available factor products and
	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders t
	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders to obtain cutting edge information about available factor products and ancillary services and have an opportunity to meet and get acquainted
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4-	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders is obtain cutting edge information about available factor products and ancillary services and have an opportunity to meet and get acquainted with other families for support.
4c	The annual Family Information and Support Day at the Louisville Zoo provides an opportunity for families affected by bleeding disorders is obtain cutting edge information about available factor products and ancillary services and have an opportunity to meet and get acquainted with other families for support.
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Form 990	(0000)
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			Yes	NO
1	Is the organization described in section 5D1(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If 'Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			1
	during the tax year? If "Yes," complete Schedule C, Part II	-4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	<u> </u>	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	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
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<u> </u>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
. 8	Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			· · ·
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
.0	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
0	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			77
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	101		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
-, · · · ·	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	174		
-	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	146		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16 ·	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
40	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	10	x	
19	1c and 8a? If "Yes," complete Schedule G, Part II. Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	<u></u>	
19		19		x
20a	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule J, Parts I and II	21		X
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		_ X.
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
0	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		<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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	25a		X
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
.07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
28	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27	200200	Δ 255555
20	instructions, for applicable filing thresholds, conditions, and exceptions);			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	999999 1	24,8874,	2003-24F
ä	Was Wassersleets Oakash (s. 1. Dari 1) (28a		x
ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization Ilquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	ĺ	Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part /	33		X
34	Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		.
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			х
	If "Yes," complete Schedule R, Part V, line 2	36		<u>A</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			х
90	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		<u>4</u>
38		38	x	
Par		_ 30_ [47	
(Charly if Cabady to O apartoine a reasonance or pote to any line in this Part V			Г
	Check in Schedule O contains a response or note to any line an trus Part v	1	Yes	No
19	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	19966	. 1996	
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable			
ç	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	, tc	X	5.979.869
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Form 990 (202				Foundation,	
Part V S	Statements Regarding	Other IRS	Filings and	Tax Compliance	(continued)

-*6750 Page 5

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	Зb	X	
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
<u> </u>	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	and an all and the provide the ended of an and any sinter dating the tax year :	5a	<u> </u>	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	_	X
C.	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6 a.	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	<u> </u>	
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
9 5	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		<u>x</u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 <u>5</u>	<u> </u>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			
d		7c	10.000-04	X
e	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
f	Did the organization, during the year, pay premiums, directly, to pay premiums on a personal benefit contract?	7e 7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	79 7h	— ·	<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1083KP	153845	2000
	sponsoring organization have excess business holdings at any time during the year?	8	1960874)	301120N9
9	Sponsoring organizations maintaining donor advised funds.		3492	
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	20120111	and state
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations, Enter:			
	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:			
а	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
io-	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	128	seatore.	2020-022-05
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?		122365	\$26333 <u>6</u>
	Note: See the instructions for additional information the organization must report on Schedule O.	13 a	Unici No	(1970-533).
	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
ic.	Enter the amount of reserves on hand			
14a .	Did the organization receive any payments for indoor tanning services during the tax year?	14a	alanan .	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\rightarrow	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			·
	excess parachute payment(s) during the year?	15		X
	If "Yes," see Instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net Investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.	ules .		
		Form	990 (2020)

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Form	990	(2020)

Form 990 (2020) Kentucky Hemophilia Foundation, Inc. **-**6750 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 changes on Schedule O. See instructions.

Page 6

				Yes	Τ
Ta	Enter the number of voting members of the governing body at the end of the tax year 1a	11		(1 69	ł
	If there are material differences in voting rights among members of the governing body, or if the governing				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				į
h	Enter the number of voting members included on line 1a, above, who are independent	11			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other				
2		2	9.9988, _	183358	
3	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision	···· -	2	<u> </u>	•
9	bid the organization delegate control over management duttes customany performed by or under the direct supervision		-		
4	of officers, directors, trustees, or key employees to a management company or other person?		3	ļ	•
-	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	•	4		•
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	···- 🖵	5		
6	Did the organization have members or stockholders?	L	6		
78	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		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or				
	persons other than the governing body?	L	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	100			
а		[8a	Х	
Ь		Γ	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				l
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)				
				Yes	
l0a	Did the organization have local chapters, branches, or affiliates?	- F	10a		Ì
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?	-	10b.		l
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	2	11a	х	ļ
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ś	988) 1988)		ĺ
	Did the organization have a written conflict of interest policy? If "No," go to line 13	200 14	:::::: 12a	X	ļ
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	··· -	12b	X	I
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes, " describe	··· -'	-20		
-	in Schedule O how this was done				
3	Did the organization have a written whistleblower policy?	··· -	12c 13	X	
4	Did the organization have a written document retention and destruction policy?	F	14	X	
5	Did the process for determining compensation of the following persons include a review and approval by independent		14 2002	A. 2000-0	
÷	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	33 22			
9	The organization's CEO, Executive Director, or top management official	26		X	
ħ	Other officers or key employees of the organization	··· 년	15a	<u> </u>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions);	~ 문	5b	Eastaine	ŀ
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a				
va		<u>, 19</u>			
h.	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	📘	16a	stitus yre	
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		889 I		1.14
20	exempt status with respect to such arrangements?		6b		
				_	-
7 8	List the states with which a copy of this Form 990 is required to be filed KY				•
¢	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(;)(3)s (only)	availa	
	for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website Upon request Other (explain on Schedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and f	finan	cial	
_	statements available to the public during the tax year.				
0	State the name, address, and telephone number of the person who possesses the organization's books and records				•
	The Organization - 502-456-3233				•
	1850 Taylor Avenue, No. 2, Louisville, KY 40213				
	12-23-20		orm	***	

Form 990 (2020) Kentucky	Hemoph:	ili	ia	Fo	oui	nda	at	ion, Inc.	**-***6	750 Page 7
Part VII Compensation of Officers, I				es,	Ke	y E	mp	loyees, Highest C	ompensated	
Employees, and Independer	nt Contract	tors	;							
Check if Schedule O contains a resp	onse or note to	o any	y line	e in 1	this	Par	t VII	<u></u>		
Section A. Officers, Directors, Trustees, Key										
1a Complete this table for all persons required to										
 List all of the organization's current officers Enter -0- in columns (D), (E), and (F) if no compen- 	sation was pai	d.								compensation.
 List all of the organization's current key em 	nployees, if any	y. Se	e in	stru	ctio	ns fo	or de	finition of "key employe	e."	
 List the organization's five current highest c able compensation (Box 5 of Form W-2 and/or Box 	ompensated e px 7 of Form 10	mpk 099-)	oyee MIS	es (o C) o	ithe) if ma	r tha ore ti	n ar han	officer, director, truste \$100,000 from the orga	e, or key employee) wanization and any relat	ho received report- ed organizations.
 List all of the organization's former officers reportable compensation from the organization a 	, key employed nd any related	es, a orga	ind h anizi	ilgh atior	est i ns.	com	pen	sated employees who r	eceived more than \$10	00,000 of
• List all of the organization's former directo more than \$10,000 of reportable compensation fr	rs or trustees rom the organi	that zatic	t rec on ar	eive nd a	ed, ii iny r	n the relate	ed o	pacity as a former direc rganizations.	tor or trustee of the or	ganization,
See instructions for the order in which to list the p	persons above	.								
Check this box if neither the organization n	or any related	orga	niza	tion	00	mpe	nsat	ed any current officer.	director, or trustee.	
(A):	(B)				C)			{D}	(E)	(F)
Name and title	Average	ida	not el		ition		ońa	Reportable	Reportable	Estimated
	hours per week	box,	, unle: ter an	ss pė	rsoni	is bot	h an	compensation from	compensation from related	amount of other
	(list any							the	organizations	compensation
	hours for	t or director	_			ted		organization	(W-2/1099-MISC)	from the
	related		listee		_	ien sa		(W-2/1099-MISC)		organization
	organizations		1 I I I I I		joyee					and related
	below	Individual trustee	Institutional trustae	Officer	Key employee	Highest compensated employee	Former			organizations
(1) Ursela Kamala	line) 40.00	Ē	Ē	5	9 9 /	虚言	ы			

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032007 12-23-20

Executive Director

Board member & president

Board member & treasurer

Board member & secretary

Board member & vice president

(3) Roeland Hartmans

(2) Cory Meadows

Board member

Board member

(6) Brad Comer

(7) Eric Marcum Board member

(8) Bradley Woods

(9) Travis Price

(10) Barbara Bitter

(11) Patrick Dunegan

(12) Kristin Taylor

Board member

Board member

Board member

Board member

(4) Laura Webb

(5) Christi Hille

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Form **990** (2020)

	cky Hemop								**_***(5750 Page 8
Part VII Section A. Officers, Director	s, Trustees, Key I	Emplo	yees	, and	i Hi	ghe	st C	ompensated Employe	es (continued)	
(A) Name and title	(B) Average hours pe week	r box	o not c «, unle	CPOSI POSI check r pos per nd a di	tion more son i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours fo related organizatio below line)	n direct	Institutional trustee	Officer	key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
								· · · · · · · · · · · · · · · · · · ·		-
		_			_					·
							-		8. 20.	
										. <u>.</u>
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	· · · · · · · · · · · · · · · · · · ·								· · · · · · · · · · · · · · · · · · ·	
					And and an				· · · · · · · · · · · · · · · · · · ·	
		_			÷		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	ingening Stage		
1b Subtotal				etari Al		<u> </u>	٨	77,884.	0.	0.
 C Total from continuation sheets to F 	Part Vil, Section A): ••••••	955. 1				0. 77,884.	0.	0.
d Total (add lines 1b and 1c)										0.
compensation from the organization				S.	UVE	y	010		1000 01 Tebotrania	Ó
3 Did the organization list any former of	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- 1 - 992							•	Yes No
 4 For any individual listed on line 1a, is and related organizations greater that 	the sum of report	able co	mpe	ensat	lion	and	oth		he organization	3 X 4 X
 5 Did any person listed on line 1a recel rendered to the organization? If "Yes, 	ve or accrue comp	ensati	on fi	rom a	апу	unré			dual for services	4 X 5 X
Section B. Independent Contractors	a, A									
1 Complete this table for your five high										ation from
the organization. Report compensation	on torane calendal A)	ryeare	enair	ng wi	tn o	IT WI	<u>nin</u>	the organization's tax y (B)	ear.	(C)
	siness address	NC)NE	;				Description of se	ervices C	Compensation
							╉			
	· · · · · · · · · · · · · · · · · · ·						-			
							+			
2 Total number of independent contrac \$100,000 of compensation from the c		not lin	nited	l to ti	hose 0	e list	ed :	above) who received m	ore than	
122008 12-23-20					-					Form 990 (2020)

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Revenue and Other Similar Amou	1 a b c d e f g h c d e f	Check if Schedule O Federated campaigns Membership dues Fundralsing events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants d above n lines d	1a 1b 1c 1d pris) 1e s, and a-1f 1g \$	1,974 33,572 111,977,	(A) Total revenue 147,523. 29,683.	(B) Related or exempt	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Revenue	b c e f g h c b c d e f g h c d e f g h c d e f s 3	Federated campaigns Membership dues Fundralsing events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Nencesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants 1 above n lines 1	1a 1b 1c 1c 1d ons) 1e s, and 8 1f 1a-1f 1g \$	1,974 33,572 111,977,	(A) Total revenue 147,523. 29,683.	(B) Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Revenue	b c e f g h c b c d e f g h c d e f g h c d e f s 3	Membership dues Fundralsing events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncest contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants I above I lines 1 NS	1b 1c 1c 1d ons) 1e s, and e if a-1f	33,572. 111,977,	Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Revenue	b c e f g h c b c d e f g h c d e f g h c d e f s 3	Membership dues Fundralsing events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncest contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants I above I lines 1 NS	1b 1c 1c 1d ons) 1e s, and e if a-1f	33,572. 111,977,	147,523. 29,683.	29,683.		
Revenue	c d e f g h c d e f g c d e f g g a d e f	Fundralsing events Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Noncest contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants I above I lines 1 NB	1c 1d ons) 1e s, and 1f e 1f la-1f 1g	33,572. 111,977,	147,523. 29,683.	29,683.		
Revenue	d e f g h c d e f g d e f g 3	Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Nencesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants I above I lines 1 NB	1d ons) 1e s, and 1f e 1f la-1f 1g \$	111,977,	<u>147,523.</u> 29,683.	29,683.		
Revenue	d e f g h c d e f g d e f g 3	Related organizations Government grants (contr All other contributions, gifts, similar amounts not included Nencesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants I above I lines 1 NB	1d ons) 1e s, and 1f e 1f la-1f 1g \$	<u>ا</u>	<u>147,523</u> . 29,683.	29,683.		
Revenue	e f g h c d e f g 3	Government grants (contr All other contributions, gifts, similar amounts not included Noncesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ributic grants 1 above 1 lines 1 N B	ons) 1e s, and e 1f la-1f 1g S	<u>ا</u>	<u>147,523</u> . 29,683.	29,683.		
Revenue	f 9 h 2 a b c d e f 9 3	All other contributions, gifts, similar amounts not included Noncesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	grants I above 1 lines 1 N B	s, and e 1f Ia-1f 1g \$	<u>ا</u>	<u>147,523</u> . 29,683.	29,683.		
Revenue	9 h 2 a 6 c 6 f 3	similar amounts not included Nencesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	l above n lines 1 NS	8 1f a-1f 1g \$	<u>ا</u>	<u>147,523</u> . 29,683.	29,683.		
Revenue	h 2 a b c d e f 9	Noncesh contributions included in Total. Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	n lines 1 NS	la-1f 1g	<u>ا</u>	<u>147,523</u> . 29,683.	29,683.		
Revenue	h 2 a b c d e f 9	Total Add lines 1a-1f Other program Summer camp Zoo Day Annual meetin All other program service Total Add lines 2a-2f	NB			29,683.	29,683.		
Revenue	2 a b c d e f g	Other program Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	N8.		Business Code	29,683.	29,683.		
Revenue	b c d e f 3	Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f				29,683.	29,683.	ala anti-checka transmissione de la companya de la	and the second strength of the second strengt
Revenue	b c d e f 3	Summer camp Zoo Day Annual meetin All other program service Total. Add lines 2a-2f							
3	c d e f g	Zoo Day Annual meetin All other program service Total. Add lines 2a-2f	ŋ			28,796.	28,796.		
3	d e f g	Annual meetin All other program service Total. Add lines 2a-2f	ŋ			18,650.	18,650.	5 5	
3	<u>9</u> 3	All other program service Total. Add lines 2a-2f			-	1,800.	1,800.		
3	<u>9</u> 3	Total. Add lines 2a-2f							
	<u>9</u> 3	Total. Add lines 2a-2f	reven	NIA			and a second		
	3					78,929.			
	1	Investment income (includ						A BARRAN CONTRACTOR OF A DECK	<u>an ann an A</u> nn an Ann an
	1		-			161.			161.
e		Income from investment of							
- £	5.	Royalties		-					
	_		Π	(i) Real					
- E	5 a	Gross rents	6a						
	Ь	••••••••••••	6b						
			6c			-			
		Net rental income or (loss)							
1 7		Gross amount from sales of	ίπ.	(i) Securiti					
	_	the second se	7a						
	ь	Less: cost or other basis				-			
·	-		76						
	c		70			1			
8		Net gain or (loss)	_						<u></u>
8		Gross income from fundraisin			74. 359. 389.				
-		including \$ 33			inter a la constante de la cons La constante de la constante de				
		contributions reported on							
					8a 65,656.				
	b	Part IV, line 18		985.,	8b 36,261.				
	С	Net income or (loss) from f	fundra	aising even		29,395.			29,395.
9		Gross income from gaming		-					
		Part IV, line 19			9a 2,555.				
	b	Less: direct expenses		· · ·	9b 2,239.				
	C.	Net income or (loss) from g	gamin	g activities	·	316.			316.
10	a	Gross sales of inventory, le	ess re	etums					
		and allowances			10a				
		Less: cost of goods sold			105				
		Net income or (loss) from s			γ				
					Business Code				
enueven		Advertising			541800	38,404.		38,404.	
	b	Miscellaneous			900099	1.	1.		
	C								
-	đ	All other revenue							
		Total. Add lines 11a-11d				38,405.			
12		Total revenue. See instruction	กร .			294,729.	78,930.	38,404.	29,872.
2009 12	2-23-2	20				9			Form 990 (2020)

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) (C) Do not include amounts reported on lines 6b, Û Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 7,540. 75,404. 61,077. trustees, and key employees 6,787. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 16,428. Other salaries and wages 13,307. 1,643. 7 1,478. R Pension plan accruals and contributions (include 1,938. 2,392 239. section 401(k) and 403(b) employer contributions) 215. 615. Other employee benefits 499. 61. 55. 9 7.197. 5,829. 720. 648. Payroll taxes 10 Fees for services (nonemployees): 11 a Management Þ Legal 12,602. 12,602. c Accounting Lobbying d Professional fundraising services, See Part IV, line 17 S. e Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g. 50. 41 5 column (A) amount, list line 11g expenses on Sch 0.) 2,470. 2,460. Advertising and promotion 10. 12 21,209. 14,987. 3,073, 3.149. 13 Office expenses Information technology . Sili 14 15 Royaltles 5,231 4,237. 523 471. 16 Occupancy 375. 304 37. 34. 17 Travel ······ 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 1,350. 1,350 20 Interest Payments to affiliates 21 427. 4,746. 3,844. 475. 22 Depreciation, depletion, and amortization 4,509. 3,652. 451 406. 23 Insurance Other expenses, Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 42,958. 42,958. Direct program expenses 5,230. 6,456. Equpment rental & maint 646. 580. ь Membership fees 3,429. 529. 2,610. 290. c d Miscellaneous 1,349. 500. 343. 506. 1,088. 1,930. 551. 291. All other expenses e 210,700. 164,561. 30,788. 15.351. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

032010 12-23-20

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Check here Lift following SOP 98-2 (ASC 958-720)

10 2020.06000 Kentucky Hemophilia Foundat 0594___1

Form 990 (2020)

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7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			16,104.	9	7,494.
10a	Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D	10a	187,111.			
b	Less: accumulated depreciation		97,814.	94,043.	10c	89,297.
11	Investments - publicly traded securities				11	
12	Investments - other securities. See Part IV, line 1	11 [°]	····		12	
13	Investments - program-related. See Part IV, line				13	
14	Intangible assets			terned 11	14	
15	Other assets. See Part IV, line 11		angene e Ang	. 47498-1	15	
16	Total assets, Add lines 1 through 15 (must equ			544,589.		617,090.
17	Accounts payable and accrued expenses		Sta	17,674.	17	16,637.
18	Grants payable				18	
19	Deferred revenue			37,947.	19	19,019.
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete I	Part IV of	Schedule D		21	
22	Loans and other payables to any current or fom	ner office	r, director,			
	trustee, key employee, creator or founder, subs	tantial co	intributor, or 35%			
	controlled entity or family member of any of the	se persor	js		22	
23	Secured mortgages and notes payable to unrel	ated third	i parties	28,635.	23	23,064.
24	Unsecured notes and loans payable to unrelate	d third pa	arties		24	
25	Other liabilities (including federal income tax, pa	yables to	related third			
	parties, and other liabilities not included on lines	17-24).	Complete Part X			
	of Schedule D	9 9		10,192.		24,200.
26	Total liabilities. Add lines 17 through 25			94,448.	26	82,920.
	Organizations that follow FASB ASC 958, che	ck here				
	and complete lines 27, 28, 32, and 33.					
27	Net assets without donor restrictions			425,951.	27	514,170.
28	Net assets with donor restrictions			24,190.	28	20,000.
	Organizations that do not follow FASB ASC 9	58, chec	k here 🕨 📖			
	and complete lines 29 through 33.					

Kentucky	Hemophilia	Foundation,

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

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons

under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)

Capital stock or trust principal, or current funds

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

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Total liabilities and net assets/fund balances

6 Loans and other receivables from other disgualified persons (as defined

Cash - non-interest-bearing

Savings and temporary cash investments

-*6750 Page 11

(B)

End of year

43,450.

5,224.

534,170.

617,090.

Form 990 (2020)

471,625.

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450,141.

544,589.

Inc.

(A)

Beginning of year

413,404.

21,038.

Form 990 (2		
Part X	Balance	Sheet

1

2

3

4 5

Assets

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Form	990 (2020) Kentucky Hemophilia Foundation, Inc.	**	***6750	Pag	ge 12
Par	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	294	1,7	29.
	Total expenses (must equal Part IX, column (A), line 25)	2	21(),7	00.
	Revenue less expenses. Subtract line 2 from line 1	3	84	1,0	29.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	450),1	41.
	Net unrealized gains (losses) on Investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7	· · · · ·		
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	534	1,1	70.
Pari	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XI			••••••	
	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule			988 C	
	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	ala atana d	X
	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:	on a			
6 1	L] Separate basis] Consolidated basis] Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?				X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat		2b	Ietekk	_ A 1928-999
	consolidated basis, or both:	e pasis			
	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 th	a audit	V668824-9	9807C (\$205599
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				97888
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			200302	KOREN.
	Act and OMB Circular A-133?		3a		х
b	f "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
					2020)

032012 12-23-20

SCHEDULE A					OMB No. 1545-0047			
(Form 990 or 990-EZ)			arity Status ar					2020
•	C		anization is a section 50			or a section		2020
Department of the Treasury			947(a)(1) nonexempt ch • Attach to Form 990 or					Open to Public
Internal Revenue Service			ov/Form990 for instruct			information.		Inspection
Name of the organizati	-						Employe	r identification number
		ucky Hemo	philia Founda	ation	The			*-***6750
Part Reason			. (All organizations must					07.00
		-		-	, ,			
			: (For lines 1 through 12,					
····			tion of churches describe			1)(A)(I).		
			. (Attach Schedule E (For		••			
	•	•	ganization described in s					an a saine s
	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
city, and stat				.				
			college or university owne	d or opera	ited by a g	overnmental	unit descri	bed in
		Complete Part II.)						
		-	nmental unit described in			The second s		
			tantial part of its support	from a gov	/ernmenta	l unit or from	the genera	I public described in
		Complete Part II.)						
			b)(1)(A)(vi). (Complete Pa					
			d in section 170(b)(1)(A)		standarden Salar	(24)NA		
or university	or a non-land-	grant college of agr	iculture (see instructions)	. Enter the	name, cit	y, and state o	f the colleg	je or
university:		· · · •				-97°		··· ·
			e than 33 1/3% of its sur	6776 C	**************************************		-	/
			ect to certain exceptions;		47			-
			e (less section 511 tax) f	rom busine	esses acq	uired by the o	rganization	after June 30, 1975.
	A 10 10 10 10	mplete Part III.)			ľ			
	-		isively to test for public s					
-	-		isively for the benafit of, t					
			oed in section 509(a)(1) o					Check the box in
			of supporting organization					
	••••••	•	supervised, or controllec					
	-		regularly appoint or elect	a majority	of the dire	ctors or trust	es of the :	supporting
		complete Part IV, S	Construction and Construction of Construction					
			ed or controlled in connec			:		
		14 S	ganization vested in the s	same perse	ons that c	ontrol or mana	age the su	ported
			, Sections A and C.					
			ng organization operated				lly integrat	ed with,
		18508525	ns). You must complete					
		A CONTRACTOR PROVIDENT	porting organization ope				_	A 7 1
1 M M			ization generally must sa		· · · · ·		d an attent	iveness
	• · ·	 Section Technologies Section Technologies 	mplete Part IV, Section				i. — …	
	+	N. C. States	written determination fro			а Туре I, Туре	II, Type III	
-			ionally integrated support					
						·····		·
g Provide the followi (i) Name of suppo		n about the support (ii) EIN	ted organization(s). (iii) Type of organization	i fiv) is the croa	inization listed ing document?	(v) Amount of	monotony	(vi) Amount of other
organization		(11) = (14	(described on lines 1-10	in your dovern Yes	na document? No	support (see in		support (see instructions)
			above (see instructions))	169	140			
<u> </u>		· · · · · · · · · · · · · · · · · · ·				· · ·		
		· · · · · · · · · · · · · · · · · · ·						
		1	 			· · · ·		
		1						
Total								·

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 1.3

-*6750 Page 2 Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc.

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

tion A. Public Support										
ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
Gifts, grants, contributions, and										
membership fees received. (Do not										
include any "unusual grants.")	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905,				
Tax revenues levied for the organ-										
ization's benefit and either paid to										
or expended on its behalf										
The value of services or facilities										
furnished by a governmental unit to										
the organization without charge										
Total. Add lines 1 through 3	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905,				
The portion of total contributions										
by each person (other than a										
governmental unit or publicly										
supported organization) included										
on line 1 that exceeds 2% of the										
amount shown on line 11,										
column (f)						415,346.				
Public support. Subtract line 5 from line 4.						633,559.				
	-									
ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total				
Amounts from line 4	269,286.	245,735.	234,498.	153,837.	145,549.	1,048,905.				
Gross income from interest,										
dividends, payments received on										
securities loans, rents, royalties,										
and income from similar sources	131.	1,103.	2,808.	1,198.	161.	5,401.				
Net income from unrelated business			37							
activities, whether or not the										
business is regularly carried on	9,132.	3,960.		20,206.		33,298.				
Other income. Do not include gain	in. It									
			4.4.0 0.0.0	12 000						
		Sector	148,226.	45,208.	68,211.					
						1,349,249.				
						80,904.				
	waa beereys a aleesseere	rst, second, third, i	fourth, or fifth tax y	year as a section t	i01(c)(3)					
		roontaao		·····		<u>P</u>				
	11.11 AT		aluma (A)		44	46.96 %				
						58.01 %				
· · · · · · · · · · · · · · · · · · ·					7					
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or										
			heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	10% or				
10% -facts-and-circumstances test	t - 2019. If the org	anization did not c				10% or				
	t - 2019. If the org	anization did not c nstances test, che	ck this box and st	op here. Explain ir	Part VI how the					
	include any "unusual grants.") Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. column (f) <u>Public support.</u> Subtract line 5 from line 4. tion B. Total Support ndar year (or fiscal year beginning in) ► Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, First 5 years. If the Form 990 is for th organization, check this box and stop tion C. Computation of Publ Public support percentage for 2020 (Public support percentage for 2020 (Public support percentage for 2019 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization qualifies 33 1/3% support test - 2019. If the organization meets the fact	Indar year (or fiscal year beginning in) (a) 2016 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 269, 286. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 269, 286. The value of services or facilities furnished by a governmental unit to the organization without charge 269, 286. Total. Add lines 1 through 3 269, 286. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 269, 286. Public support. Subtract line 5 from line 4. 269, 286. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources (a) 2016 Net income from unrelated business activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part VI.) 9, 1.32. Total support, Add lines 7 through 10 9, 1.32. Gross income from related activities, etc. (see instruct) First 5 years. If the Form 990 is for the organization's fo organization, check this box and stop here. Total support percentage for 2020 (line 6, column (f), c Public support percentage for 2020 (line 6, column (f), c Public support test - 2020. If the organization did no stop here. The organization qualifies as a publicly supp 31/3% support test	dar year (or fiscal year beginning in) (a) 2016 (b) 2017 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 269, 286. 245, 735. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 269, 286. 245, 735. The value of services or facilities furnished by a governmental unit to the organization without charge 269, 286. 245, 735. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 269, 286. 245, 735. Total Support 269, 286. 245, 735. Mary year (or fiscal year beginning in) (a) 2016 (b) 2017 Amounts from line 4 (a) 2016 (b) 2017 Cross income from interest, dividends, payments received on securities loans, rents, royatties, and income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 9, 132. 3, 960. Total support, Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 9, 132. 3, 960. First 5 years. If the Form 990 is for the organization's first, second, third, organization, check this box and stop here 9,	Index year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 269, 286. 245, 735. 234, 498. Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf 269, 286. 245, 735. 234, 498. The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 269, 286. 245, 735. 234, 498. The portion of total contributions by each person (other than a governmental unit or publicly support. Subtrat line 5 from the 4. 269, 286. 245, 735. 234, 498. Marce of fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 Amounts from line 4 (a) 2016 (b) 2017 (c) 2018 Other income from similar sources 131. 1, 103. 2, 808. Net income from similar sources (a) 216	ndar year (or fiseal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 Gifts, grants, contributions, and membership flees received. (Do not include any "unusual grants.") 269, 286. 245, 735. 234, 498. 153, 837. Tax revues levied for the organization's benefit and either paid to or expanded on its behalf 269, 286. 245, 735. 234, 498. 153, 837. The value of services or facilities furnished by a governmental unit to the organization without charge 269, 286. 245, 735. 234, 498. 153, 637. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly support. Subsect line 5 from line 4. 269, 286. 245, 735. 234, 498. 153, 637. Total. Add lines 1 through 3 Control total contributions by each person (other than a governmental unit or publicly support. 269, 286. 245, 735. 234, 498. 153, 637. Coros income from line 4 Coros income from inites sources 131. 1, 103. 2, 808. 1, 198. Amounts from line 4 Coros income similar sources 131. 1, 103. 2, 808. 1, 198. Net income from unrelated business activities, whether or not the business is first, second, third, fourth, or fifth tax year as a section or ganization ine 1 for total corbific 2	ndar year (or fiseal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 Gifts, grants, contributions, and membership (sees received. (Do not include any "unusual grants.") 269, 286. 245, 735. 234, 498. 153, 837. 145, 549. Tax revenues levied for the organization's benefit and etther paid to or expended on its behaif 269, 286. 245, 735. 234, 498. 153, 837. 145, 549. The value of services or facilities furnished by a governmental unit to the organization's benefit and etther paid to or expended on its 0 that seceeds 2% of the amount shown on line 11. 269, 286. 245, 735. 234, 498. 153, 837. 145, 549. The pation of total contributions by each person (other than a governmental unit or publicly aupported organization) included on line 1 that exceeds 2% of the amount shown on line 11. 269, 286. 245, 735. 234, 498. 153, 837. 145, 549. Total Support. Subtext the 5 from tink 4 269, 286. 245, 735. 234, 498. 153, 837. 145, 549. Gross income from interest, dividends, payments received on securities loans, rents, royatties, and income from similar sources installed business activities, whether or not the business is regularly carried on its or the divides of aptal asset (Epilain In Part VI) 3, 960. 20, 206. 20, 206. Tests support. Add lines 7 thro				

Schedule A (Form 990 or 990-EZ) 2020.

032022 01-25-21

Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

•	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and				!		Ì
	membership fees received, (Do not		1			1	
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that	· · · · · · · · · · · · · · · · · · ·					
9	are not an unrelated trade or bus-						
					3. 20.		
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf			3	al de la companya de La companya de la comp		
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		f				
	Amounts included on lines 1, 2, and			and the second sec			
1.0	3 received from disqualified persons				<u> </u>		
ь	Amounts included on lines 2 and 3 received						· · ·
2	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b					· · · · · · · · · · · · · · · · · · ·	
	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support	na an a	An an ann an ann an Anna. Anna - Marca	NAME AND ADDRESS OF A DECK	and a source of the source of the	<u>Alexandra de Alexandra de Alexan</u>	
	ndar year (or fiscal year beginning ln)	(-) 004C	(b) 2017	2000 2010 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	6.8 0040	(-1.0000	(0 7
	Amounts from line 6	(a) 2016		් (c) 2018	(d) 2019	(e) 2020	(f) Tota
			NER NER				
10a	Gross income from Interest, dividends, payments received on securities loans, rents, royatiles, and income from similar sources						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royaities, and income from similar sources						
10a b	Gross income from Interest, dividends, payments received on securities loans, rents, royaities, and income from similar sources Unrelated business taxable income						
10a b	Gross income from Interest, dividends, payments received on securities loans, rents, royaities, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is required an						4
10a b 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10e, 11, and 12.)						
10a b 111 12 13 14	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the	e organization's fi					
10a b 111 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camied on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here	e organization's fi		fourth, or fifth tax			
10a b 111 12 13 14 Sec	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b whether or not the business is regularly camed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi	e organization's fi	rcentage	······		<u></u>	
10a b 11 12 13 14 Sec 15	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support: (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi	e organization's fi c Support Pe ne 8, column (f), c	rcentage livided by line 13,	column (f)		15	
10a b 11 12 13 14 Sec 15 15	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (lii Public support percentage from 2019	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15	column (f)		<u></u>	
10a b 11 12 13 14 Sec 15 15	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support: (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part	rcentage livided by line 13, III, line 15	column (f)		15	
10a b c 11 12 13 14 5ec 15 15	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (lii Public support percentage from 2019	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part timent Incom	rcentage livided by line 13, III, line 15 e Percentage	column (f)		15	
10a b c 11 12 13 14 5ec 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camed on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (li Public support percentage for 2019 tion D. Computation of Inves	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur	rcentage divided by line 13, (II, line 15 e Percentage nn (f), divided by li	column (f) ne 13, column (f))		15 16	
10a b c 11 12 13 14 5ec 15 16 5ec 17 18	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly camled on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support . (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage from 2019 tion D. Computation of Invess Investment income percentage from 2020	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 1019 Schedule A,	rcentage livided by line 13, [I], line 15 e Percentage nn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	····· · · · · · · · · · · · · · · · ·
10a b c 11 12 13 14 5eC 15 16 5eC 17 18 19a	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support: (Add lines 9, 10e, 11, and 12.) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (lii Public support percentage for 2019 tion D. Computation of Invess Investment income percentage from 2 33 1/3% support tests - 2020. If the	e organization's fi <u>c Support Pe</u> ne 8, column (f), c <u>Schedule A, Part</u> <u>stment Incom</u> 20 (line 10c, colur 019 Schedule A, organization did r	rcentage livided by line 13, III, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box	column (f)) ne 13, column (f)) on line 14, and line	15 is more than 3	15 16 17 18 3 1/3%, and line 1	····· · · · · · · · · · · · · · · · ·
10a b 111 12 13 14 5eC 15 15 15 16 19a b	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (li Public support percentage for 2020 (li Public support tests - 2020, If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019, If the	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 20	rcentage livided by line 13, (II, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quality of check a box on	column (f) ne 13, column (f) on line 14, and line fies as a publicly su line 14 or line 19a	15 is more than 3 upported organization and line 16 is mo	15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, a	7 is not
10a b c 11 12 13 14 50C 15 15 15 15 15 16 19a b	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (li Public support percentage for 2020 (li Public support tests - 2020. If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019. If the line 18 is not more than 33 1/3%, check	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 20	rcentage livided by line 13, (II, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quality of check a box on op here. The orga	column (f) ne 13, column (f) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organization and line 16 is mo s a publicly suppo	15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, and line 1 rited organization	7 is not
10a b c 11 12 13 14 <u>5ec</u> 17 18 19a b 20	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 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 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First 5 years. If the Form 990 is for the check this box and stop here tion C. Computation of Publi Public support percentage for 2020 (li Public support percentage for 2020 (li Public support tests - 2020, If the more than 33 1/3%, check this box an 33 1/3% support tests - 2019, If the	e organization's fi c Support Pe ne 8, column (f), c Schedule A, Part stment Incom 20 (line 10c, colur 20	rcentage livided by line 13, (II, line 15 e Percentage nn (f), divided by li Part III, line 17 not check the box organization quality of check a box on op here. The orga	column (f) ne 13, column (f) on line 14, and line fies as a publicly si line 14 or line 19a nization qualifies a	15 is more than 3 upported organization and line 16 is mo s a publicly suppois box and see ins	15 16 17 18 3 1/3%, and line 1 tion re than 33 1/3%, and line 1 rited organization	7 is not

1

2

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 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.)

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Schedule A (Form 990 or 990-EZ) 2020

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		0.0000000000	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
_	11c below, the governing body of a supported organization?	<u>11a</u>	·	<u> </u>
	A family member of a person described in line 11a above?	11b		
Ċ	A 35% controlled entity of a person described in line 11a or 11b above?If "Yes" to line 11a, 11b, or 11c, provide		192384	
<u> </u>	detall in Part VI,	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1.	Construction of the second structure of the second structure second structure second structure second s			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
_	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<u> </u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2 above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
Ϋ́.	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
þ	L The organization is the parent of each of its supported organizations. Complete line 3 below.			

c. L The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identity those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes," describe in Part VI the role played by the organization in this regard.

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3b

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Part V Type III Non-Functionally In	egrated 509(a)(3) Sup	porting Organizations	

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. 1 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	-3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1 b		
c Fair market value of other non-exempt-use assets	ीट		
d Total (add lines 1a, 1b, and 1c)	भूष		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	ຶ 3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		· ·
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4.		
5 Income tax imposed in prior year	5 :		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functionally	ntegra	ated Type III supporting organ	nization (see
instructions).			•

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc.

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any. Subtract lines 3g and 4a from line 2. For result greater image: construction for 2020, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2020, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. image: construction for 2020, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. image: construction for 2021. Add lines 3j and 4c. 8 Breakdown of line 7: image: construction for 2016 image: construction for 2017 a Excess from 2016 image: construction for 2017 image: construction for 2017 b Excess from 2018 image: construction for 2018 image: construction for 2019	- C	Remainder, Subtract lines 4a and 4b from line 4.	¥			
than zero, explain in Part VI. See instructions. Image: Construction in the image: Construction image: Co	5	Remaining underdistributions for years prior to 2020, if				
6 Remaining underdistributions for 2020, Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Image: Construction in the image: Constructing in the image: Construction in the image: Construction in the im		any. Subtract lines 3g and 4a from line 2. For result greater				
and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019		than zero, explain in Part VI. See Instructions				
Part VI. See instructions. Image: Construction of the state of	6	Remaining underdistributions for 2020, Subtract lines 3h				
7 Excess distributions carryover to 2021. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019		and 4b from line 1. For result greater than zero, explain in				
and 4c. Image: Constraint of the first o		Part VI. See instructions.				
8 Breakdown of line 7: a Excess from 2016 b Excess from 2017 c Excess from 2018 d Excess from 2019	7	Excess distributions carryover to 2021. Add lines 3j				
a Excess from 2016		and 4c.				
b Excess from 2017 c Excess from 2018 d Excess from 2019	8	Breakdown of line 7:				
c Excess from 2018 d Excess from 2019	a	Excess from 2016				
d Excess from 2019	b	Excess from 2017				
	c	Excess from 2018				
e Excess from 2020	d	Excess from 2019				
	ë	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

032027 01-25-21

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a; 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	· · · · · · · · · · · · · · · · · · ·

PUBLIC DISCLOSURE COPY

Schedule B

(Form 990, 990-EZ. or 990-PF) Department of the Treasury

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.



Internal Revenue Service		I
Name of the organizatio	n	Employer identification number
	Kentucky Hemophilia Foundation, Inc.	**-***6750
Organization type(che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	on is covered by the General Rule or a Special Rule.	
Note: Only a section 50	I(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spec	al Rule. See instructions.
General Rule		

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

(ľ

> K For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and IL.

For an organization described in section 501 (c)(7); (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of crueity to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), il, and III.

For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF). but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF; Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990 PF).

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

Employer identification number

Kentucky Hemophilia Foundation, Inc.

-*6750

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$25,500.	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
2		\$50,000.	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
3		<u>\$ 10,750.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$6,250.	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
		\$ <u>7,500.</u>	Person X Payroli Noncash (Complete Part II for noncash contributions.)
(a) <u>No.</u>	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Payroli Noncash (Complete Part II for noncash contributions.)
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Employer identification number

-*6750

Kentucky Hemophilia Foundation, Inc.

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See Instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3453 11-25-20	23	Schedule B (Form	990, 990-EZ, or 990-PF

Page 3

Name of organi	m 990, 990-EZ, or 990-PF) (2020) zation			Page 4 Employer Identification number
Kentucky	Hemophilia Foundati	lon, Inc.		**-***6750
Part III Ex fro		ntions to organizations described a) through (e) and the following lin , chantable, etc., contributions of \$1,000	e entry. For organizations	r (10) that total more than \$1,000 for the yea
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d)	Description of how gift is held
		(e) Transfer of	gift	
	Transferce's name, address, a	and ZIP + 4	and y	f transferör to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	ASPA: 1985.	Description of how gift is held
I		· 		· · ·
	Transferee's name, address, a	(e) Transfer of		ftransforar to transforas
·	Transferee's name, adoress, a		Relationship o	f transferor to transferee
a) No. from	(b) Purpose of gift	(c).Use of gift	(a).	Description of how gift is held
Part i	(<i>b</i>) Ful pose of gut			peacemption of now gar is near
		(e) Transfer of	gift	
	Transferce's name, address, a	rid ZIP + 4	Relationship o	f transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) (Description of how gift is held
[_]				
		(e) Transfer of	gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship o	f transferor to transferee
		· [· · · · · · · · · · · · · · · · · · ·	
3454 11-25-20		24	Sche	dule B (Form 990, 990-EZ, or 990-PF) (2020)
30705 14	17419 0594		icky Hemophi	lia Foundat 05941

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Schedule B (Form 990,	990-EZ	or 990-PF	(2020)
SCHEDULE C

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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



If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then @ Social Social Social Campaign Activities (Complete Parts) A and P. De act complete Parts) C

Section 501(c)(3) organizations: Complete Parts I-A and B, Do not complete Part I-C,

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

Section 527 organizations: Complete Part I-A only.

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

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

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

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

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization			- A.	Employer Identification number
Ken	tucky Hemophilia Fou	ndation, I	nc.	**-***6750
Part I-A Complete if t	he organization is exempt und	ler section 501(d	c) or is a section 5	27 organization.
2 Political campaign activity e	organization's direct and indirect politic xpenditures campaign activities		Normal States	> \$
Part I-B Complete if t	he organization is exempt und	ler section 5016	ch(3).	
Enter the amount of any exe	cise tax incurred by the organization und	ter section 4955		b s
2 Enter the amount of any exe	cise tax incurred by organization manag	ers under section 49	55	► s.
3 If the organization incurred	a section 4955 tax, did it file Form 4720	for this year?		Yes No
4a Was a correction made?		W. C. S.		Yes No
b If "Yes," describe in Part IV.		and the second sec		
Part I-C Complete if t	he organization is exempt und	ler section 501(c	c), except section	501(c)(3).
	pended by the filing organization for se			. ► \$
	g organization's funds contributed to ot			
				▶\$
line 17b	nditures. Add lines 1 and 2. Enter here a e Form 1120-POL for this year?	£		▶\$
made payments. For each c contributions received that	and employer identification number (El organization listed, enter the amount pai were promptly and directly delivered to PAC). If additional space is needed, prov	d from the filing organ a separate political or	nization's funds, Also e rganization, such as a s	nter the amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid f filing organizatio funds. If none, ent	n's contributions received and
· · · · ·				
·				
For Paperwork Reduction Act N	lotice, see the Instructions for Form 9	 90 or 990-EZ.	 Sched	ule C (Form 990 or 990-EZ) 2020

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Schedule C (Form 990 or 990-EZ) 2020 Part II-A Complete if the orgonal section 501(h)).	Kentu ganizatio	<u>cky H</u> In is exe	emophilia Fo empt under section	oundation, I on 501(c)(3) and fil	nc • **-* ed Form 5768 (e	**6750 Page 2 ection under
A Check 🕨 🛄 if the filing organiza	ation belond	us to an af	filiated group (and list i	n Part IV each affiliated	croup member's nam	e. address. EIN.
expenses, and sha					SF M-MAC CHAR	
	· ·		and "limited control" pr	ovisions apply.		
Lim	its on Lobb	ying Exp			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	luence publ	ic opinion	(grassroots lobbying)			···
b Total lobbying expenditures to infl	luence a lec	islative bo	dy (direct lobbying)			·,
c Total lobbying expenditures (add)	lines 1a and	i 1b)				
d Other exempt purpose expenditur	res					
e Total exempt purpose expenditure	es (add line	s 1c and 1	d)			
f Lobbying nontaxable amount. Ent	er the amo	unt from th	e following table in ho	th columns		
If the amount on line 1e, column (a)			obying nontaxable am			allan an a
Not over \$500,000	or (0) 101		the amount on line 1e			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17			00 plus 10% of the exce			
Over \$17,000,000	,000,000			ss over \$1,500,000.		
Over \$17,000,000	·	\$1,000	,000	ananan. Ananan ''''		
g Grassroots nontaxable amount (er	atar 050/ -f	Fac. 14		nastalians rada Nati rada hi		
h Subtract line 1g from line 1a. If zer				an Maria II		· · · · · · · · · · · · · · · · · · ·
i Subtract line 1f from line 1c. If zero	o or loos, ei					·······
						<u> </u>
j If there is an amount other than ze					Г	-
reporting section 4911 tax for this					L	YesNo
(Some organizations t	hat made a	section s	eraging Period Under 501(h) election do not rate instructions for li	have to complete all c	of the five columns b	elow.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount		45.8				
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures		Aberda				
d Grassroots nontaxable amount		100 <u>86</u> 7				
e Grassroots ceiling amount (150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2020

032042 12-02-20

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Schedule C (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		o)
of the lobbying activity.	Yes	No	Ame	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:				
a Volunteers?	X			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1)?	 _	XX		
 c Media advertisements? d Mailings to members, legislators, or the public? 	· ·	X		
	··	X		
e Publications, or published or broadcast statements?	: 3929.	X		
f Grants to other organizations for lobbying purposes?	1998) NY X	<u> </u>		EDE
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X		525.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	nangen. . Vie	X		
i Other activities?	. 338 Maratanana	A Contraction		FAE
j Total. Add lines 1c through 11			the second sector sectors	525.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	Malakatan katala	X		
b If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			An encourse of the Sol	an talan salah san
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section				
501(c)(6).	on ou n(c)	no), or se	çuon	
		ſ	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ie prior yea	r? 3		
Part III-B Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	"No" OF	R (b) Part	III-A, lin	e 3, is
answered "Yes."				
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
expenses for which the section 527(f) tax was paid).				
a Cuπent year		2a		
b Carryover from last year		2b		
c Total				
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3	•	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	ess			
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (See instructions)		5		
Part IV Supplemental Information				
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I A, línes 1 a	nd 2 (See	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.				
Part II-B, Line 1, Lobbying Activities:				
The Kentucky Hemophilia Foundation holds an annual ad	vocacy	/ dav a	it the	ų.
				
state capitol to express the needs and concerns of ou	r blee	ding		
disorders community to legislators and/or their design	nees.	Patie	nts	
and caregivers are encouraged to participate. The pr	imary	focus	is on	·
access to health care.				
	Schedu	le C (Form §	990 or 990	-EZ) 2020
032043 12-02-20				
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Department of the Treasury Internal Revenue Service

(Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 120 L Open to Public Inspection

Name of the organization

 Kentucky Hemophilia Foundation, Inc.
 -*675

 Part I
 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.Complete if the

Employer identification number **-***6750

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		lyised funds
	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
-	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	nanization answered "Yes" on Form 99	0 Part Miline 7
1			
-	Preservation of land for public use (for example, recrea	• • • • • • • • • • • • • • • • • • • 	of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	Sad	
-	day of the tax year.	neu conservation contribution in the for	Held at the End of the Ta
a	Total number of conservation easements		
ь	Total acreage restricted by conservation easements		
C د	Number of conservation easements on a certified historic str		
đ	· · · · · · · · · · · · · · · · · · ·		
_	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by i	the organization during the tax
_	year >		
4	Number of states where property subject to conservation eas	sement is located -	_
5	Does the organization have a written policy regarding the per	iddic monitoring, inspection, handling o	
5	violations, and enforcement of the conservation easements it	iodic monitoring, inspection, handling o tholds?	Yes
5		iodic monitoring, inspection, handling o tholds?	Yes
	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing co	Diservation easements during the year
	violations, and enforcement of the conservation easements it	iodic monitoring, inspection, handling of holds? handling of violations, and enforcing co	Diservation easements during the year
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser	vation easements during the year
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	Todic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1	vation easements during the year
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	Todic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1	vation easements during the year
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1	Yes Onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes
6 7 8	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, 	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1 on easements in its revenue and expen	Yes Onservation casements during the year vation casements during the year 70(h)(4)(B)(i) Yes Ise statement and
6 7 8 9	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1 on easements in its revenue and expen tote to the organization's financial state	Yes onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes se statement and ments that describes the
6 7 8 9	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing co lling of violations, and enforcing conser re satisfy the requirements of section 1 on easements in its revenue and expen tote to the organization's financial state	Yes onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes se statement and ments that describes the
6 7 8 9	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footh organization's accounting for conservation easements.	iodic monitoring, inspection, handling of t holds? handling of violations, and enforcing conser lling of violations, and enforcing conser re satisfy the requirements of section 1 on easements in its revenue and expen- note to the organization's financial state FArt, Historical Treasures, or	Yes onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes se statement and ments that describes the
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6 7 8 9 Par	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▶	iodic monitoring, inspection, handling of tholds? handling of violations, and enforcing conser resatisfy the requirements of section 1 on easements in its revenue and expen tote to the organization's financial state FArt, Historical Treasures, or 990, Part IV, line 8. 8, not to report in its revenue statemen in the organization, or research in	Yes onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes Use statement and ments that describes the Other Similar Assets. It and balance sheet works furtherance of public
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6 7 8 9 Par 1a b 2 a b	 violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting, ▲ Amount of expenses incurred in monitoring, inspecting, hand \$ Does each conservation easement reported on line 2(d) above and section 170(h)(4)(B)(i)? In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footmorganization's accounting for conservation easements. 111 Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 950 of art, historical treasures, or other similar assets held for public 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 If the organization received or held works of art, historical treasures to be reported under FASB ASC 956 art, historical treasures, or other similar assets held for public 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 	iodic monitoring, inspection, handling of handling of violations, and enforcing conser- mentation of violation, and enforcing conser- mentation of violation, or research in fu- asures, or other similar assets for finance SC 958 relating to these items:	Yes onservation easements during the year vation easements during the year 70(h)(4)(B)(i) Yes role statement and whents that describes the Other Similar Assets. It and balance sheet works of furtherance of public service, S

	dule D (Form 990) 2020 Kentuck till Organizations Maintaining (y Hemophi Collections of A					er Sim	**_** ilar Asse	*675 ts /contin) Pa	ge 2
3	Using the organization's acquisition, access										
	collection items (check all that apply):						. .				
а	Public exhibition		d 🗌	Loan or ex	change prog	ram					
b	Scholarly research		e 🗌	Other	:						
C	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	ain how t	they further	the organiza	tion's exe	emotiour	nose in Par	ť XIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be m								Yes		No
Pa	t IV Escrow and Custodial Arran	igements. Comp	lete if th	e organizati	on answered	"Yes" or	۲ Form 9	90, Part IV.	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.		-							
1a	Is the organization an agent, trustee, custod	lian or other interme	diary for	r contributio	ons or other a	ssets no	t include	ď			
	on Form 990, Part X?	· ·				····			Yes		No
Ь	If "Yes," explain the arrangement in Part XIII	and complete the f	ollowing	table;							
									Amount		
÷C	Beginning balance					-442. - 442.	10				
d	Additions during the year				· · · · · · · · · · · · · · · · · · ·		, 1d				
е	Distributions during the year						1e				
ŕ	Ending balance										
2a	Did the organization include an amount on F	orm 990, Part X, lin	e 21, for	escrow or a	ustodial acc	ount liab	ility?		Yes		No
	If "Yes," explain the arrangement in Part XIII.							<u></u>			
Pa	t V Endowment Funds. Complete	if the organization a	nswered	l "Yes" on F	orm 990, Pa	t IV, line	10.				
		(a) Current year	1 (d)	Prior year	(c) Two yea	irs back	(d) Three	years back	(e) Four	years b	ack
	Beginning of year balance			Alton	a fa						
b	Contributions										
	Net investment earnings, gains, and losses				é dé So						
d	Grants or scholarships				je -						
e	Other expenditures for facilities										
	and programs			A96							
f	Administrative expenses	ŝņ.									
·9	End of year balance	. ×		S.							
2	Provide the estimated percentage of the cur	rent year end balan	ce (line 1	l g, column ((a)) held as:						
a	Board designated or quasi-endowment	`````````````````````````````````	%								
b	Permanent endowment 🕨	%	60 (F								
ΰ C	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiz	zation th	at are held a	and administ	ered for t	he organ	ization			
	by:								. T	Yes	Nó
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requ	ired on S	Schedule R7	? <u></u>				Зb		
4	Describe in Part XIII the intended uses of the		owment	funds.							
Par	t Vi Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 99	0, Part i	V, line 11a. :	See Form 99	0, Part X,	line 10.		_		
	Description of property	(a) Cost or d			t or other		ccumulat		(d) Book	value	
		basis (investi	ment)	basis	(other)	de	preciation	<u> </u>			
	Land										<u> </u>
b	Buildings	•••.		<u> </u>	7,396.		60,6	b7.	86	,72	9.
	Leasehold improvements				0 71 7		<u>. 10 4</u>	477			<u> </u>
	Equipment			<u> </u>	9,715.		37,1	.47.	2	,56	<u>×.</u>
	Other			· · ·							
Total,	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line '	10c.)	<u></u>		. 🕨 📃		,29	
								Schedule	D (Form	990) 2	020

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Complete if the organization answered "Yes" o	n Form 900 Det IV. Koo	11h See Form 000 Darty Bac 10	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	end-of-year market value
1) Financial derivatives	· · · · · · · · · · · ·		
2) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
<u>(f)</u>			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o (a) Description of Investment	n Form 990, Part IV, line (b) Book value	11c. See Form 990, Part X, line 13. (c) Method of valuation: Cost or 1	end-of-vear market value
(1)		(c) memory addation. Obst of	
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(3)		nogen state" Nikiliku, "Mikilus.	
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(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o	n Form 990, Part IV, line escription		(b) Book value
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" o (a) Discrete (a) Discrete (a) Discrete (a) Discrete (a) Discrete (b) (b) (b) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	escription		(b) Book value
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otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) Difference (a) Differenc	ascription	11d. See Form 990, Part X, line 15.	25. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) Difference (a) Description of liability (1) (3) (4) (5) (6) (7) (8) (9) Other Liabilities. Complete if the organization answered "Yes" or (a) Description of liability (1) Federal income taxes (2) Refundable advances (3) (4)	ascription	11d. See Form 990, Part X, line 15.	25. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) Difference (a) Description of liability (1) (2) (3) (4) (5) (a) Difference (a) Description of liability (1) Federal income taxes (2) Refundable advances (3) (4) (5) (5)	ascription	11d. See Form 990, Part X, line 15.	25. (b) Book value
Datal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" or (a) Difference (a) Differen	ascription	11d. See Form 990, Part X, line 15.	25. (b) Book value
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	dule D (Form 990) 2020 Kentucky Hemophilia Founda		**-***6750 Page 4
Pa	<u>t XI</u> Reconciliation of Revenue per Audited Financial Stateme	•	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
ą	Net unrealized gains (losses) on investments	2a	
Þ	Donated services and use of facilities	2b	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	46	
¢	Add lines 4a and 4b		40
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses pe	r Return,
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a,		
1	Total expenses and losses per audited financial statements	AND I	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b,	Prior year adjustments	25	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	20	
e	Add lines 2a through 2d	17 G.(256 355	

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

Subtract line 2e from line 1

c Add lines 4a and 4b

Amounts included on Form 990, Part IX, line 25, but not on line 1:

Part XIII Supplemental Information.

a Investment expenses not included on Form 990, Part VIII, line 7b

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

b Other (Describe in Part XIII.)

	· · · · · · · · · · · · · · · · · · ·
	 ······································
<u>.</u>	
032054 12-01-20	Schedule D (Form 990) 2020

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4a

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4c

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SCHEDULE G	Suppleme	ental Information Regardin	g Fun	drai	sing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" o organization entered more than \$					or if the	2020
Department of the Treasury		Attach to Form 99						Open to Public
Internal Revenue Service Name of the organization	► Gi	e to www.irs.gov/Form990 for inst	truction	ns and	i the latest informat	tion.		Inspection
Name of the organization		y Hemophilia Foun	dati	.on,	Inc.		Employer id **_**	lentification number 6750
Part J Fundrais required to		Complete if the organization answ				line 1		
a Atil solicitat b Atil solicitat c Phone solici d In-person so 2 a Dld the organization key employees list	ions email solicitations licitations on have a written o ed in Form 990, P I highest paid Indi	s f Solicit g Specia or oral agreement with any individu Part VII) or entity in connection with viduals or entities (fundraisers) pure	ation of ation of al fundr al (inclu profess	non-g gover aising ding c sional	overnment grants mment grants events officers, directors, tru fundraising services	stees	<u> </u>	
(i) Name and addres or entity (fund		(ii) Activity	nave of	Did raiser ustody ttrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid r retained by fundralser ed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No		1.01		
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or licensing.		n is registered or licensed to solicit						
LHA For Paperwork Re	duction Act Noti	cë, see the instructions for Form	990 or	990-E	Z. S	ched	ule G (Form	990 or 990-EZ) 20

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Schedule G (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-***6750 Page 2

Part II Fundraising Events. Complete If the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		(a) Event #1 Hemophilia Walk	(b) Event #2 Golf Scramble	(c) Other events	(d) Total events (add col. (a) through
2		(event type)	(event type)	(total number)	- col. (c))
1	Gross receipts	33,572.	43,234.	22,422.	99,228
2	Less: Contributions	33,572.	· · · · -		33,572
3	Gross income (line 1 minus line 2)		43,234.	22,422.	65,656
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs		15,576.		15,576
6	Food and beverages				
	Entertainment				
	Other direct evenences	1 5.502.	i secolo di deservito del	15,183.	20,685
9	Other direct expenses	5,502.	And the second s		
10	Direct expense summary. Add lines 4 throug	gh 9 in column (d)			36,261
10 11	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	gh 9 in column (d) line 3, column (d)			36,261
10	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization	gh 9 in column (d) line 3, column (d)			36,261
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from	gh 9 in column (d) line 3, column (d)			36,261 29,395 (d) Total gaming (add
10 11 art	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) answered "Yes" on Form	1990, Part IV, line 19, or n	reported more than	36,261 29,395 (d) Total gaming (add
10 11 ert	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	gh 9 lin column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	1990, Part IV, line 19, or n	reported more than	36,261 29,395 (d) Total gaming (add
10 11 ert	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	1990, Part IV, line 19, or n	reported more than	
10 11 ert	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	gh 9 in column (d) ine 3, column (d) answered "Yes" on Form (a) Bingo	1990, Part IV, line 19, or n	reported more than	36,261 29,395 (d) Total gaming (add
10 11 art 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	1990, Part IV, line 19, or i (b) Pułl tabs/instant bingo/progressive bingo	reported more than	36,261 29,395 (d) Total gaming (add
10 11 art 2 3 4	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo	1990, Part IV, line 19, or n	reported more than	36,261 29,395 (d) Total gaming (add
10 11 art 2 3 4 5	Direct expense summary. Add lines 4 throug Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	gh 9 in column (d) line 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (a) Bingo (b) Yes (c) Yes (c) No	1990, Part IV, line 19, or i (b) Pułl tabs/instant bingo/progressive bingo	(c) Other gaming	36,261 29,395 (d) Total gaming (add

a is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?______ Lyes Lyes b If "Yes," explain: _____

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Schedule G (Form 990 or 990-EZ) 2020

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44 -	ule G (Form 990 or 990 EZ) 2020 Kentucky Hemophilia Foundation, Inc. **-*	***67	50 Page
11 C	Does the organization conduct gaming activities with nonmembers?	Γ Ye	
	s the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
ŧ	o administer charitable gaming?	- 🗌 γε	es 🗆 N
13 Ji	ndicate the percentage of gaming activity conducted in:		
aT	The organization's facility	t3a	
þ, A	n outside facility	13b	
14 E	inter the name and address of the person who prepares the organization's gaming/special events books and records:		
Ν	lame 🕨		
Þ	address ►		
15a C	bees the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	es 🗆 N
	"Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	f gaming revenue retained by the third party > \$		
∵c lf	"Yes," enter name and address of the third party:		
Ň	lame 🕨		
A	ddress 🕨		
1 6 G	aming manager information:		
N			
N	lame 🕨	_	
G	iaming manager compensation 🕨 \$		
D	escription of services provided -		
D	escription of services provided 🕨		
ם -	escription of services provided		
D - -			
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-			
- - 17 M	Director/officer Employee Independent contractor Iandatory distributions:		
- - I7 M ais	Director/officer Employee Independent contractor landatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to	 	s []] N
- - 17 M ais re	Director/officer Employee Independent contractor Iandatory distributions:	Ye	s [] N
- 17 M ais re bÉi	Director/officer Employee Independent contractor landatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to stain the state gaming license? Inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the ganization's own exempt activities during the tax year > \$		
- I7 M ais re b <u>E</u> i	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- I7 M ais re bÉi	Director/officer Employee Independent contractor landatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to stain the state gaming license? Inter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the ganization's own exempt activities during the tax year > \$		
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- 7 M anis re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- 7 M anis re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- I7 M ais re bÉi	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- I7 M ais re bÉi	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- I7 M ais re bÉi	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- - ais re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
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- 7 M anis re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- - ais re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
- 7 M anis re bÉi or	Director/officer Employee Independent contractor Iandatory distributions: the organization required under state law to make charitable distributions from the gaming proceeds to tain the state gaming license? mer the amount of distributions required under state law to be distributed to other exempt organizations or spent in the <u>panization's own exempt activities during the tax year ▶ \$ Supplemental Information</u> . Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa		
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rt IV Supplen	or 990 EZ) Kentucky Hemophilia Foundation, Inc. **-***6750 Pr mental Information (continued)
	Schedule G (Form 990 or 990

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SCHEDULE O S (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Complemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ
Name of the organization	Kentucky Hemophilia Foundation, Inc.	Employer identification number **-***6750
Form 990, Part I	II, Line 4c, Description of Program Servi	ce:
Summer camp is a	five day educational and recreational pro-	ogram for
children and tee	ns with bleeding disorders. The philosoph	hy of our
summer camp prog	ram is to empower campers to be healthy a	nd active
youngsters "just	like any other kids" while learning to make a second secon	anage their
bleeding disorde	r or learn about their sibling's bleeding	disorder.
The mission of the	he summer camp is to improve knowledge, a	ttitudes, and
behavorial skill;	s of children with hemophilia or a similar	r bleeding
disorder as well	as accompanying siblings who do not have	a bleeding
disorder for deve	eloping a healthy, risk-reduced lifestyle	. The goals
of the summer car	mp program are to: 1. combine life skill:	s education
with outdoor adve	enture and fun for the development of self	f-esteem,
confidence, team	-building, and leadership skills through a	ige and gender
appropriate activ	vities; 2. promote physical emotional, an	nd mental
wellness; 3. advo	ocate risk-reducing behavior for optimal of	child
development and p	prevention of complications for each child	1 with a
bleeding disorder		
Part III, Line 4d	U Other program service accomplishments	
Expenses: 31,891		
The Annual Educat	ion Meeting and Summer Family Event is ou	ır largest
yearly education	event, which features several nationally	known

speakers who address topics pertinent to the bleeding disorders

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020
032211 11-20-20

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Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page Employer identification numbe
Kentucky Hemophilia Foundation, Inc.	**-***6750
community in the realm of research advances, new and fut	ure treatment
options as well as overall well-being.	
The Year-End Community Event provides an opportunity for	families
affected by bleeding disorders to obtain cutting edge in	formation about
available factor products and ancillary services and have	e an
opportunity to meet and get acquainted with other famili	es for support.
Expenses: 121,603	······
Support Services include emergency financial assistance,	Medic Alert
emblems, bicycle helmets, post-secondary education schol	arships,
sponsorships for attending conferences, educational semi	nars, web_site,
newsletter, other support services,	,
and allocation of overhead to programs.	
Form 990, Part VI, Section B, line 11b:	
Form 990 is reviewed by the board treasurer and is made	available to other
executive committee members.	
Form 990, Part VI, Section B, Line 15a:	· · · · · · · · · · · · · · · · · · ·
The consideration for an increase in the Executive Direc	tor's compensation
occurs during the annual budget process. Performance is	evaluated on an
ongoing basis by reviewing program participation; program	m outcomes; and
program development. The Executive Director submits an	activities report

to the board of directors at each board meeting.

Form 990, Part VI, Section	C, Line 19:	
032212 11-20-20	37	Schedule O (Form 990 or 990-EZ) 2020
11380705 147419 0594	2020.06000 Kentucky Her	mophilia Foundat 0594 <u>1</u>

Name of the organi	990 or 990 EZ) 2020 ization Kentu		emorphilis	Foundation		**	Employer identification n **-***6750	Page umb
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overning	documents	and	financial	statement.	s are	made av	ailable upon	
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TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2021

Prepared for	
	Kentucky Hemophilia Foundation, Inc. 1850 Taylor Avenue No. 2
	Louisville, KY 40213
Prepared by	Smith Financial Services, PLLC 2302 Hurstbourne Village Dr., Ste 200 Louisville, KY 40299
Amount due or refund	Balance due of \$177
Make check payable to	Payments should be made using the Electronic Federal Tax Payment System (EFTPS).
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required.

000941 04-01-20

Form 990-T	Exempt Organization Business Income Tax Return	n ļ	OMB No. 1545-0047
	(and proxy tax under section 6033(e))		<u> </u>
	For calendar year 2020 or other tax year beginning JUL 1, 2020 , and ending JUN 30, 202	프	2020
Department of the Treasury Internal Revenue Service	 Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)).	Upen to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed.	Name of organization (Check box if name changed and see instructions.)	DEwb	oyer identification number
B Exempt under section	Print Kentucky Hemophilia Foundation, Inc.	*	*-***6750
X 501(C)(3) 408(e) 220(e)	or Number, street, and room or suite no. If a P.O. box, see instructions. Type 1850 Taylor Avenue, No. 2	EGrou (see l	p exemption number Instructions)
408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code	1	
529(a) 529S	Louisville, KY 40213	F	Check box if
	C Book value of all assets at end of year 617,090.	1	an amended return.
G Check organization	type ▶ 🗶 501(c) corporation 501(c) trust 401(a) trust Other trust A	pplical	ble reinsurance entity
H Check if filing only to	D ▶ Claim credit from Form 8941 Claim a refund shown on Form 2439		
Check if a 501(c)(3)	organization filing a consolidated return with a 501(c)(2) titleholding corporation		
	attached Schedules A (Form 990-T)		1
	was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
	ame and identifying number of the parent corporation. 🕨		
	e of The Organization Telephone number > 5	<u> 502-</u>	456-3233
Part I Total Unr	elated Business Taxable Income		
 Total of unrelated 	business taxable income computed from all unrelated trades or businesses (see		
instructions)		1	1,841.
2 Reserved		2	
3 Add lines 1 and 2		3	1,841.
4 Charitable contribu	utions (see instructions for limitation rules)	4	0.
5 Total unrelated bu	siness taxable income before net operating losses. Subtract line 4 from line 3	5	1,841.
6 Deduction for net	operating loss. See Instructions	6	
7 Total of unrelated	business taxable income before specific deduction and section 199A deduction.		
Subtract line 6 from		7	1,841.
8 Specific deduction	(generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 19	9A deduction. See instructions	9	
10 Total deductions.	9A deduction. See instructions Add lines 8 and 9	10	1,000.
11 Unrelated busines	ss taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
enter zero		11	841.
Part II Tax Com			
1 Organizations tax	able as corporations. Multiply Part I, line 11 by 21% (0.21)	1	177.
2 Trusts taxable at	trust rates. See instructions for tax computation. Income tax on the amount on	1 1	
Part I, line 11 from		2	
3 Proxy tax. See ins		3.	·
4 Other tax amounts	. See instructions	4	. <u> </u>
5 Alternative minimu	m tax (trusts only)	5	
6 Tax on noncompli	ant facility income. See instructions	6	
	through 6 to line 1 or 2; whichever applies	7	177.
LHA For Paperwork R	eduction Act Notice, see instructions.		Form 990-T (2020)

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-	90-T (2020)		Page 2
Part	III Tax and Payments		
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see instructions)		
C	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
e	Total credits. Add lines 1a through 1d	1e	
-2	Subtract line 1e from Part II, line 7	2	177.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach statement)	3	
4	Total tax. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under		
	section 1294. Enter tax amount here	4	177.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), Ine 4	5	0.
6a	Payments: A 2019 overpayment credited to 2020		······································
b	2020 estimated tax payments. Check if section 643(g) election applies		
C C	Tay dependent with Faith 9020		
ď	Foreign organizations: Tax paid or withheld at source (see instructions) 6d		
e	Backup withholding (see instructions)		
f	Credit for small employer health insurance premiums (attach Form 8941)		
g	Other credits, adjustments, and payments: Form 2439		
я	Form 4136 Other Total		
7	Total payments. Add lines 6a through 6g	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	▶ 9	177.
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax		
	V Statements Regarding Certain Activities and Other Information (see instructions)		
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other author	ritv	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi	-	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts, If "Yes," enter the name of the foreign count		
	here 🕨	•	X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a		
	foreign trust?		X
	If "Yes," see instructions for other forms the organization may have to file.		
3	Enter the amount of tax exempt interest received or accrued during the tax year		
4a	Did the organization change its method of accounting? (see instructions)		
	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"		
	explain in Part V		and the second second second
Part	Supplemental Information 🚲 👋		
Provide	the explanation required by Part IV, ine 4b, Also, provide any other additional Information. See instructions,		
oi	Under penalties of perjury, I declare that (have examined this return, including accompanying schedules and statements, and to the best of my k correct, and complete. Declaration of preparer that taxpayer) is based on all information of which preparer has any knowledge.	nowledge and be	lief, it is true,
Sign	10 ml For Min 1/400	May the IRS dis	cuss this return with
Here	Ulla Allua FIS a Executive Director	the preparer sho	wn below (see
	Signature of officer Date / Title	Instructions)?	X Yes 🗌 No
	Print/Type preparer's name Preparer's signature Date Check 🛣	if PTIN	
Paid	sett-employe		
Prepa	rer David L. Smith 07/05/22		118653
Use O	nty Firm's name Smith Financial Services, PLLC Firm's EIN	► ** <u>-</u>	***9526
	2302 Hurstbourne Village Dr., Ste 200		
	Firm's address b Louisville, KY 40299 Phone no.	502-88	

Form **990-T** (2020)

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SCHE	DULE	A
(Form	990-T)	

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

OMB No. 1545-0047

1

Entity

A	Name of the organization Kentucky Hemophilia Foundation, Inc.	B Employer ide **_**	ntificatio	n numb)er	
<u>c</u>	Unrelated business activity code (see instructions) > 541800	D Sequence:	1	of	1	

E Describe the unrelated trade or business Advertising income

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a b	Gross receipts or sales c Balance >	10			
2 3	Cost of goods sold (Part III, line 8) Gross profit. Subtract line 2 from line 1c	2			
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	3 4a			
b c	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) Capital loss deduction for trusts	4b 4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	attin Carl		
6 7	Rent income (Part IV) Unrelated debt-financed income (Part V)	6 7		·····	· · ·
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			· · · · · · · · · · · · · · · · · · ·
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9	din.		
10 11	Exploited exempt activity income (Part VIII)	10 11	23,350.	9,679.	13,671.
12 13	Other income (see instructions; attach statement)	::12 13	23,350.	9,679.	13,671.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

_					
1	Compensation of officers, directors, and trustees (Part X)			. 1	9,230.
2	Salaries and wages			2	
3	Repairs and maintenance		····	3	-
4	Repairs and maintenanceBad debts		····	4	·
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Taxes and licenses Depreciation (attach Form 4562) (see instructions)	7			· · · · · ·
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			. 9	· · · · ·
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs		· · · · · · · · · · · · · · · · · · ·	11	
12	Excess exempt expenses (Part VIII)	•		12	
13	Excess readership costs (Part IX)			13	2,600.
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14			15	11,830.
16	Unrelated business income before net operating loss deduction. Subtract line 15 fro	m Part	I, line 13,		
	column (C)			16	1,841.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income, Subtract line 17 from line 16			18	1,841.
LHA					(Form 990-T) 2020

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					Pi	'aı
- 21	t III Cost of Goods Sold Enter me	athod of inventory valuation	on 🕨			
1	Inventory at beginning of year			·1		
2	Purchases					
3	Cost of labor			3		
4	Additional section 263A costs (attach statement)			4		
5	Other costs (attach statement)			5		
6	Total. Add lines 1 through 5			6		
7	Inventory at end of year					
8	Cost of goods sold. Subtract line 7 from line 6. Ente					
9	Do the rules of section 263A (with respect to propert	y produced or acquired fo			Yes	1
Parl	IV Rent Income (From Real Property a	nd Personal Proper	ty Leased with F	leal Property)		
1	Description of property (property street address, city					
	A			· •		
	в					
	c 🛄					-
	ם: 🗔 – – – – – – – – – – – – – – – – – –					
		A	B	C	Ď	
2	Rent received or accrued					
a	From personal property (if the percentage of					
	rent for personal property is more than 10%					
	but not more than 50%)					
b				· · · ·		
-	percentage of rent for personal property exceeds					
	50% or if the rent is based on profit or income)					
~	Total rents received or accrued by property.					_
Ų.	Add lines 2a and 2b, columns A through D					
3	Total rents received or accrued, Add line 2c columns	A through D. Enter hore a		- turnen (Å) 🕨		
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	de la companya da companya	nd on Part I, ime 6, c	oiumn (A)		
5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E	inter here and on Part I, lin			:	
5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income	inter here and on Part I, lin	ne 6, column (B)		: 	
5	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) <u>Total deductions. Add line 4 columns A through D. E</u> <u>V</u> <u>Unrelated Debt-Financed Income</u> (Description of debt-financed property (street address	inter here and on Part I, lin	ne 6, column (B)		: :	
5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income Description of debt-financed property (street address	inter here and on Part I, lin	ne 6, column (B)		;	
5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income Description of debt-financed property (street address A	inter here and on Part I, lin	ne 6, column (B)		:	
5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income Description of debt-financed property (street address A	inter here and on Part I, lin	ne 6, column (B)		· · · · · · · · · · · · · · · · · · ·	
5 art	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income Description of debt-financed property (street address A	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (content of debt-financed property (street address A B C D C D C D C D C D C D C D C D C D C	inter here and on Part I, lin	ne 6, column (B)		: : 	
5 Part	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (Description of debt-financed property (street address A B C G Gross income from or allocable to debt-financed	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)	: 	
5 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (Description of debt-financed property (street address A B C G Gross income from or allocable to debt-financed property	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)	: 	
5 art 1	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (c) Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income (c) Description of debt-financed property (street address A B C C C C C C C C C C C C C C C C C C	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income (c Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Gross directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement)	inter here and on Part I, lin see instructions) , city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3 a	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b,	inter here and on Part I, linesee instructions) • city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)	· · · · · · · · · · · · · · · · · · ·	
5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address A B C G Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D)	inter here and on Part I, linesee instructions) • city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)	· · · · · · · · · · · · · · · · · · ·	
5 art 1 2 3 a b	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable	inter here and on Part I, linesee instructions) • city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)	B	
5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E V Unrelated Debt-Financed Income Description of debt-financed property (street address A D C C C C C C C C C C C C C C C C C C	inter here and on Part I, linesee instructions) • city, state, ZIP code). Ch	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3 a b c	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address Description of debt-financed property (street address C Description of debt-financed property Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt-	A	ne 6, column (B) neck if a dual-use (see	instructions)	i 	
5 art 1 2 3 a b c 4	Deductions directly connected with the income In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address Description of debt-financed property (street address C Description of debt-financed property (street address Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	ne 6, column (B) neck if a dual-use (see B	instructions)		
5 art 1 2 3 a b c 4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A	ne 6, column (B) neck if a dual-use (see	instructions)		
5 art 1 2 3 a b c 4 5	Deductions directly connected with the income In lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address Description of debt-financed property (street address C Description of debt-financed property (street address Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement)	A	ne 6, column (B) neck if a dual-use (see B	c		
5 art 1 2 3 a b c 4 5 6	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address A B C Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Stralght line depreciation (attach statement) Other deductions (attach statement) Total deductions (attach statement) Total deductions (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Average adjusted basis of or allocable to debt- financed property (attach statement) Divide line 4 by line 5	A A %	ne 6, column (B) neck if a dual-use (see B B	c		
5 art 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address C Description of debt-financed property (street address C D D D D D D D D D D D D D D D D D D	A A %	ne 6, column (B) neck if a dual-use (see B B	c		
5 art 1 2 3 a b c 4 5 6 7 8 9	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address C Description of debt-financed property (street address C D D C D C C C C C C C C C C C C C C	A A See instructions) (city, state, ZIP code). Ch A A See instructions) (city, state, ZIP code). Ch A A See instructions) (city, state, ZIP code). Ch A Sec instructions) (city, state, ZIP code). Ch A Sec instructions) (city, state, ZIP code). Ch Sec instructions) (city, state, ZIP code). Ch (city, state, ZIP code). City,	B B Neck if a dual-use (see B B S S S S S S S S S S S S S S S S S	c		
5 art 1 2 3 a b c 4 5 6 7 8	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. E Unrelated Debt-Financed Income Description of debt-financed property (street address C Description of debt-financed property (street address C D D D D D D D D D D D D D D D D D D	A A A A A A A A A A A A A A A A A A A	B B Neck if a dual-use (see B B S S S S S S S S S S S S S S S S S	C n (B)		

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Sched Part	ule A (Form 990-T) 2020 VI Interest, Annu	lities. R	ovalties, and R	ents fro	m Contro	lied C	roanizatioi	18 /0	ee ieetnie	tionel	Pagé 3	
							Exempt Contro			,		
	1. Name of controlled organization		2. Employer identification number			4. Tot	Total of specified payments made		5. Part of column 4 that is included in the controlling organiza- tion's gross income			
(1)									- <u>A</u> #1		······································	
(2)												
(3)						• •						
(4)												
			No	nexempt (Controlled O	rganizat	loris					
. 7	7. Taxable Income	in	Net unrelated Icome (loss) e instructions)		otal of specif yments mad		10. Part of that is inc controlling of gross	luded organi	in the zation's	C	eductions directly onnected with me in column 10	
(1)	_			1		i				1		
(2)												
(3)							2.5	ion T	Ma		·	
(4)			- - - - - - - - - -				**!** **!**		nege. Refer	Ì ·		
Totals	***************************************			14-100 sto		>	Enter here line 8, c			lin	here and on Part I, e 8, column (B) 0 •	
Part			of a Section 50)1(c)(7), I	(9), or (17)	Orga	nization (se	e inst	nuctions)			
	1. Desc	ription of i	income		2 Amou incom		3. Deductio directly conne (attach stater	ected		-asides tatement)	5. Total deductions and set-asides (add cols 3 and 4)	
(1)						Marina di						
(2)					44) 							
(3)					. station							
(4)												
Totais					Add amou column 2. here and or line 9, colu	Enter Part I, mn (A) 0					Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0 .	
Part	VIII Exploited Exploited Exploited Explored Expl	cempt A	ctivity Income	, Other '	Than Adv	ertisin	ig income (;	өө іла	structions))		
1	Description of exploited											
2	Gross unrelated busine	ess income	e from trade or busi	ness, Ente	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly conn						•					
	line 10, column (B)			ä		······				3		
4	Net income (loss) from	unrelated	trade or business. S	Subtract III	ne 3 from line	92. If a	gain, complete					
_	lines 5 through 7		na n				······································			4		
.5	Gross income from act									5	·····-	
6	Expenses attributable t									6		
.7	Excess exempt expens											
	4. Enter here and on Pa	ati, ine 7	<u>الا الم الم الم الم الم الم الم الم الم </u>			وأحدده ومهربون				7		

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Schedule A (Form 990-T) 2020

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Page 4

Schedule /	4 (Form 990-T	2020

Part	IX Advertising Income					
1	Name(s) of periodical(s). Check box if repor	ting two or in	tore periodicals on a co	nsolidated basi	is.	
	A 🗌 Newsletter & websi		-			
	B					
	° 🗆 — — — — — — — — — — — — — — — — — —					····
_	D []					
Entera	mounts for each periodical listed above in th	e correspon	ding column,			
			<u>A</u>	В	<u> </u>	D
2	Gross advertising income		23,350.			
	Add columns A through D. Enter here and c	on Part I, line	11, column (A)		·····	23,350.
а						
3	Direct advertising costs by periodical		9,679.			
а	Add columns A through D. Enter here and c				. .	9,679.
4	Advertising gain (loss). Subtract line 3 from	Jine [
-	2. For any column in line 4 showing a gain,	ario				
	complete lines 5 through 8. For any column					
	line 4 showing a loss or zero, do not comple	· 1	12 671			
	lines 5 through 7, and enter zero on line 8		13,671.	an a		·
5	Readership costs		2,600.	- NARASA ARAGAN PA	2019) 1940 -	
6	Circulation income		i			
7	Excess readership costs. If line 6 is less that	in			59. 19	
	line 5, subtract line 6 from line 5. If line 5 is l	ess				
	than line 6, enter zero		2,600.			
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	Lon				
	line 4, enter the lesser of line 4 or line 7		2,600.			
а	Add line 8, columns A through D. Enter the		e line 8a. columns total	or zero here an	d on	
	Part II, line 13					2,600.
Part		irectors.	and Trustees (see)	instructions)		·····
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
	1: Ivalite	1000			to business	unrelated business
	sela Kamala	Evoant	ive Director	~	100.00%	9,230.
	Seta Ramata		<u>x a e di di tite c coi</u>	•	·····	9,230.
2)		103033380 Ministers	in an		%	· · · · · · · · · · · · · · · · · · ·
3)		200 200 200 200 200 200 200 200 200 200			%	
4)		No. N	·····	-	%	
	and the second					
	Enter here and on Part II, line 1	M846			▶	9,230.
Part	XI Supplemental Information (s	ee Instructio	ns)			
					• •	

023732 12-23-20

Schedule A (Form 990-T) 2020