Depa	v. Jan	90 uary 2020) of the Treasury	Return of Organization Exempt From Income Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private ▶ Do not enter social security numbers on this form as it may be made pu	foundations) blic.	OMB No. 1545-0047 2019 Open to Public Inspection
		enue Service	► Go to www.irs.gov/Form990 for instructions and the latest informatio lar year, or tax year beginning JUL 1, 2019 and ending JUN 30,		паресноп
Bc	heck if	C Name o		ver identificati	on number
X	Addre chang Name		ONAL BLOOD CLOT ALLIANCE 56-	2425135	
	Initial return Final return	Number		one number 5 – 9 3 5 – 8 8	-
	termii ated Amen returr	City or t	own, state or province, country, and ZIP or foreign postal code G Gross rect ADELPHIA, PA 19182-5687 H(a) Is this	eipts \$ s a group return	
	Applition pendi		AST 91ST STREET 2B, NEW YORK , NY 1012 H(b) Are all		
J٧	Vebsi	ite: 🕨 WWW .		o exemption nu	
κF	orm o	f organization:	X Corporation Trust Association Other ► L Year of formation:	2003 M St	ate of legal domicile: NC
Pa	art I	Summary			
Activities & Governance	1	DIAGNOS	be the organization's mission or most significant activities: ADVANCING THE PR IS, AND SUCCESSFUL TREATMENT OF BLOOD CLOTS, x ► □ if the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations of the organization discontinued its operations or disposed of more than 25% of the organization discontinued its operations	CLOTTIN	G s.
Ň	3		ting members of the governing body (Part VI, line 1a)		13
ত ≪	4		lependent voting members of the governing body (Part VI, line 1b)		13
ies	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)	5	6
ivit	6		of volunteers (estimate if necessary)		50
Act	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		0.
	b	Net unrelated	business taxable income from Form 990-T, line 39	7b	0.
			Prior Ye		Current Year
ne	8			.,621.	893,613.
/en	9	•	ice revenue (Part VIII, line 2g)	0.	0.
Revenue	10			,010.	
	11		e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	-15,676.
	12			631.	877,937.
	13		milar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14		to or for members (Part IX, column (A), line 4)	0.	0.
ses				0,034.	295,377.
Expense			undraising fees (Part IX, column (A), line 11e)		0.
ЧХ			ing expenses (Part IX, column (D), line 25) ▶ 116,819.	100	261 720
	17			,190.	364,730.
	18			,224.	660,107.
	19	Revenue less		,593.	217,830.
Net Assets or Fund Balances			Beginning of Cu		End of Year
sset 3ala	20	Total assets (,417.	316,448.
et A nd E	21			,700.	224,476.
	22			,283.	91,972.
_	art II	Signatur			endeden ender P. C. S. S.
			I declare that I have examined this return, including accompanying schedules and statements, and to the Declaration of preparer (other than officer) is based on all information of which preparer has any know.	-	owieuge and bellet, it is

,		
Sign Here	Signature of officer LESLIE LAKE, PRESIDENT Type or print name and title	Date
	Print/Type preparer's name Preparer's signature Date	Check PTIN
Paid	M. JAMES HARTSON, JR., CP	self-employed P00590214
Preparer	Firm's name MITCHELL, WIGGINS & COMPANY LLP	Firm's EIN 54-0565834
Use Only	Firm's address 100 FLANK ROAD	
	PETERSBURG, VA 23805-9152	Phone no.804-733-5566
May the I	RS discuss this return with the preparer shown above? (see instructions)	X Yes No
932001 01-2	20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	n 990 (2019) NATIONAL BLOOD CLOT ALLIANCE	56-2425135 Page 2
Pa	rt III Statement of Program Service Accomplishments	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission:	
•	ADVANCING THE PREVENTION, EARLY DIAGNOSIS, AND S	UCCESSFUL TREATMENT OF
	BLOOD CLOTS, CLOTTING DISORDERS AND CLOT-PROVOKE	
	PUBLIC AWARENESS, ADVOCACY, AND PATIENT AND PROF	ESSIONAL EDUCATION.
2	Did the organization undertake any significant program services during the year which were not I	isted 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 prog	gram services? Yes X No
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest progra	am services, as measured by expenses
-	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allo	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 502,284. including grants of \$ PERFORMED EDUCATION PROGRAMS RELATED TO THE PREV) (Revenue \$) (Revenue \$)
	PERFORMED EDUCATION PROGRAMS RELATED TO THE FREV	ENTION OF BLOOD CLOTS.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$	\$)
4e	Total program service expenses ► 502,284.	
00000		Form 990 (2019)
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Form	990	(2019)	

Part IV Checklist of Required Schedules

NATIONAL BLOOD CLOT ALLIANCE

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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			37
	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	_		v
-	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			v
-	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,	-		x
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		- 23
10	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	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	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	114		<u> </u>
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes, " complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
. –	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			v
	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			v
	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,	47		x
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	х	
10	1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"	18	- 22	<u> </u>
19		19		x
20-	complete Schedule G, Part III	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	1	<u> </u>
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
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Form 990 (NATIONAL			ALLIANCE
Part IV	Checkl	ist of Required Sche	dules (cont	inued)	

NATIONAL BLOOD CLOT ALLIANCE

			Yes	
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		+
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	23		
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		╉
- 1 a	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		
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2-10		-
Ŭ	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2.10		-
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			-
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			-
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
с	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?If			
	"Yes," complete Schedule L, Part IV	28c		_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_
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		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
۰ <i>۲</i> -	Part V, line 1	34		_
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		_
D	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?	330		-
	If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50		-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			-
	Note: All Form 990 filers are required to complete Schedule O	38	x	
	t V Statements Regarding Other IRS Filings and Tax Compliance			-
Par	Check if Schedule O contains a response or note to any line in this Part V			
Par			Yes	-
Par			1	Ī
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1)		
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a10Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0)		
1a b)) -		
1a b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)) 1c	x	

Form	990	(2019)	
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Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	-		x
	to file Form 8282?	7c		
d		7.		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	/11		
Ŭ	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 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 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.) 11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	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 13b			
	Enter the amount of reserves on hand			v
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		ļ
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		х
	excess parachute payment(s) during the year?	15		Δ
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Δ
	If "Yes," complete Form 4720, Schedule O.			

Form **990** (2019)

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Form	990	(2019)	1
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NATIONAL BLOOD CLOT ALLIANCE

X

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.

See	Check if Schedule O contains a response or note to any line in this Part VI						
Sec	tion A. Governing Body and Management					Vee	Г
10	Enter the number of voting members of the governing body at the end of the tax year	1a	ĺ	13		Yes	+
Id	If there are material differences in voting rights among members of the governing body at the end of the tax year						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						L
L		4		13			l
	Enter the number of voting members included on line 1a, above, who are independent						L
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh				•		ł
~	officer, director, trustee, or key employee?				2		╀
3	Did the organization delegate control over management duties customarily performed by or under t				•		
	of officers, directors, trustees, or key employees to a management company or other person?				3		ł
4	Did the organization make any significant changes to its governing documents since the prior Form			r	4		╀
5	Did the organization become aware during the year of a significant diversion of the organization's as			r	5		ł
6	Did the organization have members or stockholders?				6		ł
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		ļ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		Ļ
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-				I
	The governing body?				8a	Х	1
b	Each committee with authority to act on behalf of the governing body?				8b	Х	ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re						ſ
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	<u></u> .	<u></u>		9		l
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Reven	ue Code.)				
						Yes	
0a	Did the organization have local chapters, branches, or affiliates?				10a	Х	
b	If "Yes," did the organization have written policies and procedures governing the activities of such of	chapte	ers, affiliates,				I
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	I
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo			r	11a	Х	Ī
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		-				Ī
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	I
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris				12b	Х	t
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "						t
	in Schedule O how this was done				12c	Х	I
13	Did the organization have a written whistleblower policy?				13	Х	t
.e 14	Did the organization have a written document retention and destruction policy?				14	Х	t
15	Did the process for determining compensation of the following persons include a review and approv				14		t
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision						l
~					150	Х	ľ
	The organization's CEO, Executive Director, or top management official				15a 15b	X	ł
b	Other officers or key employees of the organization				130		$\frac{1}{2}$
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mort	with a				1
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange				16-		I
Ŀ	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				16a		╂
D			• •				l
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga				101		ł
	exempt status with respect to such arrangements?				16b		T
	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► NONE						_
		and O		E01(-)(0)	0.001) <u> </u>	1
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply	anu 9	SO-1 (SECTION	JUT(C)(J)	s only	, aval	lć
	for public inspection. Indicate how you made these available. Check all that apply.		abadula O				
~	Own website Another's website X Upon request Other (explained by the second sec		,				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, o	conflic	t of interest p	olicy, and	d finar	ncial	
	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 b	ooks	and records	►			
	TERESA BORDEAUX - 301-825-9587						
	143 WATERWAY DRIVE, NAVELOCK, NC 28532					000	_
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Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

(A)	(B)	1		(0	J)			(D)	(E)	(F)
Name and title	Average				Reportable	Reportable	Estimated			
	hours per week				compensation from	compensation from related	amount of other			
	(list any	ctor						the	organizations	compensation
	hours for	Individual trustee or director	e			ated		organization	(W-2/1099-MISC)	from the
	related organizations	rustee	Institutional trustee		ee	Highest compensated employee		(W-2/1099-MISC)		organization and related
	below	d ual tr	utional	L_	Key employee	est cor oyee	5			organizations
	line)	Indivi	Institu	Officer	Key e	Highe emplo	Forme			5
(1) LESLIE LAKE	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(2) JOE HAROUNI	1.00									
DIRECTOR		Х						0.	0.	0.
(3) KAY HOLCOMBE	1.00									
SECRETARY		х		х				0.	0.	0.
(4) MICHAEL STREIFF	1.00								0	
DIRECTOR	1 00	X						0.	0.	0.
(5) SHAWNA RUSSO BAFFONE	1.00							0	0	
DIRECTOR	1 00	X						0.	0.	0.
(6) TERESA BORDEAUX	1.00							0	0	0
DIRECTOR	1.00	X						0.	0.	0.
(7) EVAN BROVENDER	1.00	x						0.	0.	0.
DIRECTOR (8) MAURY LIEBERMAN	1.00	^						0.	0.	0.
DIRECTOR	1.00	x						0.	0.	0.
(9) MIMI MACKINNON	1.00							0.		
DIRECTOR	1.00	x						0.	0.	0.
(10) JESSICA MCELROY	1.00									
DIRECTOR		x						0.	0.	0.
(11) ERIC O'CONNER	1.00									
TREASURER		x		x				0.	0.	0.
(12) SARA WASSENAAR	1.00									
DIRECTOR		x						0.	0.	0.
(13) AMY HOOPER KEARBY	1.00									
DIRECTOR		X						0.	0.	0.
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Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ghe	st C						
	(A) Name and title	(B) Average hours per week (list any	box offic	not c , unle	ss pe	ition more rson i	than o is botl pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensatio from related	on amount d other			of
		hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization: (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
1b	Subtotal		<u> </u>	<u> </u>	<u> </u>	<u> </u>	L		0.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)	I, Section A							0.		0.			0.
2	Total number of individuals (including but n compensation from the organization							no re	eceived more than \$100	,000 of reportabl	.e			0
	1 0 -	-1:									 1		Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for</i> s	uch individual										3		X
4	For any individual listed on line 1a, is the su and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes," <i>com</i>								•			5		Х
Sec 1	tion B. Independent Contractors Complete this table for your five highest co	mpensated in	depe	ende	ent c	ontr	racto	ors t	that received more than	\$100.000 of com	nens	ation f	rom	
	the organization. Report compensation for (A)											(0		
	(A) Name and business INECT 360 MULTIMEDIA, 1		00			7			رھ) Description of s ADVERTISING/		C		nsatio	n
	AD, SUITE 301, MINEOLA					<u> </u>			G	MARKEIIN		10	8,0	00.
2	Total number of independent contractors (in \$100,000 of compensation from the organiz	•	ot lii	mite	d to	tho	se lis 1	sted	d above) who received n	nore than				
						_						Form	990 (2	2019)

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Image: Second			00 (2019) NATIONAL BLOOD CLOT	ALLIANCE	56-2425135 Page 9
I a Federated campaigns ta Incition revenue Preference and buildings revenue Preference			VIII Statement of Revenue		
Total revenue Petertado resempti function revenue Unrelative bulness revenue peterson 5 to approx 1 a 1 a b Mombarain; dues to b to b <tdto b to b to</tdto 			Check if Schedule O contains a response or note to any	y line in this Part VIII	
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Business Code Business Code a b	nts nts	1	a Federated campaigns 1a		
grage to the program service revenue a b c c d <lid< li=""> d d</lid<>	lou Dour		b Membership dues 1b		
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group 2 a b b b b b b b c	0.0				
a Total. Add lines 2a.21 ■ 3 Investment income (including dividends, interest, and other similar amounts) ■ 4 Income from investment of tax-exempt bond proceeds ■ 5 Royatties ■ 6 Gross rents 6a 6 Gross rents 6b 0 Netter tental income or (loss) ■ 7 Gross amount from sales of assets other than inventory Ta 7 Gross amount from sales of assets other than inventory Ta 0 Ba Gross income from foundraising events (not including \$	a	2			
a Total. Add lines 2a.21 ■ 3 Investment income (including dividends, interest, and other similar amounts) ■ 4 Income from investment of tax-exempt bond proceeds ■ 5 Royatties ■ 6 Gross rents 6a 6 Gross rents 6b 0 Netter tental income or (loss) ■ 7 Gross amount from sales of assets other than inventory Ta 7 Gross amount from sales of assets other than inventory Ta 0 Ba Gross income from foundraising events (not including \$, și		L		
a Total. Add lines 2a.21 ■ 3 Investment income (including dividends, interest, and other similar amounts) ■ 4 Income from investment of tax-exempt bond proceeds ■ 5 Royatties ■ 6 Gross rents 6a 6 Gross rents 6b 0 Netter tental income or (loss) ■ 7 Gross amount from sales of assets other than inventory Ta 7 Gross amount from sales of assets other than inventory Ta 0 Ba Gross income from foundraising events (not including \$	Sei				
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a Total. Add lines 2a.21 ■ 3 Investment income (including dividends, interest, and other similar amounts) ■ 4 Income from investment of tax-exempt bond proceeds ■ 5 Royatties ■ 6 Gross rents 6a 6 Gross rents 6b 0 Netter tental income or (loss) ■ 7 Gross amount from sales of assets other than inventory Ta 7 Gross amount from sales of assets other than inventory Ta 0 Ba Gross income from foundraising events (not including \$	p B C C C C				
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a income from investment of tax-exempt bond procees > 4 income from investment of tax-exempt bond procees > 5 Royaties > 6 a (i) Real (ii) Personal 6 a (iii) Real (iii) Personal 6 a (iiii) Real (iii) Other 7 a Gross amount from sales of parsis > 7 b Less: cost or ther basis and sales expenses Tb > a a Gross income from fundraising events (not including \$ > > > a a Gross income from gaming activities > - > - > > >			g Total. Add lines 2a-2f	•	
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6 a Gross rents 6 a b Less: rental expenses 6 b c Rental income or (loss) > d Net rental income or (loss) > 7 a Gross amount from sales of assets other than inventory > b Less: cost or other basis and sale expenses 7 b c Gain or (loss) 7 c d Net gain or (loss) > a Gross income from fundratsing events (not including \$		5	Royalties		
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9999 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses in a date sexpenses in a date sexpense in a date set of the date in the date in the date in the date in the date set of the date in the date set of the d					
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and sales expenses 7b 7c c Gain or (loss) 7c 7c d Net gain or (loss) 7c 7c a Gross income from fundraising events (not including \$ 43,872.of contributions reported on line 1c). See Part IV, line 18 8a 0. b Less: direct expenses 8b 15,940. -15,940. c Net income or (loss) from fundraising events -15,940. -15,9 9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b -15,940. -15,9 0 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b -15,940. -15,9 10 a Gross sales of inventory, less returns and allowances 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10c c Net income or (loss) from sales of inventory Image: Societ Part Part Part Part Part Part Part Par			assets other than inventory 7a		
d Net gain or (loss) >			b Less: cost or other basis		
d Net gain or (loss) >	ant				
d Net gain or (loss) >	ever		c Gain or (loss)		
contributions reported on line 1c). See Ba 0. Part IV, line 18 Ba 0. b Less: direct expenses Bb 15,940. c Net income or (loss) from fundraising events -15,940. -15,9 9 a Gross income from gaming activities. See 9a 9a part IV, line 19 9a 9b -15,940. b Less: direct expenses 9b -15,940. -15,9 c Net income or (loss) from gaming activities 9a 9b -15,9 c Net income or (loss) from gaming activities 10a 10a 10a b Less: cost of goods sold 10b 10b 10b 10b c Net income or (loss) from sales of inventory 10a 10b 10b 10b c All other revenue 10b 10b 10b 10b 10b c All other revenue 10a 10a 10a 10a 10a 10a c All other revenue 10a 10a 10a 10a 10a 10a c All other revenue 10a 10a 10a 10a 10a 10a c All other revenue	Č.			►	
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b Less: direct expenses				b.	
c Net income or (loss) from fundraising events -15,940. -15,940. 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses 9b c Net income or (loss) from gaming activities intervention or (loss) from sales of inventory intervention or (loss) from sales of inventor (loss) interventin or (loss) from sales of					
9 a Gross income from gaming activities. See Part IV, line 19 9a 9a b Less: direct expenses 9b 9b c Net income or (loss) from gaming activities • • 10 a Gross sales of inventory, less returns and allowances 10a • b Less: cost of goods sold 10b • c Net income or (loss) from sales of inventory • • soregrego 11 a c OTHER INCOME 900099 264. 22 b c • • • • • c d All other revenue e Total. Add lines 11a-11d • 264. • • 12 Total revenue. See instructions • 877, 937. 0. 0. -					-15,940.
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 11 a OTHER INCOME 900099 264. 22 b c d All other revenue e Total. Add lines 11a-11d ▶ 264. 0115, 60. 015, 60. 0115, 60.		9			
b Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ 11 a OTHER INCOME 900099 264. 22 b c d All other revenue e Total. Add lines 11a-11d ▶ 264. 0115, 60. 015, 60. 0115, 60.			Part IV, line 19 9a		
10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory > 11 a OTHER INCOME 900099 264. b					
and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory I1 a OTHER INCOME b Business Code c 900099 c 100 d All other revenue e Total Add lines 11a-11d 12 Total revenue. See instructions			c Net income or (loss) from gaming activities	►	
b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory ▶ Source of the second sec		10			
c Net income or (loss) from sales of inventory ▶ Business Code 0 11 a OTHER INCOME 900099 264. 22 b				_	
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11 a OTHER INCOME 900099 264. 2 b	\rightarrow				
e Total. Add lines 11a-11d ≥ 264. 12 Total revenue. See instructions ≥ 877,937. 0. 0. -15,6	sne				264.
e Total. Add lines 11a-11d ≥ 264. 12 Total revenue. See instructions ≥ 877,937. 0. 0. -15,6	neo			204.	204.
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					. 015,676.
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NATIONAL BLOOD CLOT ALLIANCE Part IX Statement of Functional Expenses

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

Do not i	Check if Schedule O contains a response include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21				
	ants and other assistance to domestic				
	dividuals. See Part IV, line 22				
	ants and other assistance to foreign				
	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members				
	ompensation of current officers, directors,				
	istees, and key employees				
	mpensation not included above to disqualified				
per	rsons (as defined under section 4958(f)(1)) and				
per	rsons described in section 4958(c)(3)(B)				
	her salaries and wages	263,326.	214,598.	19,540.	29,188
	nsion plan accruals and contributions (include				
sec	ction 401(k) and 403(b) employer contributions)				
9 Ot	her employee benefits	10,147.	8,060.	966.	1,121 2,428
	yroll taxes	21,904.	17,851.	1,625.	2,428
	es for services (nonemployees):				
a Ma	anagement				
b Le	gal				
c Ac	counting	41,060.	23,072.	13,886.	4,102
d Lo	bbying				
e Pro	ofessional fundraising services. See Part IV, line 17				
f Inv	/estment management fees				
-	her. (If line 11g amount exceeds 10% of line 25,	CO 1 00	15 000		
	umn (A) amount, list line 11g expenses on Sch O.)	60,492.	15,890.		44,602
	Ivertising and promotion	154,786.	153,763.		1,023
	fice expenses	33,662.	7,551.	2,842.	23,269
	ormation technology	6,259.	2,463.	449.	3,347
	yalties	10 050	7 207	070	2 00/
	cupancy	12,250.	7,387.	879.	3,984
	avel	4,920.	3,364.		1,556
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings	5,898.	4,714.	423.	761
	erest	5,090.	4,/14.	443.	101
	yments to affiliates				
	epreciation, depletion, and amortization	5,496.	4,351.	394.	751
	ner expenses. Itemize expenses not covered	J,490.	4,551.	594.	1.11
	ove (List miscellaneous expenses on line 24e. If				
	e 24e amount exceeds 10% of line 25, column (A)				
1.1	ount, list line 24e expenses on Schedule 0.)	35,138.	35,138.		
	ANK FEE	4,769.	4,082.		687
~		=,705.	4,002.		001
с <u>–</u>					
d	other expenses				
	tal functional expenses. Add lines 1 through 24e	660,107.	502,284.	41,004.	116,819
	int costs. Complete this line only if the organization		502,2040		,
	ported in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation.				
	eck here if following SOP 98-2 (ASC 958-720)				
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Check if Schedule O contains a response or note to any line in this Part X
Cash - non-interest-bearing
Savings and temporary cash investments
Pledges and grants receivable, net

2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts neceivable, net 4 5 Leans and other receivables from any current or former officer, director, furstee, key employee, creator or found, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Leans and other receivables from other disqualified persons (as defined under section 4958(r)(1)), and persons described in section 4958(r)(3)(B) 7 7 Notes and loans receivable, net 7 7 8 Invertise for sale or use 3, 4077. 9 6, 3600. 9 Prepaid expenses and deferred charges 3, 4077. 9 6, 3600. 10a Lan, J, 785. 0. 10c 0. 11 Investments - publicly traded securities 11 11 13 Investments - publicly traded securities 11 13 14 Intargible assets 11 13 14 15 The assets. See Part IV, line 11 13 14 16 The assets. See Part IV, line 11 13 14 17 Accounts payable and accrued expenses 74, 717. 17 76 9, 194. </th <th></th> <th>1</th> <th>Cash - non-interest-bearing</th> <th></th> <th></th> <th>45,365.</th> <th>1</th> <th>264,638.</th>		1	Cash - non-interest-bearing			45,365.	1	264,638.
3 Piedge and grants receivable, net 3 4 Accounts receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4558/(1)), and persons desorbed in section 4958/(3)(5) 6 7 Notes and loans receivable, net 7 8 7 Notes and loans receivable, net 7 9 Prepaid expanses and delered charges 3, 4007. 9 6, 3600. 10a 13, 785. 0 10a 13, 785. 0 10c 0. 11 Investments - publicly traded securities. 111 112 113 11 12 11 12 12 Investments - program-related. See Part N, line 11 11 12 13 14 15, 4500. 0 0 0 0 14 15, 450. 15 15, 450. 15 15, 450. 15 15, 450. 15 15, 450. 15 15, 450. 16 16, 448. 17 Accourts payable and accrued expenses 74, 717. 76, 9, 194.		2					2	
98000 4 30,000. 5 Loars and other occelvables (not 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 (as defined under section 4958)((1)), and persons described in section 4958)((2)(3)(5) 5 6 Loars and other receivables (non other disqualified persons (as defined under section 4958)((1)), and persons described in section 4958)((2)(3)(5) 7 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 13, 785. 10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D 11 11 Investments - publicly traded securities 11 12 Investments - publicly traded securities 11 13 Investments - publicly traded securities 11 14 Intangble assets 66, 417. 16, 448. 14 Total assets. See Part IV, line 11 13 16, 448. 15 Other assets. See Part IV, line 11 13 16, 448. 16 Total assets. Add lines 1 through 15 (must equal line 33) 66, 417. 16, 716, 452. 16 Total assets. Add lines 1 through 15 (must equal line 33) 74, 717, 71, 72 69, 194. 17 </th <th></th> <th>3</th> <th></th> <th></th> <th></th> <th></th> <th>з</th> <th></th>		3					з	
Second bases Lans and other receivables from any current or former officer, director, trustee, key employee, creator of nounder, substantial contributor, or 35% controlled entity or family member of any of these persons (a) defined under section 4958(i)(3(8)) 5 6 Lans and other receivables from other disqualified persons (a) defined under section 4958(i)(3(8)) 6 7 Notes and loans receivable, net. 7 8 Inventories for sale or use. 8 9 Prepaid expenses and defired tharges 3, 407. 9 6, 360. 10 Lans, buildings, and equipment: cost or other 10a 13, 785. 0 00 11 Investments - publicy traded securities 11 12 11 12 11 12 11 12 13 13 13 14 14 14 14 14 14 14 14 14 14 15 4455 15 15 15 15 15 16 16 14 16 16 16 16 14 16 16 16 16 16 16 16 15 15 15 15 15 19 19 16 16<		4					4	30,000.
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(B) End of year

(A) Beginning of year

Part X Balance Sheet

Form	1990 (2019) NATIONAL BLOOD CLOT ALLIANCE	56-242	5135	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,937.
2	Total expenses (must equal Part IX, column (A), line 25)	2),107.
3	Revenue less expenses. Subtract line 2 from line 1	3		,830.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-99	,283.
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	-26	5,575.
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	91	.,972.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.		
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			
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat			
	consolidated basis, or both:	,		
	Separate basis Consolidated basis Both consolidated and separate basis			
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit.		
_	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si			
	Act and OMB Circular A-133?	0	3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		·	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
				990 (2019)

Form **990** (2019)

932012 01-20-20

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019
Open to Public Inspection

Name of the	organization
-------------	--------------

Nam	e of t	the organization תעות			C F		E		ridentification number			
Pa	4 1	Reason for Public		O CLOT ALLIAN		is nart) S			0-2425135			
		ization is not a private found										
1	Jigan	A church, convention of ch				,						
2		,	,			• • •	1)(A)(1)-					
		A school described in sect					::)					
3 ⊿		A hospital or a cooperative		5			•	iii) Entor	the beenitel's name			
4		A medical research organiz	ation operated in co	onjunction with a nospita	laeschbei	u in sectio		inj. Enter	the hospital's hame,			
5		city, and state: An organization operated for	or the bonefit of a c	ollogo or university owned	d or opora	tod by a d	ovornmontal un	uit doscrik	and in			
5		section 170(b)(1)(A)(iv). (0		onege of university owned		lieu by a g	oveninentalui					
6		A federal, state, or local go	• •	montal unit described in	nantion 1	70/6//4//4	(m)					
	Х	An organization that norma						o gonoral	nublic described in			
'		section 170(b)(1)(A)(vi). (C		antial part of its support	ion a gov	ennenta		e general				
8		A community trust describe)(1)(A)(vi) (Complete Par	+ II)							
9		An agricultural research or				ed in conii	inction with a la	and-arant	college			
Ŭ		or university or a non-land-										
		university:	grant conogo or agri			name, en	y, and state of t	ine eeneg				
10		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from										
		activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment										
		income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.										
		See section 509(a)(2). (Complete Part III.)										
11		An organization organized	and operated exclu	sively to test for public sa	fety. See	section 5	09(a)(4).					
12		An organization organized	and operated exclu	sively for the benefit of, to	o perform	the function	ons of, or to car	ry out the	e purposes of one or			
		more publicly supported or	ganizations describ	ed in section 509(a)(1) o	r section	509(a)(2).	See section 50	9(a)(3).	Check the box in			
		lines 12a through 12d that	describes the type	of supporting organizatio	n and con	nplete line	s 12e, 12f, and	12g.				
а		Type I. A supporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s), ty	pically by	/ giving			
		the supported organization	on(s) the power to r	egularly appoint or elect a	a majority	of the dire	ctors or trustee	s of the s	supporting			
		organization. You must o	complete Part IV, S	Sections A and B.								
b		Type II. A supporting org	anization supervise	d or controlled in connec	tion with i	ts support	ed organization	(s), by ha	aving			
		control or management of	of the supporting or	ganization vested in the s	ame perso	ons that c	ontrol or manag	e the sup	oported			
	_	_ organization(s). You mus	t complete Part IV	, Sections A and C.								
С		Type III functionally interpretent of the second	•			-		/ integrate	ed with,			
		its supported organizatio	n(s) (see instruction	ns). You must complete l	Part IV, Se	ections A,	D, and E.					
d		Type III non-functionally	y integrated. A sup	porting organization oper	ated in co	onnection	with its support	ed organi	ization(s)			
		that is not functionally inf	•	o ,	-			an attent	iveness			
		requirement (see instruct										
е		Check this box if the orga					a Type I, Type II	, Type III				
	_	functionally integrated, o		onally integrated support	ing organi	zation.						
		er the number of supported	•									
g		vide the following information i) Name of supported	n about the support (ii) EIN	ted organization(s).	(iv) Is the ora	anization listed	(v) Amount of n	opetany	(vi) Amount of other			
	(organization		(described on lines 1-10	in your govern Yes	ing document?	support (see ins		support (see instructions)			
		•		above (see instructions))	165							

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE Part II Support Schedule for Organizations Described in Sections 170

56-2425135 Page 2

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

Se	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	870,717.	1,227,622.	1,023,702.	1,101,621.	893,613.	5,117,275.			
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									
4	Total. Add lines 1 through 3	870,717.	1,227,622.	1,023,702.	1,101,621.	893,613.	5,117,275.			
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)						679,601.			
6	Public support. Subtract line 5 from line 4.						4,437,674.			
	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total			
	Amounts from line 4	870,717.	1,227,622.	1,023,702.	1,101,621.	893,613.	5,117,275.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	7.	16,517.	0.	7,010.	0.	23,534.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)					264.	264.			
11	Total support. Add lines 7 through 10						5,141,073.			
	Gross receipts from related activities,	etc. (see instructio	ons)			12				
	First five years. If the Form 990 is for		,	d. fourth. or fifth ta	ix vear as a sectio					
	organization, check this box and stor	-	, ,	, ,	,					
Se	ction C. Computation of Publ	ic Support Pe	rcentage							
14	Public support percentage for 2019 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	86.32 %			
	Public support percentage from 2018					15	90.41 %			
	33 1/3% support test - 2019. If the c					nore, check this bo	ox and			
	stop here. The organization qualifies						► X			
b	33 1/3% support test - 2018. If the c						nis box			
	and stop here. The organization qual									
17a	10% -facts-and-circumstances tes						or more,			
	and if the organization meets the "fac									
	meets the "facts-and-circumstances"			-	-	-				
Ł	10% -facts-and-circumstances tes	-		• • • •	-					
~										
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization						s			
				.,,						

Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

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Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE

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.)

Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (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- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 201	9 (f) Total
	Amounts from line 6	(u) 2010	(6) 2010	(0) 2017	(4) 2010	(0) 201	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is required entry exprised on						
12	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.)						
14	First five years. If the Form 990 is for	-			•		-
Sec	check this box and stop here	ic Support Pe	ercentage				
	Public support percentage for 2019 (I			column (f))		15	
	Public support percentage from 2018					16	
	ction D. Computation of Invest					10	0
	-		¥				
	Investment income percentage for 20					17	9
18	Investment income percentage from 2					18	ç
19a	33 1/3% support tests - 2019. If the						d line 17 is not
	more than 33 1/3%, check this box a						▶∟
b	33 1/3% support tests - 2018. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is m	ore than 33 1	1/3%, and
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organiz	zation ►
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	9a, or 19b, check t	his box and see in	structions)
320	23 09-25-19				Sch	edule A (For	rm 990 or 990-EZ) 201
				15			
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Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE

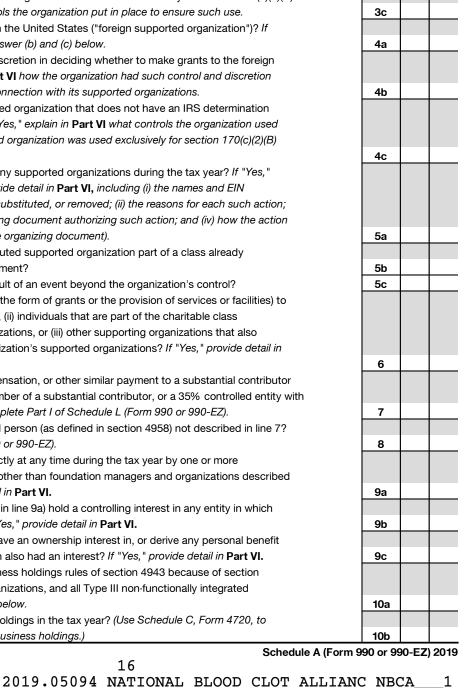
Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19



56-2425135 Page 4

1

2

3a

3b

Yes

No

Schedule A (Form 990 or 990-EZ) 2019

16

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Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE Part IV Supporting Organizations (continued)

			Yes	No
	Les the experimentation eccentral a gift or contribution from any of the following persons?		res	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44-		
h.	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? <i>If</i> "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	uon B. Type i Supporting Organizations		×	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove 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		
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 (2), 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			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	:)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		0-		
h	that these activities constituted substantially all of its activities.	2a		
a	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а				
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
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.	3b		
93202	5 09-25-19 Schedule A (Form 9	90 or 99	90-EZ)	2019

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Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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

Sect	ion 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		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	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-functional	v integrate	d Type III supporting or	anization (see

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

Schedule A (Form 990 or 990-EZ) 2019

932026 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE

	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions		(Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	he organization is responsive	9	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
-	Excess from 2017			
-	Excess from 2018			
-	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

13360514 758084 NBCA

Part VI Supp	90 or 990-EZ) 2019 NATIC lemental Information. F				or 17b; Part III, line 12	Pa
Part IV	, Section A, lines 1, 2, 3b, 3c, 4	4b, 4c, 5a, 6, 9a, 9b, 9c	, 11a, 11b, and 11c; I	Part IV, Section B, lines	1 and 2; Part IV, Section	on C
line 1;	Part IV, Section D, lines 2 and	3; Part IV, Section E, lin	ies 1c, 2a, 2b, 3a, and	d 3b; Part V, line 1; Part	V, Section B, line 1e; P	art \
Sectio	n D, lines 5, 6, and 8; and Part	V, Section E, lines 2, 5,	and 6. Also complete	e this part for any additi	ional information.	
(See li	structions.)					
				0 -1-1	ula A /Earma 000 000	F 7
2028 09-25-19			20	Schedu	ule A (Form 990 or 990	-EZ
			·)//			

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

2019

Employer identification number

	5	6	_	2	4	2	5	1	3	5	
--	---	---	---	---	---	---	---	---	---	---	--

Name of the organization	
--------------------------	--

Organization type (check one)

	noj.
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

NATIONAL BLOOD CLOT ALLIANCE

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

56-2425135

NATIONAL BLOOD CLOT ALLIANCE

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution X 1 Person Payroll 76,206. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 X Person Payroll 26,189. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 X Person Payroll 50,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Х Person Payroll 290,263. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 5 X Person Payroll 25,000. Noncash (Complete Part II for noncash contributions.) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 6 X Person Pavroll 32,226. Noncash \$ (Complete Part II for noncash contributions.) 923452 11-06-19 Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

> 2019.05094 NATIONAL BLOOD CLOT ALLIANC NBCA 1

13360514 758084 NBCA

22

Employer identification number

NATIO	NAL BLOOD CLOT ALLIANCE		56-2425135
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
7		\$30,000	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
8		\$25,000	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
9		\$27,673	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$20,000	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
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

923452 11-06-19

13360514 758084 NBCA

2019.05094 NATIONAL BLOOD CLOT ALLIANC NBCA___1

23

Employer identification number

56-2425135

NATIONAL BLOOD CLOT ALLIANCE

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. irom 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. irom 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
		 \$	

13360514 758084 NBCA

2019.05094 NATIONAL BLOOD CLOT ALLIANC NBCA___1

Page **3**

Name of or	ganization			Employer identification number
NATION	NAL BLOOD CLOT ALLIANCE	c		56-2425135
Part III	Exclusively religious, charitable, etc., contribut from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additiona	tions to organizations described in a a) through (e) and the following line er charitable, etc., contributions of \$1,000 or	ntry For organizations	that total more than \$1,000 for the yea
(a) No. from				
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of git	 ft	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-		(e) Transfer of git	ft	
-	Transferee's name, address, a	Ind ZIP + 4	Relationship of tra	Insferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
-	Transferee's name, address, a	(e) Transfer of git		insferor to transferee
(a) No				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of git	 ft	
-	Transferee's name, address, a			Insferor to transferee
923454 11-06	3-19	25	Schedule	B (Form 990, 990-EZ, or 990-PF) (2019

13360514 758084 NBCA

SCHEDULE D

(Form	990)
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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.



Department of the Treasury Internal Revenue Service Name of the organization

NATIONAL BLOOD CLOT ALLIANCE

Employer identification number 56-2425135

		(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		
	Did the organization inform all donors and donor advisors in		ised funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes
6	Did the organization inform all grantees, donors, and donor		
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	
Par	t II Conservation Easements. Complete if the or	rganization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (for example, recre	ation or education)	of a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	lified conservation contribution in the forn	n of a conservation easement on the las
	day of the tax year.		Held at the End of the Tax
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic st	ructure included in (a)	
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
	Number of conservation easements modified, transferred, re		
	year ▶		
4	Number of states where property subject to conservation ea	asement is located 🕨	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	f
	violations, and enforcement of the conservation easements	it holds?	Yes
6	Staff and volunteer hours devoted to monitoring, inspecting		
		, nanuling of violations, and emorcing col	iservation easements during the year
	▶	, nanding of violations, and emotcing co	iservation easements during the year
	Amount of expenses incurred in monitoring, inspecting, han		
	▶		
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserv	ration easements during the year
7	 Amount of expenses incurred in monitoring, inspecting, han \$	Idling of violations, and enforcing conserv	ration easements during the year 0(h)(4)(B)(i)
7 8	 Amount of expenses incurred in monitoring, inspecting, han \$	Idling of violations, and enforcing conserv	o(h)(4)(B)(i)
7 8	 Amount of expenses incurred in monitoring, inspecting, han \$	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expense	ation easements during the year 0(h)(4)(B)(i)
7 8	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 foot organization's accounting for conservation easements. 	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expens tnote to the organization's financial stater	Pation easements during the year O(h)(4)(B)(i) See statement and nents that describes the
7 B 9	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservat balance sheet, and include, if applicable, the text of the foot 	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expens tnote to the organization's financial stater	Pation easements during the year O(h)(4)(B)(i) See statement and ments that describes the
7 B 9	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 foot organization's accounting for conservation easements. 	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expens thote to the organization's financial stater of Art, Historical Treasures, or (Pation easements during the year O(h)(4)(B)(i) See statement and ments that describes the
7 8 9 D ar	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 foot organization's accounting for conservation easements. till Organizations Maintaining Collections o 	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expens tnote to the organization's financial stater of Art, Historical Treasures, or (m 990, Part IV, line 8.	Pation easements during the year O(h)(4)(B)(i) See statement and ments that describes the Dther Similar Assets.
7 8 9 Par	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 foot organization's accounting for conservation easements. UII Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form 	Idling of violations, and enforcing conserv ove satisfy the requirements of section 17 tion easements in its revenue and expens tnote to the organization's financial stater of Art, Historical Treasures, or (m 990, Part IV, line 8.	ation easements during the year 0(h)(4)(B)(i) Se statement and ments that describes the Other Similar Assets. and balance sheet works
7 3 9 Par	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 food organization's accounting for conservation easements. 1II Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 	Indling of violations, and enforcing conserve ove satisfy the requirements of section 17 tion easements in its revenue and expension that to the organization's financial stater of Art, Historical Treasures, or (m 990, Part IV, line 8. 158, not to report in its revenue statement ablic exhibition, education, or research in the statement of the	ation easements during the year 0(h)(4)(B)(i) See statement and ments that describes the Other Similar Assets. and balance sheet works furtherance of public
7 8 9 7ar	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) abo 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 foot organization's accounting for conservation easements. t III Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for put 	Indling of violations, and enforcing conservence over satisfy the requirements of section 17 tion easements in its revenue and expension that to the organization's financial stater of Art, Historical Treasures, or (m 990, Part IV, line 8. 158, not to report in its revenue statement ublic exhibition, education, or research in the ancial statements that describes these ite	ation easements during the year 0(h)(4)(B)(i) See statement and nents that describes the Other Similar Assets. and balance sheet works furtherance of public ems.
7 8 9 Par 1a	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) aborand 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 foot organization'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 9 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final 	Inding of violations, and enforcing conservence over satisfy the requirements of section 17 tion easements in its revenue and expense thote to the organization's financial stater of Art, Historical Treasures, or (<u>m 990, Part IV, line 8.</u> 158, not to report in its revenue statement ublic exhibition, education, or research in ancial statements that describes these ite 158, to report in its revenue statement and	ation easements during the year 0(h)(4)(B)(i) See statement and nents that describes the Other Similar Assets. and balance sheet works furtherance of public sms. d balance sheet works of
7 8 9 Par 1a	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) aborand 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 footorganization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for puservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 	Inding of violations, and enforcing conservence over satisfy the requirements of section 17 tion easements in its revenue and expense thote to the organization's financial stater of Art, Historical Treasures, or (<u>m 990, Part IV, line 8.</u> 158, not to report in its revenue statement ublic exhibition, education, or research in ancial statements that describes these ite 158, to report in its revenue statement and	ation easements during the year 0(h)(4)(B)(i) See statement and nents that describes the Other Similar Assets. and balance sheet works furtherance of public sms. d balance sheet works of
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7 8 9 Par 1a	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) aborand 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 foot organization's accounting for conservation easements. Unganizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for put service, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 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 	Indling of violations, and enforcing conserver ove satisfy the requirements of section 17 tion easements in its revenue and expense thote to the organization's financial stater of Art, Historical Treasures, or C m 990, Part IV, line 8. 158, not to report in its revenue statement ublic exhibition, education, or research in the ancial statements that describes these ite 158, to report in its revenue statement and ic exhibition, education, or research in fur	ation easements during the year 0(h)(4)(B)(i) Se statement and ments that describes the Other Similar Assets. and balance sheet works furtherance of public sens. d balance sheet works of therance of public service, S
7 8 9 1a b	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) aborand 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 foot organization's accounting for conservation easements. Unganizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pusservice, provide in Part XIII the text of the footnote to its final If the organization elected, as permitted under FASB ASC 9 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 	Indling of violations, and enforcing conserver ove satisfy the requirements of section 17 tion easements in its revenue and expense thote to the organization's financial stater of Art, Historical Treasures, or C n 990, Part IV, line 8. 158, not to report in its revenue statement ublic exhibition, education, or research in ancial statements that describes these ite 158, to report in its revenue statement and ic exhibition, education, or research in fur	ation easements during the year 0(h)(4)(B)(i) Se statement and ments that describes the Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
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7 8 9 Par 11a b	 Amount of expenses incurred in monitoring, inspecting, han \$	Adding of violations, and enforcing conserver over satisfy the requirements of section 17 tion easements in its revenue and expension that to the organization's financial stater of Art, Historical Treasures, or (<u>m 990, Part IV, line 8.</u> 158, not to report in its revenue statement ublic exhibition, education, or research in the ancial statements that describes these ite 158, to report in its revenue statement and ic exhibition, education, or research in fur easures, or other similar assets for financial ASC 958 relating to these items:	ation easements during the year 0(h)(4)(B)(i) See statement and ments that describes the Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,
7 8 9 Dar 1a b 2 a b	 Amount of expenses incurred in monitoring, inspecting, han \$ Does each conservation easement reported on line 2(d) aborand 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 footor organization's accounting for conservation easements. Organizations Maintaining Collections of Complete if the organization answered "Yes" on Form If the organization elected, as permitted under FASB ASC 9 of art, historical treasures, or other similar assets held for pusservice, provide in Part XIII the text of the footnote to its fina If the organization elected, as permitted under FASB ASC 9 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 is the following amounts required to be reported under FASB ASC 9 	Indling of violations, and enforcing conserver ove satisfy the requirements of section 17 tion easements in its revenue and expense thote to the organization's financial stater of Art, Historical Treasures, or (m 990, Part IV, line 8. 158, not to report in its revenue statement ublic exhibition, education, or research in rancial statements that describes these ite 158, to report in its revenue statement and is exhibition, education, or research in fur easures, or other similar assets for financial ASC 958 relating to these items:	ation easements during the year 0(h)(4)(B)(i) See statement and ments that describes the Other Similar Assets. and balance sheet works furtherance of public ems. d balance sheet works of therance of public service,

Sche		L BLOOD CL						6-24			age 2
Par	t III Organizations Maintaining C	Collections of A	rt, Hist	torical Tr	easures,	or Othe	er Simila	r Asse	ts (contir	nued)	
3	Using the organization's acquisition, accessi	ion, and other record	ds, checl	k any of the	following that	at make s	ignificant ι	use of its			
	collection items (check all that apply):										
а	Public exhibition	d			hange progra						
b	Scholarly research	е		Other							
с	Preservation for future generations										
4	Provide a description of the organization's co							se in Par	t XIII.		
5	During the year, did the organization solicit o		,		,				٦		1
De	to be sold to raise funds rather than to be mathematical Arrest								Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
10	• •		diam (for	contribution	o or other or	acto not	included				
Ia	Is the organization an agent, trustee, custod		•						Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII							······	1162		
b		and complete the lo	nowing	lable.					Amoun		
~	Reginning balance						1c		Amoun		
	Beginning balance Additions during the year										
	Distributions during the year										
f	Ending balance										
	Did the organization include an amount on F								Yes		No
	If "Yes," explain the arrangement in Part XIII.]
Par											
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three ye	ars back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment										
с		%									
-	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	ind administe	ered for th	ne organiza	ation	г	<u>v</u>	<u> </u>
	by:								2-(1)	Yes	No
	(i) Unrelated organizations								3a(i)		
h	(ii) Related organizations If "Yes" on line 3a(ii), are the related organization	tiona listad os raqui	rod op S						3a(ii) 3b		
4	Describe in Part XIII the intended uses of the								30		
	t VI Land, Buildings, and Equipm		JWITIEIT	iunus.							
	Complete if the organization answere		0. Part IV	/. line 11a. S	See Form 990). Part X.	line 10.				
	Description of property	(a) Cost or o			or other		ccumulated	4	(d) Boo	k value	
		basis (investr			(other)		preciation		, 500		-
1a	Land		•		,	•					
	Buildings										
	Leasehold improvements										
	Equipment			1	1,676.		11,67	6.			0.
	Other				2,109.		2,10	9.			0.
Tota	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	nn (B), line 1	10c.)						0.

Schedule D (Form 990) 2019

932052 10-02-19

Schedule D (Form 990) 2019 NATIONAL BLOOD CLOT A	ALLIANCE

Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		

(a) Description of investment	(b) DOOK value	(c) Method of Valuation. Cost of end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Fotal. (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 11d. See Form 990, Part X, line 15.

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

Part X | Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	REFUNDABLE ADVANCE	83,600.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	83,600.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII....

Schedule D (Form 990) 2019

932053 10-02-19

Chedule D (Form 990) 2019 NATIONAL BLOOD CLOT AL		56-2425135 _F
Part XI Reconciliation of Revenue per Audited Financial St		ue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, li		
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:	1 1	
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	<u>?.)</u>	
Part XII Reconciliation of Expenses per Audited Financial S		nses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, li	ine 12a.	
1 Total expenses and losses per audited financial statements		
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	2b	
c Other losses		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		
 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 		
	4a	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	
 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 	4a 4b	4c

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.

932054 10-02-19

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56-2425135 p 4

ule D (Form 990) 2019	NATIONAL	BLOOD	CLOT	ALLIANCE

SCHEDULE G	Suppleme	ntal Information Regarding	Fun	drais	ing or Gaming	Acti	vities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2019					
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a.							
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instr	uction	is and	the latest informat	ion.		Inspection ntification number
		L BLOOD CLOT ALLIA	NCE				56-2425	
	complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV,	line 1	7. Form 990-E2	' filers are not
 Indicate whether th a Mail solicitat b Internet and c Phone solicit d In-person so 2 a Did the organization key employees list 	e organization rais ions email solicitations tations licitations on have a written c ed in Form 990, P I highest paid indiv	sed funds through any of the followir e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (inclue rofess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have c or cor contrib	itrol of	(iv) Gross receipts from activity	tò (o	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Total								
3 List all states in whi or licensing.	ch the organizatio	n is registered or licensed to solicit	contrib	oution	s or has been notified	d it is	exempt from re	egistration
LHA For Paperwork Re	eduction Act Not	ice, see the Instructions for Form	990 or	990-	EZ. S	Sche	dule G (Form 9	90 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990 EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE

56-2425135 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 gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		or fullulating event contributions and gr			svenus with gross receip	13 greater than \$0,000.
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
nue					(total hambol)	
Revenue	1	Gross receipts	43,872.			43,872.
	2	Less: Contributions	43,872.			43,872.
	3	Gross income (line 1 minus line 2)				
		\$ <i>L</i>				
	4	Cash prizes				
	_					
ŝ	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				15,940.
		Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·	>	15,940.
	11	Net income summary. Subtract line 10 from I				-15,940.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		
Ine			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
щ	1	Gross revenue				
s	2	Cash prizes				
eus						
ЩЩ	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
	-		Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)		▶	
	0	Net gaming income summary. Subtract line /				
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
		he organization licensed to conduct gaming a		states?		Yes No
b	lf "	No," explain:				
		ere any of the organization's gaming licenses re			year?	Yes No
a	11 ″	Yes," explain:				
	_				October 0/F	
93208	32 09	ə-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 NATIONAL BLOOD CLOT ALLIANCE 56	<u>-242</u>	<u>513</u>	5 Page 3
	Does the organization conduct gaming activities with nonmembers?		Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	_	_	
	to administer charitable gaming?	🗆	Yes	No No
13	Indicate the percentage of gaming activity conducted in:			
a	The organization's facility	13	a	%
k	An outside facility	13	b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address			
		_	7	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	∐ Yes	└── No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party ▶\$			
c	If "Yes," enter name and address of the third party:			
	Address			
16	Gaming manager information:			
10	Carning manager information.			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided 🕨			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		-	
	retain the state gaming license?	L	∐ Yes	└── No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e		
	organization's own exempt activities during the tax year > \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III,	lines 9), 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
9320	83 09-11-19 Schedule G (F	orm 99() or 99	0-EZ) 2019
	32 2010 05004 NDCD CLOT ALL			

13360514 758084 NBCA

932084 04-01-19 860514 758084 NBCA	33 2019.05094 NATIONAL BLOOD CLOT ALLIANC NBCA
	Schedule G (Form 990 or 990-I

SCHEDULE O

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

Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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

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

Copen to Public Inspection

OMB No 1545-0047

NATIONAL BLOOD CLOT ALLIANCE

56-2425135

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DISORDERS AND CLOT-PROVOKED STROKES THROUGH PUBLIC AWARENESS, ADVOCACY,

AND PATIENT AND PROFESSIONAL EDUCATION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

MANAGEMENT PROVIDES COPIES OF FORM 990 TO MEMBERS OF THE GOVERNING BOARD,

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

MEMBERS OF THE GOVERNING BODY ARE PRECLUDED FROM VOTING ON MATTERS IN WHICH

THEY HAVE A CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

EXECUTIVE DIRECTOR AND OTHER EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED

BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

EXECUTIVE DIRECTOR AND OTHER EMPLOYEE COMPENSATION IS REVIEWED AND APPROVED BY THE EXECUTIVE COMMITTEE.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

GOVERNING DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

LHAFor Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.Schedule O (Form 990 or 990-EZ) (2019)93221109-06-19

34