DLN: 93493129010013

OMB No. 1545-0047

2021

Department of the Treasury Internal R

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

Open to Public Inspection

		e 2021 ca	olendar vear or tax vear begin	nning 07-01-2021 , and ending 0	16-30-2022			
		pplicable:	C Name of organization	-	70 30 2022		er ident	ification number
		change	AMERICAN SOCIETY OF HEMATOLO	GY INC		23-708		
	me ch	-	Doing business as				,0300	
	tial ret	urn n/terminated	Doning Dubinicas as					
_		return		nail is not delivered to street address) Roo	m/suite	E Telepho	ne numbe	er
□ Ар	plication	on pending	2021 L STREET NW 900			(202)	776-054	4
			City or town, state or province, cou WASHINGTON, DC 20036	ntry, and ZIP or foreign postal code				
			·			G Gross r	eceipts \$	149,575,674
			F Name and address of principal MARTHA LIGGETT	al officer:	H(a)	Is this a group re	eturn for	
			2021 L STREET NW 900			subordinates? Are all subordina	too	□Yes ☑No
· T-			WASHINGTON, DC 20036		─ │ ` ` 1	included?	ices	☐ Yes ☐No
<u> </u>	x-exen	npt status:	✓ 501(c)(3)	(insert no.) 4947(a)(1) or 52	l l	If "No," attach a		
J W	ebsit	e:▶ WW	W.HEMATOLOGY.ORG		H(c)	Group exemption	n numbe	r▶
V		ii	✓ Corporation ☐ Trust ☐ Asso		L Year	of formation: 1958	M State	e of legal domicile: DC
N FOII	n or or	ganization:	Corporation Li Trust Li Asso	ociation				, and the second
Pa	art I	Sumi	mary					
	1		cribe the organization's mission o III, LINE 1.	or most significant activities:				
ç e	=	DEE FART	III, LINE I.					
Activities & Governance	-							
e e		a				250/ 6::		
Ģ J			s box ▶ ∟∟ If the organization di If voting members of the governi	scontinued its operations or disposed no body (Part VI, line 1a)		n 25% of its net	assets. 3	13
ø			-	f the governing body (Part VI, line 1b			4	
Sel.				ilendar year 2021 (Part V, line 2a)	•		5	127
			ber of volunteers (estimate if ne	, , , , , , , , , , , , , , , , , , , ,			6	450
AC	7a	Total unre	elated business revenue from Par	t VIII, column (C), line 12			7a	976,079
	ь	Net unrel	ated business taxable income fro	m Form 990-T, Part I, line 11			7b	665,910
						Prior Year		Current Year
(I)	8	Contribut	ons and grants (Part VIII, line 1h))		22,988	435	17,433,98
Ravenue	9	Program :	service revenue (Part VIII, line 2g)		48,884	009	60,924,34
λċΥ	10	Investme	nt income (Part VIII, column (A),	lines 3, 4, and 7d)		3,371	964	8,365,79
_	11	Other rev	enue (Part VIII, column (A), lines	5, 6d, 8c, 9c, 10c, and 11e)		14,089	257	13,521,35
	12	Total reve	enue—add lines 8 through 11 (mu	ıst equal Part VIII, column (A), line 12	2)	89,333	665	100,245,48
	13	Grants ar	d similar amounts paid (Part IX, o	column (A), lines 1–3)		12,495	734	15,453,26
	14	Benefits p	aid to or for members (Part IX, c	olumn (A), line 4)			0	!
&	15	Salaries,	other compensation, employee be	enefits (Part IX, column (A), lines 5–1	.0)	19,844	972	20,556,49
ens	16a	Professio	nal fundraising fees (Part IX, colu	mn (A), line 11e)			0	
Expenses	b	Total fundr	aising expenses (Part IX, column (D),	line 25) ▶546,683				
ш			enses (Part IX, column (A), lines	• •		38,166		54,198,66
			enses. Add lines 13–17 (must equ	, , , , , ,		70,506		90,208,42
· w	19	Revenue	ess expenses. Subtract line 18 fr	om line 12		18,826		10,037,05
Net Assets or Fund Balances					Beg	inning of Current	rear	End of Year
agair agair	20	Total asse	ets (Part X, line 16)			322,619	681	301,320,78
A A			,		. –	90,591		89,006,60
ŠŽ	22	Net asset	s or fund balances. Subtract line	21 from line 20		232,028	593	212,314,18
Pa	rt II		ature Block					
				nined this return, including accompan				
	nowle		, it is true, correct, and complete	e. Declaration of preparer (other than	officer) is b	ased on an inform	iation oi	wnich preparer has
		11						
-:		Signatu	re of officer			2023-05-08 Date		
Sign Here		MADELL	A LICCETT EVECUTIVE DIRECTOR					
	-		A LIGGETT EXECUTIVE DIRECTOR print name and title					
		l 7	rint/Type preparer's name	Preparer's signature	Date		PTIN	
Paid	d			·	2023-05-0	8 Check L if self-employed	P006390	53
	- pare	er 🗔	rm's name ► MARCUM LLP			Firm's EIN ▶ 11	-1986323	
	On	ĸ. ⊢	rm's address ▶ 1899 L STREET NW SU	UTE 850		Phone no. (202)	227-4004	
	•	· ''				1 Holle Ho. (202)	22/- 4 000	•
			WASHINGTON, DC 20				<u>ام</u>	
Чaу t	he IR	S discuss	this return with the preparer sho	wn above? (see instructions)			. ⊻	Yes ∐ No

Form	990 (2021)					Pa	age 2
Pa	rt III Statement	of Program Servi	ce Accomplis	hments			
	Check if Sche	dule O contains a resp	onse or note to	any line in this Part III .		[✓
1	Briefly describe the o	rganization's mission:					
TREA	TMENT, AND PREVENT	TON OF DISORDERS A	AFFECTING THE	BLOOD, BONE MARROW	IMS TO FURTHER THE UNDE , AND THE IMMUNOLOGIC, H VOCACY IN HEMATOLOGY.		
2	-	, -	ant program ser	vices during the year wh	nich were not listed on		
	the prior Form 990 o					☐ Yes ☑ No	
	,	se new services on Sc					
3	Did the organization services?	cease conducting, or r	nake significant · · · · ·	changes in how it condu	cts, any program	. □Yes ☑N	lo l
4	If "Yes," describe the	se changes on Schedu	ıle O.				
4	Section $501(c)(3)$ an		ons are required	to report the amount o	largest program services, as f grants and allocations to otl		
	(Code:) (Expenses \$	30,617,501	including grants of \$	360,601) (Revenue \$	37,022,286)	
	See Additional Data						
4b	(Code:) (Expenses \$	21,366,296	including grants of \$	1,488,529) (Revenue \$	1,395,134)	
	See Additional Data						
4c	(Code:) (Expenses \$	13,329,765	including grants of \$	12,813,470) (Revenue \$)	
	See Additional Data						
	See Additional Data	Table					
4d	Other program service	ces (Describe in Sched	lule O.)				
	(Expenses \$	6,615,558 inc	luding grants of	\$ 790,6	68) (Revenue \$	2,484,199)	
4e	Total program serv	/ice expenses ►	71,929,1	20			

Form	990 (2021)			Page 3
Pai	tiV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 🔰	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D,</i> Part I 2	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D,</i> Part III 📆	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b	Yes	
	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		No
	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 2	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
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	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	Yes	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII			

19

20a

20b

21

Yes

Form **990** (2021)

No

Nο

Nο

lines 1c and 8a? If "Yes," complete Schedule G, Part II

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

orm	990 (2021)			Page 4
Par	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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		No
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		No
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? <i>If "Yes," complete Schedule L,</i> Part III	27		No
8.	Was the organization a party to a business transaction with one of the following parties (see the 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		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
0	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
1	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
3	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	Yes	
4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
5a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		No
6	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
7	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
8	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			

	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			Page 3
Za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	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)? If "Yes," enter the name of the foreign country:	4a		No
b	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		No
ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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	Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "N lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	o" resp	onse to	V
Se	ction A. Governing Body and Management		V	N -
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13		Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? •	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	No No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		110
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
L3	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		No
L6a	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
	ction C. Disclosure			
L7	List the states with which a copy of this Form 990 is required to be filed AK , AL , AR , CA , CT , FL , GA , HI , IL , k , MI , MN , MS , NC , ND , NJ , NH , NM , N , PA , RI , SC , TN , UT , VA , WA , WI			
L8	Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
L9	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: TIFFANY AKE 2021 L STREET NW 900 WASHINGTON, DC 20036 (202) 776-0544			

(17) ARNOLD GANSER MD

COUNCILLOR

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 • 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

organization and any related organizations.											
• List all of the organization's former officers, of reportable compensation from the organization	n and any relate	ed orga	nizati	ions.						,000	
• List all of the organization's former director organization, more than \$10,000 of reportable co											
See the instructions for the order in which to list											
L Check this box if neither the organization no		ganizat 	tion c			ated a	any d		•	(5)	
(A) Name and title	(B) Average hours per week (list any hours	Position (do not check more than one box, unless person is both an officer and a director/trustee)					er	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC/1099- NEC)	(W-2/1099- MISC/1099- NEC)	related organizations	
(1) MARTHA LIGGETT	59.00			×				742,153	0	52,200	
EXECUTIVE DIRECTOR								, 12,100		32,233	
(2) MATTHEW GERTZOG DEPUTY EXECUTIVE DIRECTOR	17.00				х			266,899	266,900	59,124	
	18.00 35.00										
(3) NINA HOFFMAN CHIEF PUBLICATIONS OFFICER						X		431,028	0	55,434	
(4) WILLIAM REED	35.00										
CHIEF EVENT STRATEGY OFFICER						X		430,167	0	43,156	
(5) ROBERT PLOVNICK	17.00										
CHIEF MEDICAL QUALITY OFFICER	18.00					X		205,996	205,998	56,580	
(6) KARINA FERNANDEZ CHIEF INFORMATION OFFICER	35.00					х		405,977	0	52,639	
(7) CHARLES CLAYTON CHIEF PROF. DEV & DIVERSITY OFFICER	35.00					х		402,005	0	43,156	
(8) WENDY STOCK MD COUNCILLOR	2.00	Х						17,500	0	0	
(9) MARTIN S TALLMAN MD PRESIDENT - UNTIL 12/2021	2.00	х		x				17,000	0	0	
(10) JANE N WINTER MD PRESIDENT - AS OF 1/2022	2.00 2.00 2.00	X		×				11,000	0	0	
(11) MARK CROWTHER MD TREASURER	2.00	Х		×				11,000	0	0	
(12) ROBERT A BRODSKY MD PRESIDENT ELECT - AS OF 1/2022	2.00	Х		х				6,750	0	0	
(13) JOSEPH R MIKHAEL MD COUNCILLOR - UNTIL 12/2021	2.00	X						6,000	0	0	
(14) CYNTHIA E DUNBAR MD SECRETARY	2.00	X		×				3,000	0	0	
(15) MOHANDAS NARLADSC VICE PRESIDENT - AS OF 1/2022	2.00	х		×				0	0	0	
(16) BELINDA AVALOS MD COUNCILLOR	2.00	х						0	0	0	
	2.00						$\overline{}$				

2.00

2.00

Form 990 (2021)												,		Page 8
	(A) Name and title		Position than of is b	than one box, unless person cor is both an officer and a					(D) Reportab compensat from the organizati	le ion e on	(E) Reportable compensation from related organizations		(F) Estimated amount of other compensation from the	
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/109 MISC/109 NEC)		(W-2/1099 MISC/1099 NEC)		organiza rela organiz	ted
(18) AGNES LEE MD		2.00	x							0		0		0
(19) ALISON LOREN		2.00 2.00												
COUNCILLOR		2.00	×							0		0		0
(20) BOB LOWENBER		2.00										_		
COUNCILLOR		2.00	×							0		0		0
(21) SARAH H O'BRI	EN MD	2.00	×							0		0		
COUNCILLOR		2.00												
)	2.00	×							0		0		0
COUNCILLOR (23) JAMILE M SHAM	MMO MD	2.00			\vdash	\vdash								
` ,	מא סווי		×							0		0		0
1b Sub-Total .				•		•						I		
	ontinuation sheets to Part V	-				•	—		2.056.475		472,89	_		262.200
2 Total numb	nes 1b and 1c) er of individuals (including but le compensation from the orga	not limited to t				/e) v		ceive	2,956,475 ed more than	\$100	<u> </u>	<u> </u>		362,289
													Yes	No
_	anization list any former offic "Yes," complete Schedule J for			key (emp •	loye •	e, or h	nighe	est compensa	ted er	nployee on	3	103	No
	ividual listed on line 1a, is the n and related organizations gro · · · · · · · · · · · · · · · · · · ·										he 	4	Yes	
	rson listed on line 1a receive ondered to the organization? <i>If</i> "									ndivid	lual for	5		No
Section B. In	ndependent Contractors											_		
1 Complete th	his table for your five highest o ganization. Report compensati	compensated in										nper	sation	
	Name and h	(A) usiness address								escrint	(B) tion of services		(C Comper	
FREEMAN PO BOX 734596	Hame did b										DECORATOR			,857,096
DALLAS, TX 753734 GEEKHIVE	1596								IT CONS	ULTIN	G		2	,564,498
28 CHURCH STREET WARWICK, NY 1099														
KUSHNER & ASSOCI 4500 PARK GRANAD	ATES								SHUTTLE	BUS	SERVICE		1	,317,804
CALABASAS, CA 91: RA CONSULTING INC	302								ASH ME	TINGS	SECURITY		1	,191,682
2700 NORTH MAIN S SANTA ANA, CA 927 FLEISHMAN-HILLARI	705								PR CONS	2111 T ^ ^	JT			,160,884
PO BOX 771733 ST LOUIS, MO 6317									I'V CONS	JOL I AI	••			,100,004
2 Total number	of independent contractors (in from the organization • 46	ncluding but not	: limited	d to t	hose	e list	ed abo	ove)	who received	more	than \$100,00	00 of		
													Form 99	0 (2021)

Form 9		(2021) Statement	of I	Povonuo						Page 9
Pari	VII				espo	nse or note to any	line in this Part VIII			🗆
					•	ĺ	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
s	1a	Federated campaig	gns	1a	•	L		revenue		312 314
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues		. 11)	4,545,814				
S. G.	С	Fundraising events	s .	. 10	:					
ifts,	d	Related organization		10						
s. G imil	e f	Government grants (· <u>-</u> -`	•	1,294,272				
ution er S	'	All other contributions and similar amounts above	not ii	ncluded 1 1	F	11,593,900				
tribu Othe	g	Noncash contribution	s incl			_				
Contrand (L	Total. Add lines 1	-1f	19]	2,800				
ة ت	ļ .	Totali Add iiies ii	u 11		_	Business Code	17,433,986			
	2	a ANNUAL MEETING				900099	56,417,341	37,022,286		19,395,055
an He						900099	2,484,199	2,484,199		
even	ŀ	PUBLICATIONS				900099	2,464,199	2,404,199		
Program Service Revenue		PROJECTS				900099	850,000	850,000		
ervic	١,	CLINICAL NEWS					627,669		627,669	
S						541800		5.15.10.1		
ogra	•	EXAM AND BOOK SAI	LES			900099	545,134	545,134		
Ĕ	١.									
		All other program Total. Add lines 2				60,924,343				
	╙	Investment income						T		1
		similar amounts) .	•		•	•	4,581,74	1		4,581,741
		Income from invest Royalties		nt of tax-exem		ond proceeds	11,946,73	5		11,946,735
	Ī	,		(i) Real	-	(ii) Personal				
	6:	a Gross rents	6a	1,280	1 935]			
		Less: rental			,,,,,,		-			
		expenses	6b	1,170	5,021		_			
	С	Rental income or (loss)	6с	104	1,914					
	۱ (d Net rental income	or	(loss)	•		104,91	4	73,395	31,519
	_	7a Gross amount from sales of assets other than inventory (i) Securities 7a (ii) Securities 51,938,226		es	(ii) Other	_				
	/ 3			3,226						
	b	Less: cost or other basis and sales expenses	7b	48,15	1,171		-			
	С	Gain or (loss)	7c	3,78	1,055					
		d Net gain or (loss)		_			3,784,05	5		3,784,055
Other Revenue	0.	a Gross income from fu (not including \$ contributions reporte See Part IV, line 18	d on	of line 1c).	8a					
Re		b Less: direct expen	ses		8b]			
the	١ '	c Net income or (los	ss) fi	rom fundraisin r	geve	ents 🕨	·			
Ò	9a	Gross income from See Part IV, line 19	gam •	ing activities.	9a					
		b Less: direct expen c Net income or (los		L	9b tiviti	95	J			
	'	t Net income or (los	»S) II	rom gaming ac	LIVILI	es •	1			
	10	aGross sales of inve	ento	_						
		b Less: cost of good			10a 10b		-			
		C Net income or (los		L		orv >	1			
		Miscellaneo	us R			Business Code				
	1:	La COST AGREEMEN	IT			900099	980,00	0		980,000
						541800	272.01		272.011	=
		b JOB BANK				541800	273,91		273,915	
		MISCELLANEOUS			_	900099	214,69	3		214,693
	'	- MIJCELLANEOUS				20007	12.,35			
	١,	d All other revenue	•		\dashv		1,10	0	1,100)
		e Total. Add lines 1				•	1,469,70	8		
	1:	2 Total revenue. S	ee ii	nstructions .			100,245,48		976,079	40,933,798
							100,245,48	-1 40,301,015	1 9/0,0/9	Form 990 (2021)

Form 990 (2021)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must c	omplete all columns.	All other organizatio	ns must complete col	umn (A).
Check if Schedule O contains a response or note to ar	y line in this Part IX	<u></u>		🗹
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,713,493	1,713,493		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	11,763,045	11,763,045		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	1,976,730	1,976,730		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,253,602	911,010	318,965	23,627
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages	15,245,649	10,360,474	4,607,929	277,246
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	1,235,820	840,417	376,791	18,612
9 Other employee benefits	1,719,874	1,170,347	523,501	26,026
10 Payroll taxes	1,101,552	821,907	259,131	20,514
11 Fees for services (non-employees):				
a Management				
b Legal	807,542	486,197	315,292	6,053
c Accounting	159,096		159,096	
d Lobbying	258,000	258,000		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	309,980		309,980	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	16,781,749	10,927,871	5,811,754	42,124
12 Advertising and promotion	711,392	710,934		458
13 Office expenses	2,850,872	2,112,715	733,694	4,463
14 Information technology	1,877,120	1,392,030	485,090	
15 Royalties				
16 Occupancy				
17 Travel	1,058,125	742,648	315,477	

20,279,317

1,053,571

2,767,115

274,612

445,000

1,382,742

1,338,808

925,063

918,559

90,208,428

19,752,275

991,383

188,823

207,034

849,843

1,338,081

2,413,863

71,929,120

18 Payments of travel or entertainment expenses for any

24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

Total functional expenses. Add lines 1 through 24e
 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.
 Check here ► ☐ if following SOP 98-2 (ASC 958-720).

federal, state, or local public officials .

19 Conferences, conventions, and meetings

22 Depreciation, depletion, and amortization .

20 Interest . . .

23 Insurance .

a UBI TAXES

b OTHER

21 Payments to affiliates . . .

expenses on Schedule O.)

c PRINTING/PRODUCTION

d REPAIRS/MAINTENANCE

e All other expenses

162

23

63,146

546,683

Form **990** (2021)

491,370

1,053,571

1,749,643

83,321

237,966

532,737

925,063

-1,558,450

17,732,625

Form 990 (2021)

1

2

3

Assets

Liabilities

Fund Balances

ō 29

Assets 30

27

28

31

32

33

3,689,312

2,181,341

6,168,096

5,531,618

54,629,480

140,667,382

59,148,338

29,305,144

301,320,787

6,605,921

12,828,492

23,764,463

45,688,413

119,311

89.006.600

201.682,031

10,632,156

212,314,187

301,320,787

Form 990 (2021)

76

(B) End of year

Beginning of year

13,085,865

23,900,870

382,878

7,499,534

2,311,663

55,986,684

157,487,202

41,009,926

20,955,059

13,413,423

8.783.020

20.664.859

47,610,475

119,311

90.591.088

218,130,270

13,898,323

232,028,593

322,619,681

322,619,681

77.717.396

23,087,916

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33

Page **11**

Cash-non-interest-bearing	
Savings and temporary cash investments	
Pledges and grants receivable, net	

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

Accounts receivable, net Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . .

Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a

basis. Complete Part VI of Schedule D 10b

Investments—publicly traded securities .

10a Land, buildings, and equipment: cost or other b Less: accumulated depreciation 11 12

Investments—program-related. See Part IV, line 11

Investments—other securities. See Part IV, line 11 . Intangible assets .

Other assets. See Part IV, line 11 . . .

13 Accounts payable and accrued expenses

14 15 16 Total assets. Add lines 1 through 15 (must equal line 33) . 17 18 Grants payable . 19

Deferred revenue . . . Tax-exempt bond liabilities . Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other 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 . . .

20 21 22 23

Secured mortgages and notes payable to unrelated third parties

24 25 and other liabilities not included on lines 17 - 24).

Complete Part X of Schedule D

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

26

Total liabilities. Add lines 17 through 25 . .

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \\ \text{and} \end{align*}

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

Retained earnings, endowment, accumulated income, or other funds

Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties,

2b

2c

3a

3b

Yes

Yes

Yes

Yes (2021)

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

consolidated basis, or both:

Audit Act and OMB Circular A-133?

☐ Separate basis

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

☐ Both consolidated and separate basis

Additional Data

Software ID:

ANNUAL MEETING: PROVIDED A FORUM FOR THE DISCUSSION OF CRITICAL ISSUES IN HEMATOLOGY VIA EDUCATIONAL AND SCIENTIFIC SESSIONS, PLENARY SYMPOSIA, AND ABSTRACT PRESENTATIONS. SUPPORTED TRAINERS AND THOSE FROM DEVELOPING COUNTRIES WHO HAVE SUBMITTED ABSTRACTS FOR PRESENTATION.

Software Version:

EIN: 23-7080568

Name: AMERICAN SOCIETY OF HEMATOLOGY INC.

Form 990 (2021)

Form 990, Part III, Line 4a:

Form 990, Part III, Line 4b:

HIGHLIGHT INFORMATION PRESENTED AT OUR ANNUAL MEETING, A DATABASE OF IMAGES THAT OUR MEMBERS CAN USE WHEN PRESENTING THEIR SCIENCE, AND OUR

PROJECTS AND MEMBER SERVICES: HELD TO BENEFIT OUR MEMBERS, OR THE HEMATOLOGY COMMUNITY AT-LARGE. EXAMPLES ARE: SMALL REGIONAL MEETINGS THAT

MONTHLY NEWSLETTER.

Form 990, Part III, Line 4c: AWARDS: PROVIDED TO SUPPORT HEMATOLOGISTS IN ALL STAGES OF THEIR CAREERS AND TO HONOR THOSE WHO HAVE HELPED ADVANCE THE FIELD OF HEMATOLOGY.

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions) Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

(Code: (Expenses \$ 5,477,223 including grants of \$ 649,418) (Revenue \$ 2,484,199 JOURNAL

SMALL MEETINGS

(Code:) (Expenses \$ including grants of \$ 141,250) (Revenue \$ 1,138,335

efile	e GR/	<u>APHIC prii</u>	nt - DO NOT PROCESS	S As Filed Data -	DLN: 9	DLN: 93493129010013		
SCI	HED	ULE A	- Dublic	Charity Statu	e and Dul	hlic Sunn	ort	OMB No. 1545-0047
(For	m 99 ment of	0) f the Treasury	Complete if the	organization is a sect 4947(a)(1) nonexe ► Attach to Form	r a section	2021		
Interna	l Reven	nue Service	► Go to <u>www.i</u>	<u>rs.gov/Form990</u> for i	nstructions and	I the latest info	ormation.	Open to Public Inspection
		he organiza OCIETY OF HEN					Employer identific	ation number
							23-7080568	
	rt I		for Public Charity Sta a private foundation becau				See instructions.	
1 1	rganiz		onvention of churches, or	`	•		(A)(i)	
2		·	ŕ				(A)(i):	
			scribed in section 170(b		,	, ,	:::>	
3		·	or a cooperative hospital se	-			•	
4	Ш	name, city,	esearch organization opera and state:	ated in conjunction with	a hospital descri	ibed in section :	170(b)(1)(A)(III). E	nter the hospital's
5			ation operated for the bene (iv). (Complete Part II.)	efit of a college or unive	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local government	or governmental unit de	scribed in sectio	on 170(b)(1)(A	\)(v).	
7			ation that normally receive $O(b)(1)(A)(vi)$. (Comple		s support from a	governmental u	ınit or from the gener	al public described in
8			ty trust described in secti	•	(Complete Part I	I.)		
9			ural research organization ant college of agriculture.					ege or university or a
10	✓	from activit investment	ation that normally receive ies related to its exempt fi income and unrelated bus see section 509(a)(2). (1	unctions—subject to cer siness taxable income (le	tain exceptions,	and (2) no more	than 33 1/3% of its s	upport from gross
11		An organiza	ation organized and operat	ed exclusively to test fo	r public safety. S	See section 509	(a)(4).	
12		more public	ation organized and operat ly supported organizations a through 12d that describ	s described in section 5	09(a)(1) or se	ction 509(a)(2). See section 509(a	
a		Type I. A so	supporting organization op n(s) the power to regularly Part IV, Sections A and	erated, supervised, or c , appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		Type II. A manageme	supporting organization so nt of the supporting organ plete Part IV, Sections A	upervised or controlled i ization vested in the sar				
c		Type III f	unctionally integrated. A organization(s) (see instru	A supporting organizatio				ited with, its
d		Type III n	on-functionally integral integrated. The organizate. You must complete P	ted. A supporting organic ion generally must satis	ization operated fy a distribution	in connection wi	th its supported orgai	
e		Check this	box if the organization rec or Type III non-functional	eived a written determir	nation from the I		pe I, Type II, Type II	I functionally
f	Enter		of supported organization		-			
g	Provi	de the follow	ing information about the					
	(i) N	Name of supp organizatior		(ii) EIN (iii) Type of organization (described on lines 1- 10 above (see instructions)) (iii) Type of (iv) Is the organization listed in your governing document? (see				(vi) Amount of other support (see instructions)
					Yes	No		
								
Tota			tion Act Notice, see the				Schedule	

Public support. Subtract line 5 from line 4. Section B. Total Support Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (or fiscal year beginning in) ▶ 7 Amounts from line 4. . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . Net income from unrelated business activities, whether or not the business is regularly carried on. 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . **11 Total support.** Add lines 7 through 12

(f) Total 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check

Section C. Computation of Public Support Percentage 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))

15 Public support percentage for 2020 Schedule A, Part II, line 14

15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

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L	-	Ξ
	1	5
_		

16a 33 1/3% support test-2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box h 33 1/3% support test-2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

17a 10%-facts-and-circumstances test-2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14

is 10% or 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 h 10%-facts-and-circumstances test-2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Schedule A (Form 990) 2021

Amounts from line 6. . .

Add lines 10a and 10b.

11, and 12.).

Net income from unrelated

line 10b, whether or not the business is regularly carried on. Other income. Do not include gain

or loss from the sale of capital assets (Explain in Part VI.) . Total support. (Add lines 9, 10c,

Gross income from interest, dividends, payments received on

securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from

businesses acquired after June 30,

business activities not included on

check this box and stop here.

Section C. Computation of Public Support Percentage

Section D. Computation of Investment Income Percentage

10a

C

11

12

14

15

16

17

18

20

1975.

Part III

	Section A. Public Support						
	Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .	12,895,284	11,589,430	9,177,202	22,988,435	17,433,986	74,084,337
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	54,499,108	63,147,400	69,617,027	42,565,095	60,296,674	290,125,304
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of convices or facilities						

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If

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

the organization fails to qualify under the tests listed below, please complete Part II.)

The value of services or facilities furnished by a governmental unit to the organization without charge 67,394,392 74,736,830 78,794,229 65,553,530 77,730,660 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 76,336 57,829 30,755 31,447 53,998 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the 5,239,682 8,701,078 7,577,730 8,515,946 1,583,309 greater of \$5,000 or 1% of the

364,209,641 250,365 31,617,745 amount on line 13 for the year. 5,316,018 8,758,907 7,608,485 8,547,393 1,637,307 31,868,110 Add lines 7a and 7b. . Public support. (Subtract line 7c 332,341,531 from line 6.)

Section B. Total Support Calendar year (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total (or fiscal year beginning in) ▶ 9 67,394,392 74,736,830 78,794,229 65,553,530 77,730,660 364,209,641

3,069,988

3,069,988

4,646,049

26,618

82,479,485

First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization,

19a 331/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 🕨 🗹 b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .

3,376,219

3,376,219

4,554,668

-67,767

86,657,349

15,106,799

15,106,799

3,392,449

663,313

84,716,091

16,659,722

526,069

17,185,791

1,194,693

96,111,144

Schedule A (Form 990) 2021

15

16

17

18

41,070,873

526,069

41,596,942

16,269,194

1,891,258

423,967,035

78.390 %

78.700 %

9.810 %

7.090 %

2,858,145

2,858,145

3,676,028

74,401

Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f))

Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))

Public support percentage from 2020 Schedule A, Part III, line 15

Investment income percentage from 2020 Schedule A, Part III, line 17

74,002,966

7

8

10a

Part IV Supporting Organizations

5c

6

7

8

9a

9b

9c

10a

10b Schedule A (Form 990) 2021

Page 4

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

12d, of Part I, complete Sections A and D, and complete Part V.)

Se	ection A. All Supporting Organizations		
		Yes	No
L	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. 1 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). 2

Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a 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. 3b 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. 3с Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.

4a 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 4b

supervised by or in connection with its supported organizations. 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. 4c

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by

5a amendment to the organizing document).

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? 5b

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes,"

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,"

Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets

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,"

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

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

Substitutions only. Was the substitution the result of an event beyond the organization's control?

in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

organization had an interest? If "Yes," provide detail in Part VI.

complete Part I of Schedule L (Form 990).

the organization had excess business holdings).

provide detail in Part VI.

answer line 10b below.

	edule A (Form 990) 2021		F	age 5
Pa	Int IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part	11c		
	VI.	110		
3	ection B. Type I Supporting Organizations		V	NI-
1	Did the officers, 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 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.		Yes	No
	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		
_	Section C. Type II Supporting Organizations			
	ection c. Type 11 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		
S	ection 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 line 2 above, did the organization's supported organizations have a significant voice in 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		
S	ection 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 year (see instructi	ons):		
	a The organization satisfied the Activities Test. Complete line 2 below.			
	b The organization is the parent of each of its supported organizations. Complete line 3 below.			
	c	instru	ctions)	
2	Activities Test. Answer lines 2a and 2b below.	I	Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	b Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No", provide details in Part VI .	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI.</i> the role played by the organization in this regard.	3b		

instructions)

Page **6**

1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section 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-functionally-in	tegrat	ed Type III supporting or	ganization (see

(iii)

Distributable

Amount for 2021

Schedule A (Form 990) (2021)

7

8

9 10

(ii)

Underdistributions

Pre-2021

Page 7

(i)

Excess Distributions

5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 7 Total annual distributions. Add lines 1 through 6.

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

Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2021 from Section C, line 6 10 Line 8 amount divided by Line 9 amount

Section E - Distribution Allocations

See instructions.

See instructions.

d Excess from 2020.

a Excess from 2017. **b** Excess from 2018. . . . c Excess from 2019.

e Excess from 2021.

3j and 4c. 8 Breakdown of line 7:

(see instructions)

1 Distributable amount for 2021 from Section C, line 6

2 Underdistributions, if any, for years prior to 2021

(reasonable cause required-- explain in **Part VI**). 3 Excess distributions carryover, if any, to 2021: a From 2016.

b From 2017. **c** From 2018.

d From 2019. e From 2020.

f Total of lines 3a through e q Applied to underdistributions of prior years

h Applied to 2021 distributable amount i Carryover from 2016 not applied (see instructions)

j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. \$

4 Distributions for 2021 from Section D, line 7: a Applied to underdistributions of prior years

b Applied to 2021 distributable amount

c Remainder. Subtract lines 4a and 4b from line 4.

5 Remaining underdistributions for years prior to

lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2022. Add lines

2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2021. Subtract

Schedule A (Form 990) 2021 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).
	Facts And Circumstances Test

SCHEDULE C

Political Campaign and Lobbying Activities

OMB No. 1545-0047

DLN: 93493129010013

Department of the Treasury Internal Revenue Service

(Form 990)

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

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ. ▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

Open to Public Inspection

• S • S • S • S • S • S • S • S	Section 501(c) (other than section 5 Section 527 organizations: Complete organization answered "Yes" of Section 501(c)(3) organizations that Section 501(c)(3) organizations that	n Form 990, Part IV, Line 4, or Form t have filed Form 5768 (election unde t have NOT filed Form 5768 (election n Form 990, Part IV, Line 5 (Proxy ⁻ s), then	arts I-A and C below. n 990-EZ, Part VI, Iir er section 501(h)): Co ı under section 501(h	ne 47 (Lobbying Activitie omplete Part II-A. Do not co)): Complete Part II-B. Do	s), then omplete Part II-B. not complete Part II-A.
Nar	me of the organization			Employer ide	ntification number
AME	ERICAN SOCIETY OF HEMATOLOGY INC			22 722256	
Dox	t I-A Complete if the orga	nization is exempt under sec	tion EO1(s) or is	23-7080568	ization
1		nization's direct and indirect political			
2		litures. See instructions		_	\$
3		paign activities. See instructions			
		nization is exempt under sec			
1	<u> </u>	ax incurred by the organization under			\$
2	•	ax incurred by organization managers			\$ \$
3	· ·	tion 4955 tax, did it file Form 4720 fo			
	•	,	•		☐ Yes ☐ No
4a				***************************************	☐ Yes ☐ No
b	If "Yes," describe in Part IV.		tion FO1/a) acces		<u> </u>
		nization is exempt under sec			
1		ed by the filing organization for secti	•		\$
2		anization's funds contributed to othe			\$
3	Total exempt function expenditure	es. Add lines 1 and 2. Enter here and	on Form 1120-POL,	line 17b ▶	\$
4	Did the filing organization file For	m 1120-POL for this year?			☐ Yes ☐ No
5	organization made payments. For of political contributions received	employer identification number (EIN) each organization listed, enter the a that were promptly and directly deliv ee (PAC). If additional space is neede	mount paid from the vered to a separate p	filing organization's funds olitical organization, such	s. Also enter the amount
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
1					
2					
3					
4					
5					
6					
or P	aperwork Reduction Act Notice, see	the instructions for Form 990.	Cat	. No. 50084S S c	chedule C (Form 990) 2021

Page 2

Schedule C (Form 990) 2021

4	expenses, and share of excess lobbying	3 1 \	ed gro	oup member's name	, address, EIN,
В	Check ▶ ☐ if the filing organization checked box A	and "limited control" provisions apply.			
	Limits on Lobbying (The term "expenditures" means			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public opinion	on (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legislative	body (direct lobbying)		287,308	
C	Total lobbying expenditures (add lines 1a and 1b) \dots		Į	287,308	
d	Other exempt purpose expenditures		Į	89,921,120	
е	Total exempt purpose expenditures (add lines 1c and	l 1d)	Ļ	90,208,428	
f	Lobbying nontaxable amount. Enter the amount from columns.	n the following table in both		1,000,000	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:			
	Not over \$500,000	20% of the amount on line 1e.			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.			
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.			
	Over \$17,000,000	\$1,000,000.			
g	Grassroots nontaxable amount (enter 25% of line 1f)	[250,000	
h	Subtract line 1g from line 1a. If zero or less, enter -0)		0	
i	Subtract line 1f from line 1c. If zero or less, enter -0			0	
j	If there is an amount other than zero on either line 1 section 4911 tax for this year?				☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five

Calendar year (or fiscal year

beginning in)

Lobbying nontaxable amount

(150% of line 2a, column(e))

Total lobbying expenditures

Grassroots ceiling amount

Grassroots nontaxable amount

(150% of line 2d, column (e))

Grassroots lobbying expenditures

Lobbying ceiling amount

columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

1,000,000

257,275

250,000

11,943

(b) 2019

1,000,000

244,222

250,000

6,987

(c) 2020

1,000,000

264,042

250,000

13,459

(d) 2021

1,000,000

287,308

250,000

Schedule C (Form 990) 2021

(e) Total

4,000,000

6,000,000

1,052,847

1,000,000

1,500,000

32,389

(a) 2018

Return Reference

	II-B Complete if the organization is exempt under section 501(c)(3) and has NOT fil	ed				
	Form 5768 (election under section 501(h)).			_	(h)	
	h "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying		a)		(b)	
ctivity.		Yes	No	4	moun	t
	ruring the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a V	olunteers?					
	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1		
c M	ledia advertisements?			1		
d M	lailings to members, legislators, or the public?					
e P	ublications, or published or broadcast statements?					
f G	rants to other organizations for lobbying purposes?					
g D	irect contact with legislators, their staffs, government officials, or a legislative body?					
h R	allies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i C	ther activities?					
jТ	otal. Add lines 1c through 1i					
a D	id the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If	"Yes," enter the amount of any tax incurred under section 4912					
c If	"Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c)	(5), o	r secti	on		
	501(c)(6).				Yes	N
1 W	/ere substantially all (90% or more) dues received nondeductible by members?			1	163	- 11
	id the organization make only in-house lobbying expenditures of \$2,000 or less?			-		
)				2		
			[2		
3 D	id the organization agree to carry over lobbying and political expenditures from the prior year?			3	01(c	1/6
3 D	id the organization agree to carry over lobbying and political expenditures from the prior year?	(5), o	r secti	3 on 5	01(c)(6
3 D	id the organization agree to carry over lobbying and political expenditures from the prior year?	(5), o	r secti	3 on 5	01(c)(6
art I	id the organization agree to carry over lobbying and political expenditures from the prior year?	(5), o	r secti	3 on 5	01(c)(6
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Jues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political xpenses for which the section 527(f) tax was paid).	(5), o III-A,	r secti	3 on 5	01(c)(6
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Jues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political xpenses for which the section 527(f) tax was paid). urrent year	(5), o III-A,	r secti	3 on 5	01(c)(6
Part I	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Jues, assessments and similar amounts from members Juection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Jurrent year Jurrent year Jurrent year Jurrent year	(5), o III-A,	r secti	3 on 5	01(c)((
Part I L D 2 S e a C b C c T	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(5), o III-A, 1 2a 2b 2c	r secti	3 on 5	01(c)((
l D 2 S e a C b C c T 3 A	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(5), o III-A,	r secti	3 on 5	01(c)(«
1 D 2 S e a C b C T 3 A 4 If	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	(5), o III-A, 1 2a 2b 2c 3	r secti	3 on 5	01(c)(6
3 D Part I 1 D 2 S e a C b C c T 3 A 4 If	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." Tues, assessments and similar amounts from members ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of political xpenses for which the section 527(f) tax was paid). Turrent year arryover from last year otal ggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues finotices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does no organization agree to carryover to the reasonable estimate of nondeductible lobbying and political xpenditure next year?	(5), o III-A, 1 2a 2b 2c	r secti	3 on 5	01(c)(«
3 D Part 1 1 D 2 S e a C b C c T 3 A 4 If	Complete if the organization is exempt under section 501(c)(4), section 501(c) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part answered "Yes." The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). The section 162(e) nondeductible section 162(e) dues arryover from last year lotal lobbying and political expenditure not year? The organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? The organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures. See Instructions	(5), o III-A, 1 2a 2b 2c 3	r secti	3 on 5	601(c	

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -SCHEDULE D

DLN: 93493129010013

☐ Yes

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

(Form 990)

5

6

8

Name of the organization **Employer identification number** AMERICAN SOCIETY OF HEMATOLOGY INC 23-7080568 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible ☐ Yes ☐ No Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year 2b Number of conservation easements on a certified historic structure included in (a) 20 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year 🕨 Number of states where property subject to conservation easement is located >

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations,

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)

and enforcement of the conservation easements it holds?

Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year

Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art,

historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2021

d Equipment .

Sche	edule D (Form 990) 2021								Page 2
Par	t IIII Organizations Main	ntaining Collections o	of Art, Histor	ical Treas	ures, or	Other	Similar As	sets (cont	inued)
3	Using the organization's acquisi items (check all that apply):	tion, accession, and other	records, check	any of the f	ollowing t	hat are a	significant u	se of its col	lection
а	Public exhibition		d	☐ Loa	n or excha	inge prog	rams		
b	Scholarly research		е	☐ Oth	er				
c	Preservation for future ge	enerations							
4	Provide a description of the org. Part XIII.	anization's collections and	explain how th	ey further tl	he organiz	ation's ex	empt purpos	se in	
5	During the year, did the organize assets to be sold to raise funds							☐ Yes	□ No
Pa	rt IV Escrow and Custod Complete if the organ X, line 21.	ial Arrangements. nization answered "Yes	" on Form 990), Part IV,	line 9, or	reporte	d an amou	nt on Forn	n 990, Part
1a	Is the organization an agent, tri included on Form 990, Part X? .							Yes	□ No
b	If "Yes," explain the arrangeme	ent in Part VIII and comple	ate the following	ı table:	Г		Δι	mount	
C	Beginning balance	•	_		ŀ	1c		illouit.	
d	Additions during the year				F	1d			
е	Distributions during the year .					1e			
f	Ending balance				Г	1f			
2a	Did the organization include an				-	ccount lia	hility2	□ vos	 □ No
b	_						•		□ NO
	irt V Endowment Funds.		e ir the explanat	ion nas bee	n provided	in Part /	(111		
		nization answered "Yes	" on Form 990), Part IV,	line 10.				
	·	(a) Currer		Prior year	(c) Two ye		(d) Three yea		Four years back
1a	Beginning of year balance	9	,276,757	8,036,590		8,607,385	8,5	554,929	8,210,270
b	Contributions		222.225	4 700 760		10.1.17.1			570.006
	Net investment earnings, gains, a	and 1033e3	-980,995	1,729,768		-424,174		375,838	578,396
	Grants or scholarships								
	Other expenditures for facilities and programs								
f	Administrative expenses		109,278	489,601		146,621		323,382	233,737
g	End of year balance	8	,186,484	9,276,757		8,036,590	8,6	507,385	8,554,929
2	Provide the estimated percentage	ge of the current year end	l balance (line 1	g, column (a)) held as	s:			
а	Board designated or quasi-endo	owment ► 0 %							
b	Permanent endowment > 8	89.953 %							
C	Term endowment ► 10.047	′ %							
	The percentages on lines 2a, 2b	•							
3а	Are there endowment funds not organization by:	•	organization tha	t are held a	nd admini	stered foi	r the	<u> </u>	Yes No
	(i) Unrelated organizations .							3a(i)	No
b	(ii) Related organizationsIf "Yes" on 3a(ii), are the relate		equired on Sch					3a(ii) 3b	No
ս 4	Describe in Part XIII the intende							30	<u> </u>
	rt VI Land, Buildings, an								
	, ,	nization answered "Yes	<u>" on Form 9</u> 90), Part IV,	line 11a.	See For	m 99 <u>0, P</u> ar	rt X, line 1	0
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other				epreciation		ook value
_		(mvestment)							
1 a	Land			12,458,80	2				12,458,802
b	Buildings			54,102,64	5		16,239,933		37,862,712
С	Leasehold improvements								

3,227,066

7,928,883

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

1,085,846

3,222,120

2,141,220

4,706,763

	Complete if the organization answered "Yes" on (a) Description of security or category (including name of security)	(b) Book value	(c)	Method of valuations end-of-year market v	
	Il derivatives				
(3) Other _	held equity interests	14 022 270		F	
		14,822,278			
	FUND - WEATHERLOW OFFSHORE FUND I LTD	6,099,125		F	
	PARTNERSHIP	9,898,423		F	
	PORTUNITIES FUND	1,351,950		F	
	DY FUNDS DST SMALLER COMPANIES PORTFOLIO	4,729,436		F	
	STREET INTERNATIONAL EQUITY FUND	8,053,286		F	
(G) HEDGE		9,336,447		F	
(H) DAVIDS (H)	ON KEMPNER OFFSHORE FUNDS	4,857,393		F	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	▶ 59,148,338			
Part VIII	Investments - Program Related. Complete if the organization answered 'Yes' on	Form 990, Part IV, I	ine 11c. See Form	990, Part X, line 1	3.
	(a) Description of investment		(b) Book value	(c) Method of va	luation:
(1)				- 2000 of cha of year	arikee value
(2)		+			
(3)					
(4)					
(5)		+			
(6)					
(7)					
(8)					
(9)					
` '					
(10)					
(10)	To the mount and the second forms 000 Point V and (D) line 12				
Total. (Colum	n (b) must equal Form 990, Part X, col.(B) line 13.) Other Assets.	>			
Total. (Colum	<u> </u>	- 1	ne 11d. See Form 9		ook value
Total. (Colum Part IX (1)BROKER	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES	- 1	ne 11d. See Form 9		120,642
Total. (Column Part IX (1)BROKER (2)SUBLEAS (3)DUE FRO	Other Assets. Complete if the organization answered 'Yes' on (a) Description	- 1	ne 11d. See Form 9		
Total. (Column Part IX (1)BROKER (2)SUBLEAS (3)DUE FRO (4)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
Total. (Column Part IX (1)BROKER (2)SUBLEAS (3)DUE FROM (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
Total. (Column Part IX (1)BROKER (2)SUBLEAS (3)DUE FROM (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES BE RECEIVABLE	- 1	ne 11d. See Form 9		120,642 49,065
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Figure (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities.	Form 990, Part IV, lii		(b) B	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Columpart X	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Figure (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on	Form 990, Part IV, lii		(b) B	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Figure (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of	Form 990, Part IV, lii		(b) B	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Columnary) Part X 1. (1) Federal	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Figure (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on	Form 990, Part IV, lii		(b) Br	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Columnary) Part X 1. (1) Federal	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1) BROKER (2) SUBLEAS (3) DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Columnary) 1. (1) Federal (2) TENANT	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) TENANT (2)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) TENANT (2) (3)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Columnary) 1. (1) Federal (2) TENANT (2) (3) (4)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) TENANT (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Colument X 1. (1) Federal (2) TENANT (2) (3) (4) (5)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437
(1)BROKER (2)SUBLEAS (3)DUE FRO (4) (5) (6) (7) (8) (9) (10) Total. (Column Part X 1. (1) Federal (2) TENANT (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answered 'Yes' on (a) Description FEES SE RECEIVABLE OM RELATED PARTY Timn (b) must equal Form 990, Part X, col.(B) line 15.) Other Liabilities. Complete if the organization answered 'Yes' on (a) Description of income taxes	Form 990, Part IV, lii		(b) Book value	120,642 49,065 29,135,437

а

b

d

e

2

C

d

е 3

b

Part XIII

See Additional Data Table

4

5

Schedule D (Form 990) 2021

Page 4

-28,575,439

99,935,502

309,980

100,245,482

91,074,469

1,176,021

89,898,448

309,980

90.208.428

Schedule D (Form 990) 2020

Subtract line **2e** from line **1** 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . 4a 309,980

4b

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

b Add lines **4a** and **4b** C 5

Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements 1

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

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

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

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

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Net unrealized gains (losses) on investments

Donated services and use of facilities

Other (Describe in Part XIII.)

Recoveries of prior year grants

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

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

2a

2b

2c

2d

2a 2b

2c

2d

4a

4b

Explanation

1,176,021

309.980

-29.751.460

1.176.021

4c 5

2e

3

4c

5

2e

chedule D (Form 990) 2020	Page 5
Part XIII Supplemental Info	rmation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2021

Additional Data

COMMINGLED UNITIZED POOLS

LIMITED PARTNERSHIP

HEDGE FUNDS

GEM OPPORTUNITIES FUND

HEDGE FUND - WEATHERLOW OFFSHORE FUND I LTD

BURGUNDY FUNDS DST SMALLER COMPANIES PORTFOLIO

ARROWSTREET INTERNATIONAL EQUITY FUND

DAVIDSON KEMPNER OFFSHORE FUNDS

Software ID:

Software Version:

EIN: 23-7080568

Name: AMERICAN SOCIETY OF HEMATOLOGY INC

14,822,278

6,099,125

9,898,423

1,351,950

4,729,436

8,053,286

9,336,447

4,857,393

Form 990, Schedule D, Part VII - Investments Other Securities				
(a) Description of security or category	(b)Book value	(c) Method of valuation:		
(including name of security)		Cost or end-of-year market value		

F

F

Supplemental Information Return Reference Explanation PART V, LINE 4: THE ENDOWMENT FUNDS SUPPORT THE FOLLOWING PROGRAMS, AS SPECIFIED BY DONORS: ASH SCHOLAR AW ARDS, THE CLINICAL RESEARCH TRAINING INSTITUTE, THE GIBSON AWARD, THE LEVY AWARD, AND THE

COULTER AWARD.

Supplemental Information	
Return Reference	Explanation
PART X, LINE 2:	THE SOCIETY EVALUATED ITS UNCERTAINTY IN INCOME TAXES FOR THE YEAR ENDED JUNE 30, 2022, AN D DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE CONSOLIDATED FINANCIAL STATEMENTS OR THAT MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS; AND THERE ARE CURRENTLY NO EXAMINATIONS PENDING OR IN PROGRESS.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 1,176,021.

upplemental Information							
Return Reference	Explanation						
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSE 1,176,021.						

efile GRAPHIC print - DC	NOT PROCESS	As Filed Data	-	DLN:	93493129010013
SCHEDULE F (Form 990)	Statement of	f Activities	Outside the Uni	ited States	OMB No. 1545-0047
(1 51111 555)	ine 14b, 15, or 16.	2021			
	► Go to umay i		to Form 990. nstructions and the latest ii	oformation.	Open to Public
Department of the Treasury Internal Revenue Service	P do to www.m	13.gov/10/11/990 10/1	natiactions and the latest in	normation.	Inspection
Name of the organization				Employer ider	ntification number
AMERICAN SOCIETY OF HEMAT	OLOGY INC			23-7080568	
Part I General Inform	mation on Activiti	es Outside the I	Jnited States. Comple		inswered "Yes" on
Form 990, Part		es outside the t	omiced otates: compic	te ii the organization a	mswered res on
1 For grantmakers. Doe	es the organization m	naintain records to	substantiate the amount	t of its grants and	
other assistance, the gr	rantees' eligibility for	the grants or assi	stance, and the selection	criteria used	
to award the grants or	assistance?				✓ Yes □ No
2 For grantmakers. Des outside the United State		rganization's proce	edures for monitoring the	use of its grants and ot	her assistance
3 Activites per Region. (The	e following Part I, line	3 table can be dupl	icated if additional space is	s needed.)	
(a) Region	(b) Number of offices in the region		region (by type) (such as, fundraising, program	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) See Add'l Data			region)		
(2)					
(3)					
(4)					
(5)					
3a Sub-total	neets to	0 0			8,164,588
Part I		0 0)		323,500
c Totals (add lines 3a and 3		ions for Form 990		No. 50082W Schedu	8,488,088 le F (Form 990) 2021

,				
(3)				
(4)				

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as taxexempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Schedule F (Form 990) 2021							Page 3
				ed States. Complete if	f the organization an	swered "Yes" on Form	990, Part IV, line 16.
Part III can be d	<u>Juplicated if addi</u>	<u>itional space is ne</u>	eded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) See Add'l Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							

(6)				
(7)				
(8)				
(9)				
(10)				
(11)				

(12) (13) (14) (15) (16) (17) (18)

Sche	dule F (Form 990) 2021		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		
		☐ Yes	✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)		
		\square Yes	✓ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).	✓ Yes	□No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		
	teee managements is an acceptance of the contract of the contr	\square Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).	□Yes	✓ No

Page 5

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Explanation

PART I,
LINE 2:

THE AMERICAN SOCIETY OF HEMATOLOGY (ASH) HAS MANY AWARD PROGRAMS THAT ARE AVAILABLE TO INDIVIDUALS OUTSIDE THE
UNITED STATES, AND AS A RESULT, OUR PROCEDURES TO MONITOR GRANTS OUTSIDE THE U.S. VARY BY THE GRANT PROGRAM. IN
GENERAL, PARTICIPANTS MUST SUBMIT A LETTER FROM A MENTOR, DEPARTMENT HEAD, OR DIVISION CHIEF AFFIRMING THAT
PROGRESS IS BEING MADE AT THE END OF EACH YEAR OF MULTIYEAR PROJECTS. AT AWARD COMPLETION, THE PARTICIPANT SUBMITS
REQUIRED EVALUATION FORMS THAT PROVIDE THE SOCIETY WITH UPDATES ON PARTICIPANTS' PROGRESS DURING THE AWARD
PERIOD. IN ADDITION TO THE EVALUATIONS, AWARDEES PARTICIPATING IN RESEARCH-BASED PROGRAMS ARE REQUIRED TO SUBMIT A
FINAL RESEARCH SUMMARY REPORT AND A FINAL FINANCIAL REPORT, DETAILING HOW THE FUNDS WERE USED. THE FINAL PROGRESS
REPORT AND FINANCIAL REPORT MUST BE SUBMITTED WITHIN 60 DAYS AFTER THE COMPLETION OF THE PROJECT. ANY UNUSED FUNDS
MUST BE RETURNED TO ASH AT THE TIME THE FINANCIAL REPORT IS SUBMITTED. PARTICIPANTS AND THEIR INSTITUTIONS ARE MADE
AWARE OF ASH'S REGULATIONS AT THE TIME THE AWARD IS ACCEPTED. FOR THOSE THAT DO NOT COMPLY WITH THE RULES, ASH
RESERVES THE RIGHT TO WITHHOLD REMAINING FUNDS AND/OR TEMPORARILY SUSPEND THE INSTITUTION FROM RECEIVING OTHER
GRANTS THE SOCIETY OFFERS UNTIL THE INSTITUTION IS IN GOOD STANDING

990 Schedule F, Supplemental Information

Return

Reference	·
PART I, LINE	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PARTS II OF SCHEDULE F ARE REPORTED USING THE
3:	ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.

Explanation

990 Schedule F, Supplemental Information

Return

Reference		
PART III, COL	IN ACCORDANCE WITH IRS INSTRUCTIONS, ALL AMOUNTS REPORTED ON PARTS II OF SCHEDULE F ARE REPORTED USING THE	l
(C):	ACCRUAL BASIS OF ACCOUNTING, THE SAME METHOD OF ACCOUNTING USED IN THE FINANCIAL STATEMENTS.	L

Explanation

990 Schedule F, Supplemental Information

Return Reference

Explanation

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

Additional Data

CENTRAL AMERICA AND THE

CARIBBEAN

Software ID: Software Version:

EIN: 23-7080568

Name: AMERICAN SOCIETY OF HEMATOLOGY INC

HIGHLIGHTS OF ASH

112,657

Form 990 Schedule F Part I - Activities Outside The United States								
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region			
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	HIGHLIGHTS OF ASH	210,640			

0 PROGRAM SERVICES

Form 990 Schedule F Part I - Activities Outside The United States							
(a) Region	offices in the employees or in region (by ty region agents in fundraising, pregion services, grants locate		(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region		
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	HIGHLIGHTS OF ASH	88,936		
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENTS	WEATHERLOW	6,099,125		

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) EAST ASIA AND THE PACIFIC 0 IGRANTMAKING 467,500 EUROPE (INCLUDING ICELAND 0 GRANTMAKING 857,000 & GREENLAND)

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region region services, grants to recipients located in the reaion) NORTH AMERICA 0 IGRANTMAKING 68,000 SOUTH ASIA 0 IGRANTMAKING 260,730

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of region agents in service(s) in region region services, grants to recipients located in the region) SUB-SAHARAN AFRICA 0 IGRANTMAKING 170,000 MIDDLE EAST AND NORTH 0 GRANTMAKING 1,000 AFRICA

Form 990 Schedule F Part I - Activities Outside The United States (a) Region (b) Number of (c) Number of (d) Activities conducted (e) If activity listed in (d) (f) Total expenditures offices in the employees or in region (by type) (i.e., is a program service, for region fundraising, program describe specific type of reaion agents in service(s) in region services, grants to reaion recipients located in the reaion) 0 IGRANTMAKING 152,500 SOUTH AMERICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of (g) Description of (h) Method of (f) Amount of assistance cash grant cash disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) ABSTRACT 23 11,500 WIRE EAST ASIA AND ACHIEVEMENT THE PACIFIC AWARD ABSTRACT 55.000 WIRE 110 EUROPE ACHIEVEMENT (INCLUDING AWARD ICELAND AND GREENLAND)

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (q) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) ABSTRACT 1,000 WIRE MIDDLE EAST ACHIEVEMENT AND NORTH AWARD IAFRICA **ABSTRACT** 36 18.000 WIRE NORTH ACHIEVEMENT IAMERICA AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (d) Amount of (e) Manner of cash (q) Description of (h) Method of (c)Number (f) Amount of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) **ABSTRACT** 2,500 WIRE SOUTH ACHIEVEMENT AMERICA AWARD ABSTRACT 4.000 WIRE SOUTH ASIA ACHIEVEMENT AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S									
(a) Type of grant or assistance	(b) Region	(c)Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)		
SUPPLEMENT	EAST ASIA AND THE PACIFIC	1	50,000	WIRE					
ASH AWARD SUPPLEMENT	EUROPE	1	50,000	WIRE			_		

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, FMV, appraisal, recipients assistance assistance other) GLOBAL RESEARCH 400,000 WIRE EAST ASIA AWARD AND THE PACIFIC GLOBAL RESEARCH 750.000 WIRE FUROPE AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) GLOBAL RESEARCH 150,000 WIRE ISOUTH AWARD IAMERICA GLOBAL RESEARCH 256,730 WIRE ISOUTH ASIA AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 150,000 WIRE GLOBAL RESEARCH ISUB-SAHARAN AWARD AFRICA OUTSTANDING 6,000 WIRE EAST ASIA AND ABSTRACT THE PACIFIC ACHIEVEMENT AWARD

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (g) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) 2,000 WIRE OUTSTANDING FUROPE ABSTRACT ACHIEVEMENT AWARD 20,000 WIRE RESEARCH RESTART ISUB-SAHARAN AFRICA

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S (a) Type of grant or (b) Region (c)Number (d) Amount of (e) Manner of cash (f) Amount of (a) Description of (h) Method of assistance cash grant disbursement non-cash non-cash valuation (book, recipients assistance assistance FMV, appraisal, other) RESEARCH RESTART NORTH 50,000 WIRE IAMERICA

efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					DLN: 93493129010013
Note: To capture the full c	ontent of this do	ocument, please sel	lect landscape mode	e (11" x 8.5") whe	n printing.		
Schedule I (Form 990)		Governments a	Other Assistance and Individuals tion answered "Yes," o	s in the Unite	d States		OMB No. 1545-0047 2021
Department of the Treasury Internal Revenue Service			► Attach to Form v.irs.gov/Form990 for	990.			Open to Public Inspection
Name of the organization	LOCY INC					Employer ide	ntification number
AMERICAN SOCIETY OF HEMATO	LOGY INC					23-7080568	
Part I General Inform	ation on Grants	and Assistance					
1 Does the organization main the selection criteria used					for the grants or assistanc	e, and	☑ Yes ☐ No
2 Describe in Part IV the org	anization's procedur	es for monitoring the use	e of grant funds in the Un	ited States.			
		estic Organizations ar can be duplicated if add		nts. Complete if the o	ganization answered "Yes"	on Form 990, Part IV	, line 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description o noncash assistanc	
(1) ASH REGISTRY INC 2021 L STREET NW SUITE 900 WASHINGTON, DC 20036	82-4218205	501(C)(3)	1,346,901	0			SUBRECIPIENT AWARD PROGRAM SUPPORT
(2) CHILDREN'S HOSPITAL MEDICAL CENTER 3333 BURNET AVENUE CINCINNATI, OH 45229	31-0833936	501(C)(3)	366,592	0			PROGRAM SUPPORT
2 Enter total number of secti	on 501(c)(3) and go	vernment organizations	listed in the line 1 table .			-	2
3 Enter total number of othe	r organizations listed	d in the line 1 table				▶ ¯	0
For Paperwork Reduction Act Notic	e. see the Instruction	ns for Form 990.		Cat. No. 50055	;P	_	Schedule I (Form 990) 2021

Schedule I (Form 990) 2021

(3) (4) (5)

(6) (7) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Return Reference Explanation PART I, LINE 2: IN GENERAL, GRANTEES MUST COMPLETE A FIRST-YEAR EVALUATION FORM AND AN AWARD COMPLETION EVALUATION FORM THAT PROVIDES THE SOCIETY WITH

JUPDATES ON PARTICIPANTS' PROGRESS DURING THE AWARD PERIOD. IN ADDITION TO THE EVALUATIONS, PARTICIPANTS ARE ALSO REQUIRED TO SUBMIT A FINAL RESEARCH SUMMARY REPORT AND A FINAL FINANCIAL REPORT, ON INSTITUTION LETTERHEAD, DETAILING HOW THE FUNDS WERE USED. THE FINAL PROGRESS REPORT AND FINANCIAL REPORT MUST BE SUBMITTED WITHIN 60 DAYS AFTER THE COMPLETION OF THE PROJECT. ANY UNUSED FUNDS MUST BE RETURNED TO ASH AT THE TIME THAT THE FINANCIAL REPORT IS SUBMITTED. GRANTEES AND THEIR INSTITUTIONS ARE MADE AWARE OF ASH'S REGULATIONS. AT THE TIME THE

Page 2

Additional Data

ASH AWARD SUPPLEMENT

BRIDGE GRANTS

ASH-AMOS MEDICAL FACULTY

DEVELOPMENT PROGRAM (AMFDP)

ERNEST BEUTLER LECTURE AND PRIZE

Software ID: **Software Version:**

EIN: 23-7080568

Name: AMERICAN SOCIETY OF HEMATOLOGY INC

Form 990, Schedule I, Part III, Grants	and Other Ass	istance to Domestic	Individuals.
ARCTRACT ACHIEVEMENT AWARD	222	166 500	

ABSTRACT ACHIEVEMENT AWARD	333	166,500	
ABSTRACT ACHIEVEMENT AWARD	333	166,500	

580,000

420,000

1,500,000

15,000

333 166,500

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. HEMATOLOGY-FOCUS FELLOWSHIP 112,500 TRAINING PROGRAM HEMATOLOGY-FOCUS FELLOWSHIP 112,500 TRAINING PROGRAM HONORS AWARDS 150,000 MINORITY GRADUATE STUDENT ABSTRACT 10,500 ACHIEVEMENT AWARD 900.000 MINORITY HEMATOLOGY FELLOW AWARD

640,000

MINORITY HEMATOLOGY GRADUATE AWARD

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals. MINORITY MEDICAL STUDENT AWARD 158,000 (MMSAP) MINORITY MEDICAL STUDENT AWARD 158,000 (MMSAP) MINORITY RESIDENT HEMATOLOGY AWARD 70,000 OUTSTANDING ABSTRACT ACHIEVEMENT 4,000 AWARD PHYSICIAN SCIENTIST CAREER 210,000 DEVELOPMENT AWARD

470,000

RESEARCH RESTART

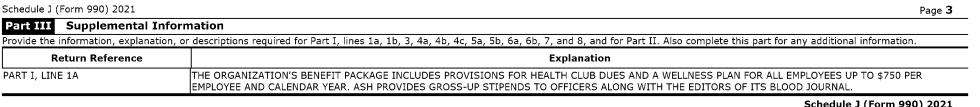
Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.									
RESEARCH TRAINING AWARD FOR FELLOWS	16	1,120,000							
RESEARCH TRAINING AWARD FOR FELLOWS	16	1,120,000							
SCHOLAR AWARDS	36	4,550,000							

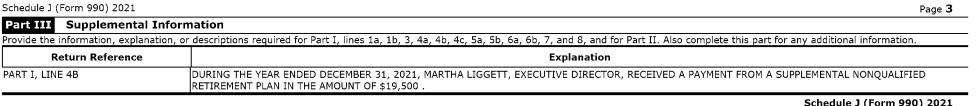
10,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493129010013 **Compensation Information** OMB No. 1545-0047 Schedule J (Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2021 **Compensated Employees** ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization AMERICAN SOCIETY OF HEMATOLOGY INC 23-7080568 Questions Regarding Compensation Yes No Check the appropiate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence \checkmark Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain **1**b Yes 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all Yes directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract \checkmark Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: 4a No Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c No If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: 5a The organization? . Νo Any related organization? If "Yes," on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: No The organization? 6a 6b Any related organization? No If "Yes," on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III Yes 8 Were any amounts reported on Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . 8 No If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 50053T Schedule J (Form 990) 2021 Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 900. Part VII

instructions, on row (ii). Note. The sum of colum	Do no ns (B)	ot list any individuals that)(i)-(iii) for each listed ind	are not listed on Form 99 dividual must equal the to	90, Part VII. tal amount of Form 990,	Part VII, Section A, line	1a, applicable column (D)) and (E) amounts for tha	t individual.	
(A) Name and Title		(B) Breakdown of W- (i) Base compensation	2, 1099-MISC compensat (ii) Bonus & incentive compensation	1099-MISC compensation, and/or 1099-NEC ii) Bonus & incentive (iii) Other		(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
1 MARTHA LIGGETT EXECUTIVE DIRECTOR	(i)	717,686	1,059	23,408	29,000	23,200	794,353	0	
Enteron Title Billion	(ii)	0	0	0	0	0	0	0	
2 MATTHEW GERTZOG DEPUTY EXECUTIVE	(i)	237,133	13,024	16,742	14,500	15,062	296,461	0	
DIRECTOR	(ii)	237,134	13,024	16,742	14,500	15,062	296,462	0	
3 NINA HOFFMAN CHIEF PUBLICATIONS	(i)	371,689	41,181	18,158	29,000	26,434	486,462	0	
OFFICER	(ii)	0	0	0	0	0	0	0	
4 WILLIAM REED CHIEF EVENT STRATEGY	(i)	375,600	41,160	13,407	29,000	14,156	473,323	0	
OFFICER	(ii)	0	0	0	0	0	0	0	
5 ROBERT PLOVNICK CHIEF MEDICAL QUALITY	(i)	197,615	546	7,835	14,500	13,790	234,286	0	
OFFICER	(ii)	197,615	547	7,836	14,500	13,790	234,288	0	
6 KARINA FERNANDEZ CHIEF INFORMATION	(i)	373,151	21,127	11,699	29,000	23,639	458,616	0	
	(ii)	0	0	0	0	0	0	0	
7 CHARLES CLAYTON CHIEF PROF. DEV &	(i)	368,157	21,170	12,678	29,000	14,156	445,161	0	
DIVERSITY OFFICER	(ii)	0	0	0	0	0	0	0	
	+								
							Schedule	J (Form 990) 2021	





Schedule J (Form 990) 2021 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information. Return Reference Explanation BONUS COMPENSATION HAS BEEN REFLECTED IN PART II, COLUMN (B)(II). PART I, LINE 7 Schedule 1 (Form 990) 2021

efile GRAPHIC	print - DO	NOT PROCES	S As F	iled Data -					DL	N: 93	4931	290:	10013	
Schedule L (Form 990)	▶ Com	plete if the orga	anization a 28b, or 28	nswered "Yes Bc, or Form 99	Interested Persons es" on Form 990, Part IV, lines 25a, 25b, 26, 190-EZ, Part V, line 38a or 40b.						OMB No. 1545-0047			
Department of the Treas Internal Revenue Servic	· 1	▶Go to <u>www.ii</u>		ch to Form 999 <u>m990</u> for inst			forma	tion.			Open i Insp			
Name of the orga AMERICAN SOCIETY		SY INC						•	yer ide 0568	ntifica	ition n			
		ransactions (s					:)(29)	orgar	nization					
		ualified person		Relationship be							(d) Correcte Yes N		ected?	
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interested person	with organizat	ion of loan	orga	inization?	principal amount	due	defa	bo		oved by agreeme ard or nittee?		ent?		
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	plete if the o	rganization an (b) Relationship interested perso organizat	swered "Y between on and the		990, Part IV,	(d) Type (of assi	stanc	e	(e) Pu	rpose o	f assi	stance	
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Additional Data

Software Version: EIN: 23-7080568

Software ID:

Name: AMERICAN SOCIETY OF HEMATOLOGY INC

(a) Name of interested person (1) SUBSTANTIAL CONTRIBUTOR	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	1,614,130	SEE PART V - "SUBSTANTIAL CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$300,400 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, MEMBERSHIP, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$1,614,130 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.		No	
(1) SUBSTANTIAL CONTRIBUTOR	SUBSTANTIAL CONTRIBUTOR	377,478	SEE PART V - "SUBSTANTIAL CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$88,100 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, MEMBERSHIP, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$377,478 WHICH IS WITHIN THE		No	

SAMÉ PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (3) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 782.750 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$855,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$782,750 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 1.131.240 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$750,250 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$1,131,240 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (5) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 634,910 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$628,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$634,910 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 678.112 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$554,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$678,112 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (7) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 1.729.529 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$553,550 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$1,729,529 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. 1,221,595 | SEE PART V - "SUBSTANTIAL (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$524,550 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$1,221,595 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (9) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 844.230 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$381,250 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$844,230 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 259.189 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$320,850 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$259,189 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (11) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 267,755 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$315,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$267,755 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 726.570 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$275,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, MEMBERSHIP, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$726,570 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (13) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 646.583 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$160,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS. SUBSCRIPTIONS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$646,583 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 1.251.790 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$141,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, MEMBERSHIP, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$1,251,790 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (15) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 309,525 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$114,150 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$309.525 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 130.269 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$65,500 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$130,269 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (17) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 195,470 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$60,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$195,470 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 199.500 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$50,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$199,500 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No 797,285 | SEE PART V - "SUBSTANTIAL (19) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$43,441 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING. MEMBERSHIP, EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$797,285 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 121.775 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$42,500 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$121,775 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (21) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 177.010 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$35,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING, OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION FOR A TOTAL OF \$177,010 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 1.199.270 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$1,507,900 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$1,199,270 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (e) Sharing (b) Relationship (c) Amount of between interested transaction person and the organization's organization revenues? Yes No (23) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 1.191.828 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$496,500 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$1.191.828 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 135.500 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$224,950 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS, EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$135,500 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (25) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 208,491 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$78,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$208,491 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 276.055 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$69,150 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$276,055 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (27) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 254.184 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$50,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$254,184 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 471.579 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$50,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$471,579 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (d) Description of transaction (b) Relationship (c) Amount of (e) Sharing between interested transaction person and the organization's organization revenues? Yes No 1.888.000 SEE PART V - "SUBSTANTIAL (29) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$43,250 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS. MEETINGS, AND EXHIBITIONS, FOR A TOTAL OF \$1,888,000 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 216.850 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR" REPORTED A CONTRIBUTOR CONTRIBUTION OF \$26,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$216,850 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (c) Amount of (d) Description of transaction (b) Relationship (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (31) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 177,200 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$25,250 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP, EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$177,200 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 442.290 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$22,000 ON SCHEDULE B. WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR ADVERTISING. EXHIBITIONS, AND REGISTRATION, FOR A TOTAL OF \$442,290 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (c) Amount of (d) Description of transaction (b) Relationship (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No (33) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 847.000 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$24,060 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS AND MEETINGS FOR A TOTAL OF \$847,000 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 107.250 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$8,650 ON SCHEDULE B. WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR OTHER MISCELLANEOUS ITEMS AND MEETINGS FOR A TOTAL OF \$107,250 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 1.074.376 SEE PART V - "SUBSTANTIAL (35) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$1,088,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$1,074,376 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 712.600 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$916,650 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP AND EXHIBITIONS FOR A TOTAL OF \$712,600 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 793.843 SEE PART V - "SUBSTANTIAL (37) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$417,850 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$793,843 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 290.370 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$347,400 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$290,370 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 460.625 SEE PART V - "SUBSTANTIAL (39) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$306,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$460,625 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 409.217 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$237,700 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$409,217 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 142.375 SEE PART V - "SUBSTANTIAL (41) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$226,150 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$142,375 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 419,490 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$175,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR MEMBERSHIP AND REGISTRATION FOR A TOTAL OF \$419,490 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 240.005 SEE PART V - "SUBSTANTIAL (43) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$153,750 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$240,005 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 398.985 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$51.150 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$398,985 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 114.530 SEE PART V - "SUBSTANTIAL (45) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$38,100 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$114,530 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 107,050 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$10,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$107,050 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction of person and the organization's organization revenues? Yes No **SUBSTANTIAL** 264,450 SEE PART V - "SUBSTANTIAL (47) SUBSTANTIAL CONTRIBUTOR No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$8,650 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES. IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$264,450 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS. (1) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 217.116 SEE PART V - "SUBSTANTIAL No CONTRIBUTOR CONTRIBUTOR" REPORTED A CONTRIBUTION OF \$7,600 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS AND REGISTRATION FOR A TOTAL OF \$217,116 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons (a) Name of interested person (b) Relationship (c) Amount of (d) Description of transaction (e) Sharing between interested transaction person and the organization's organization revenues? Yes No (49) SUBSTANTIAL CONTRIBUTOR SUBSTANTIAL 257,600 | SEE PART V - "SUBSTANTIAL No CONTRIBUTOR" REPORTED A CONTRIBUTOR CONTRIBUTION OF \$50,000 ON SCHEDULE B, WHICH MAKES THE COMPANY AN "INTERESTED PERSON" FOR SCHEDULE L REPORTING PURPOSES, IN ADDITION TO ITS CONTRIBUTION, THIS COMPANY PAID FOR EXHIBITIONS FOR A TOTAL OF \$257,600 WHICH IS WITHIN THE SAME PRICE RANGE THAT ALL OTHER COMPANIES PAID FOR THESE TYPES OF TRANSACTIONS.

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(Form 990) Complete to pro Form 990 o Department of the Treasury		ovide information for or 990-EZ or to provi ▶ Attach to Form	de information to Form 990 or 990-EZ de information for responses to specific questions on 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Www.irs.gov/Form990 for the latest information.			
Name of the org AMERICAN SOCIET	TY OF HEMATO	LOGY INC	n		Employer i 23-7080568	dentification number
Return Reference				Explanation		
FORM 990, PART VI, SECTION A, LINE 6	THE AME	RICAN SOCIETY OF HEI	MATOLOGY HAS INDI	VIDUAL MEMBERS.		

Return Explanation

FORM 990, PART VI, SECTION A, LINE 7A

Return Explanation
Reference

FORM 990,	THE AMERICAN SOCIETY OF HEMATOLOGY'S MEMBERSHIP HAS THE RIGHT TO VOTE ON CHANGES TO ITS BYLAWS.
PART VI,	
SECTION A,	
LINE 7B	

Return Explanation
Reference

FORM 990,	THE FEDERAL FORM 990 WAS PREPARED BY THE OUTSIDE ACCOUNTANTS AND REVIEWED FIRST BY THE SEN
PART VI,	IOR ACCOUNTANT AND THE DEPUTY DIRECTOR OF FINANCE, THEN BY THE CHIEF FINANCIAL OFFICER, AN
SECTION B,	D THEN BY THE EXECUTIVE DIRECTOR. IT IS THEN SENT TO THE ENTIRE BOARD PRIOR TO FILING WITH
LINE 11B	THE IRS.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	AMERICAN SOCIETY OF HEMATOLOGY'S CONFLICT OF INTEREST POLICY QUESTIONNAIRE IS FILLED OUT E LECTRONICALLY BY ALL BOARD MEMBERS AND EMPLOYEES. BEFORE EACH BOARD OR COMMITTEE MEETING A MEMBER IS PUT IN CHARGE OF REVIEWING ALL CONFLICT OF INTEREST STATEMENTS FOR THE MEMBERS ATTENDING. FURTHERMORE, MEMBERS ARE ASKED TO DISCLOSE ANY CHANGES BEFORE EVERY MEETING. WHEN AN ASH MEMBER HAS A CONFLICT, S/HE WILL NOT: 1. TAKE ANY ACTION ON BEHALF OF ASH CONCER NING THE SUBJECT IN CONFLICT OR ANY ISSUE RELEVANT TO THE SUBJECT IN CONFLICT; 2. PARTICIP ATE IN DISCUSSIONS ON THE SUBJECT WITHOUT FULL DISCLOSURE; 3. PARTICIPATE IN DECISION-MAKING DISCUSSIONS OR CAST A VOTE; 4. IMPLY THAT HE/SHE IS ACTING ON BEHALF OF ASH WHEN DISCUSSING THE RELEVANT SUBJECT WITH THIRD PARTIES; OR 5. FAIL TO CLARIFY WITH THIRD PARTIES WITH WHOM HE/SHE DEALS ON THE RELEVANT SUBJECT THAT HE/SHE IS NOT ACTING ON BEHALF OF ASH.

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A	TO ATTRACT AND RETAIN STELLAR TALENT IN THIS TOP EXECUTIVE POSITION, ASH PERIODICALLY ASSE SSES MARKET SALARY TRENDS FOR THIS ROLE. THIS INCLUDES A COMPREHENSIVE MARKET SALARY REVIE W CONDUCTED BY NONPROFIT HR SOLUTIONS (NPHRS) AND ASSOCIATION STRATEGIES, INC. EVERY THREE YEARS. THIS BENCHMARKING INCLUDES AN ASSESSMENT OF SALARIES AND BENEFITS OF OTHER NON-PRO FIT MEDICAL ASSOCIATION CHIEF EXECUTIVES WITH COMPARABLE BUDGET, STAFF SIZE, AND MISSION. WITH THE RESULTS OF THIS DATA, ASH CONSIDERS THE PERFORMANCE OF THE EXECUTIVE DIRECTOR, AN D SETS A SALARY ALIGNED AT LEAST WITH THE MEAN OF THE MARKET. EXECUTIVE COMPENSATION FOR T HE EXECUTIVE DIRECTOR IS ESTABLISHED BY CONTRACT BETWEEN THE BOARD OF DIRECTORS AND THE EXECUTIVE DIRECTOR WHICH IS TYPICALLY RENEGOTIATED EVERY THREE YEARS. EXECUTIVE COMPENSATION FOR THE EXECUTIVE DIRECTOR IS DETERMINED BY THE BOARD OF DIRECTORS AND CONFIRMED IN A FUL LY EXECUTED CONTRACT SIGNED BY THE PRESIDENT AND THE EXECUTIVE DIRECTOR. THE LAST SALARY R EVIEW WAS DONE IN FEBRUARY OF 2020. THE COMPENSATION FOR THE OTHER OFFICERS OR KEY EMPLOYE ES OF THE ORGANIZATION IS REVIEWED BY AN OUTSIDE HR GROUP AND APPROVED BY THE EXECUTIVE DI RECTOR.

Return Explanation

FORM 990,	THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST
PART VI,	. THE CONFLICT OF INTEREST POLICY IS LOCATED ON THE ORGANIZATION'S WEBSITE.
SECTION C,	
LINE 19	

Return Reference	Explanation
FORM 990, PART IX, LINE 11G	CONSULTANTS: PROGRAM SERVICE EXPENSES 3,603,575. MANAGEMENT AND GENERAL EXPENSES 5,048,221 . FUNDRAISING EXPENSES 14,383. TOTAL EXPENSES 8,666,179. AUDIO/VISUAL: PROGRAM SERVICE EXP ENSES 6,534,509. MANAGEMENT AND GENERAL EXPENSES 162,556. FUNDRAISING EXPENSES 11,801. TOT AL EXPENSES 6,708,866. SUBCONTRACTORS: PROGRAM SERVICE EXPENSES 450,423. MANAGEMENT AND GE NERAL EXPENSES 588,837. FUNDRAISING EXPENSES 1,678. TOTAL EXPENSES 1,040,938. WORKING GROU PS DEVELOPMENT: PROGRAM SERVICE EXPENSES 339,364. MANAGEMENT AND GENERAL EXPENSES 12,140. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 351,504. OTHER PROFESSIONAL FEES: PROGRAM SERVICE E XPENSES 0. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 14,262. TOTAL EXPENSES 14,262.

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(Form 990)

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

i answered "Yes" on Form 990, Part 1V, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

 \blacktriangleright Go to $\underline{www.irs.gov/Form990}$ for instructions and the latest information.

OMB No. 1545-0047

2021

DLN: 93493129010013

Open to Public Inspection

Name of the organization AMERICAN SOCIETY OF HEMATOLOGY INC				Employer identi	fication number		
AMERICAN SOCIETY OF HEMATOLOGY INC				23-7080568			
Part I Identification of Disregarded Entities. Comple	te if the organization answere	ed "Yes" on Form 9	990, Part IV, line	33.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity		
(1) ASH 2021 LLC 2021 L STREET NW SUITE 900 WASHINGTON, DC 20036 26-3243051	TO OWN ASH'S PRINCIPAL PROPERTY	DC	1,280,935	52,884,918	ASH		_
							_
							_
Part II Identification of Related Tax-Exempt Organiza	tions Complete if the organ	ization answered "	'Yes" on Form 990	Part IV line 34 h	pecause it had one or	r more	
related tax-exempt organizations during the tax yea		izacion answered	163 011101111 990	, rait IV, iiile 54 b	ecause it flad one of		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section (13) cor	512(b
						Yes	No
(1)ASH REGISTRY INC 2021 L STREET NW SUITE 900	TO FOSTER COLLABORATIVE PARTNERSHIPS TO ACCELERATE PROGRESS IN	DC	501(C)(3)	LINE 12B, II	ASH	Yes	
WASHINGTON, DC 20036 82-4218205	HEMATOLOGY						
For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.	Cat. No. 50135	<u> </u>	_1	Schedule R (Form	990) 20)21

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	alloca	h) ortionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percenta ownersh
					,			Yes	No		Yes	No	
Identification of Related Org	ganizations Tax	cable as a	Corporati	on or Trus	t. Complete i	f the orgatax vear	anization	answered	d "Yes" on	Form 990,	Part IV	, line 34	
Identification of Related Orgo because it had one or more relations (a) Name, address, and EIN of related organization	ganizations Tax ated organization (b) Primary a	ns treated a	as a corpor (c) Lega domic	ation or tru	et. Complete i st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total income	(g) Share of en of-year	(h) ntage	Section	(i) 512(b)(
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of	entity Sh	(f) are of total	(g) Share of en	(h) ntage	Section	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(i
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit
because it had one or more rela (a) Name, address, and EIN of	ated organization (b)	ns treated a	as a corpor (c) Lega domic (state or f	ation or tru al ile Toreign	st during the (d) Direct controlling	tax year (e g Type of (C cor	entity Sh	(f) are of total	(g) Share of en of-year	(h) ntage	Section contro	(i) 512(b)(: lled entit

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had

Schedule R (Form 990) 2021		P	age 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1	а	No
b Gift, grant, or capital contribution to related organization(s)	1	b Yes	
c Gift, grant, or capital contribution from related organization(s)	1	С	No
d Loans or loan guarantees to or for related organization(s)	1	d Yes	
e Loans or loan guarantees by related organization(s)	1	е	No
f Dividends from related organization(s)	1	.f	No
g Sale of assets to related organization(s)	1	g	No
h Purchase of assets from related organization(s)	1	h	No
i Exchange of assets with related organization(s)	1	.i	No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)	1	j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1	k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1	.1	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1	m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1	n Yes	
o Sharing of paid employees with related organization(s)	. 1	o Yes	
p Reimbursement paid to related organization(s) for expenses		p Yes	
q Reimbursement paid by related organization(s) for expenses		q	No
	⊢	$-\!\!\!\!+\!\!\!\!-\!\!\!\!-$	

k	Lease of facilities, equipment, or other assets from related organization(s)				1k	No
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	No
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m	No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n Ye	s
0	Sharing of paid employees with related organization(s)				1o Ye	s
р	Reimbursement paid to related organization(s) for expenses				1p Ye	s
	Reimbursement paid by related organization(s) for expenses				1 q	No
r	Other transfer of cash or property to related organization(s)				1r	No
s	Other transfer of cash or property from related organization(s)				1s	No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this lin	e, including covered r	elationships and tra	nsaction thresholds.		
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining an	nount involv	ed .
(1) AS	H REGISTRY INC	В	1,346,901	COST VALUE		
(2) AS	H REGISTRY INC	N	980,000	COST VALUE		
		I	l			

Schedule R (Form 990) 2021

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

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

was not a related organization. See instructions regarding				erships.									
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	organi	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets			(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			,	Yes	No			Yes	No		Yes	No	
													_
	•	•	•			•				Sch	edule R (Form 99	90) 2021

chedule R (Fo	Page	5						
Part VII	Supplemental Info	rmation						
	Provide additional infor	mation for responses to questions on Schedule R. See instructions.						
Return Reference		Explanation						