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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

2010

For calendar year 2010, or tax year beginning , and ending

G Check all that apply ☐ Initial return ☐ Initial return of a former public charity ☐ Final return
☐ Amended return ☐ Address change ☐ Name change

Name of foundation

Cascade Hemophilia Consortium

A Employer identification number
38-3199649

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
210 E Huron Street | **C-2**

B Telephone number (see page 10 of the instructions)
734-996-3300

City or town, state, and ZIP code
Ann Arbor MI 48104

C If exemption application is pending, check here ▶ ☐

D 1 Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

H Check type of organization ☒ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 0

J Accounting method ☐ Cash ☒ Accrual
☐ Other (specify)
(Part I, column (d) must be on cash basis)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

Part I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ▶ ☒ if the foundation is **not** required to attach Sch B				
	3 Interest on savings and temporary cash investments	30,479	30,479	30,479	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns & allowances 41,597,438				
	b Less Cost of goods sold 36,942,460				
	c Gross profit or (loss) (attach schedule) Stmt 1	4,654,978		4,654,978	
	11 Other income (attach schedule) Stmt 2	3,190		3,190	
	12 **Total.** Add lines 1 through 11	4,688,647	30,479	4,688,647	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	130,254			130,254
	14 Other employee salaries and wages	267,974			267,974
	15 Pension plans, employee benefits	113,365			113,365
	16a Legal fees (attach schedule) See Stmt 3	500			500
	b Accounting fees (attach schedule) Stmt 4	13,663			13,663
	c Other professional fees (attach schedule) Stmt 5	31,817			31,817
	17 Interest	18,007			18,007
	18 Taxes (attach schedule) (see page 14 of the instructions) Stmt 6	701			701
	19 Depreciation (attach schedule) and depletion Stmt 7	4,072			
	20 Occupancy	42,696			42,696
	21 Travel, conferences, and meetings	15,466			15,466
	22 Printing and publications	802			802
	23 Other expenses (att sch) Stmt 8	311,884			311,884
	24 **Total operating and administrative expenses.** Add lines 13 through 23	951,201	0	0	947,129
	25 Contributions, gifts, grants paid	2,207,880			2,207,880
	26 **Total expenses and disbursements.** Add lines 24 and 25	3,159,081	0	0	3,155,009
	27 Subtract line 26 from line 12				
	a **Excess of revenue over expenses and disbursements**	1,529,566			
	b **Net investment income** (if negative, enter -0-)		30,479		
	c **Adjusted net income** (if negative, enter -0-)			4,688,647	

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Part II Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	End of year (b) Book Value	(c) Fair Market Value
Assets 1	Cash—non-interest-bearing			
2	Savings and temporary cash investments	3,041,843	3,747,398	
3	Accounts receivable ▶ 4,022,138			
	Less allowance for doubtful accounts ▶	2,082,467	4,022,138	
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
7	Other notes and loans receivable (att schedule) ▶			
	Less allowance for doubtful accounts ▶ 0			
8	Inventories for sale or use	2,393,481	3,939,569	
9	Prepaid expenses and deferred charges	19,367	16,317	
10a	Investments—U S and state government obligations (attach schedule)			
b	Investments—corporate stock (attach schedule)			
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach sch) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶ 46,488			
	Less accumulated depreciation (attach sch) ▶ Stmt 9 24,999	4,982	21,489	
15	Other assets (describe ▶)			
16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	7,542,140	11,746,911	0
Liabilities 17	Accounts payable and accrued expenses	1,023,720	3,622,499	
18	Grants payable	585,187	661,613	
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶)			
23	**Total liabilities** (add lines 17 through 22)	1,608,907	4,284,112	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
24	Unrestricted	5,933,233	7,462,799	
25	Temporarily restricted			
26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	**Total net assets or fund balances** (see page 17 of the instructions)	5,933,233	7,462,799	
31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	7,542,140	11,746,911	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	5,933,233
2	Enter amount from Part I, line 27a	2	1,529,566
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	7,462,799
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	7,462,799

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a	N/A			
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				
b				
c				
d				
e				

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a				
b				
c				
d				
e				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8	3	

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2009	20,829,559		
2008	20,557,821		
2007	17,934,235		
2006	19,717,725		
2005	22,000,173		

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	0
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	305
7	Add lines 5 and 6	7	305
8	Enter qualifying distributions from Part XII, line 4	8	40,097,469

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☒ and enter 1% of Part I, line 27b		1	305
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3	Add lines 1 and 2		3	305
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-		5	305
6	Credits/Payments			
a	2010 estimated tax payments and 2009 overpayment credited to 2010	6a 1,318		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments Add lines 6a through 6d		7	1,318
8	Enter any **penalty** for underpayment of estimated tax Check here ☐ if Form 2220 is attached		8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	1,013
11	Enter the amount of line 10 to be **Credited to 2011 estimated tax** ▶ 1,013 **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ $ _____ (2) On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ www.cascadehc.org

14 The books are in care of ▶ Timothy Brent Telephone no ▶ 734-996-3300

210 E Huron Street

Located at ▶ Ann Arbor MI ZIP+4 ▶ 48104

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

			Yes	No
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶	16		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☒ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☒ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☒ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2010?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2010? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 22 of the instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2010 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2010) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	4b		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No		
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	☐ Yes	☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	N/A		5b	
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐				
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A ☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If Yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A		7b	

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 10				

2 Compensation of five highest-paid employees (other than those included on line 1 — see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Mike Altese Ann Arbor 210 E. Huron MI 48103	Pharmacist 40.00	105,404	23,761	0
Stephanie Raymond Ann Arbor 210 E. Huron MI 48103	Assoc. Dir 40.00	90,346	17,371	0

Total number of other employees paid over $50,000 ▶ 2

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over $50,000 for professional services ▶

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 See Statement 11	40,097,469
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes			
a	Average monthly fair market value of securities		1a	0
b	Average of monthly cash balances		1b	2,465,122
c	Fair market value of all other assets (see page 25 of the instructions)		1c	0
d	**Total** (add lines 1a, b, and c)		1d	2,465,122
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e 0		
2	Acquisition indebtedness applicable to line 1 assets		2	0
3	Subtract line 2 from line 1d		3	2,465,122
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions) See Statement 12		4	2,465,122
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4		5	0
6	**Minimum investment return.** Enter 5% of line 5		6	0

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ [X] and do not complete this part)

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2010 from Part VI, line 5	2a		
b	Income tax for 2010 (This does not include the tax from Part VI)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see page 25 of the instructions)		6	
7	**Distributable amount** as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,155,009
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	36,942,460
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	40,097,469
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	305
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	40,097,164

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years 20 ____ , 20 ____ , 20 ____				
3 Excess distributions carryover, if any, to 2010				
a From 2005				
b From 2006				
c From 2007				
d From 2008				
e From 2009				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2010 from Part XII, line 4 ▶ $ 40,097,469				
a Applied to 2009, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus	40,097,469			
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	40,097,469			
b Prior years' undistributed income Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2009 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2011				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2011.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2010, enter the date of the ruling ▶ N/A

b Check box to indicate whether the foundation is a private operating foundation described in section [X] 4942(j)(3) or [ ] 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0				0
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	40,097,469	20,829,969	20,558,405	17,935,628	99,421,471
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	40,097,469	20,829,969	20,558,405	17,935,628	99,421,471
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter (1) Value of all assets	11,871,384	7,522,773	7,701,832	7,558,475	34,654,464
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	11,871,384	7,522,773	7,701,832	7,558,475	34,654,464
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) N/A					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) N/A					
(3) Largest amount of support from an exempt organization N/A					
(4) Gross investment income N/A					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000) (See section 507(d)(2))

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

None

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ▶ [X] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds If the foundation makes gifts, grants, etc (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d

a The name, address, and telephone number of the person to whom applications should be addressed

N/A

b The form in which applications should be submitted and information and materials they should include

See Attached "Request for Proposals"

c Any submission deadlines

See Attached "Request for Proposals"

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

See Attached "Request for Proposals"

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year See Statement 13				2,207,880
Total			▶ 3a	2,207,880
b Approved for future payment See Statement 14				3,036,231
Total			▶ 3b	3,036,231

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	30,479	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					4,654,978
11 Other revenue a					
b Other income					3,190
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		30,479	4,658,168
13 Total. Add line 12, columns (b), (d), and (e)				13	4,688,647

(See worksheet in line 13 instructions on page 29 to verify calculations)

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)
10	Sale of blood products, HIV and Hepatitis C related therapies and other medications, at reduced prices. Cascade's exempt purpose is to enhance the system of care for hemophilia patients by providing these products.
11b	Other related income

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of		
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

Signature of officer or trustee: Timothy K. Brewer Date: 5/31/11 Title: Executive Director

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed
James H. Bennett CPA	James H. Bennett CPA	05/25/11	

Firm's name ▶ Bennett & Associates CPA's PLLC PTIN P00447547

Firm's address ▶ 100 Huronview Blvd Ste 200 Firm's EIN ▶ 27-3488128

Ann Arbor, MI 48103-2946 Phone no 734-622-7000

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 10c - Gross Sales less Cost of Goods Sold

Description	Gross Sales	COGS	Gross Profit
Reduced price factor sales	$ 41,597,438	$ 36,942,460	$ 4,654,978
Total	$ 41,597,438	$ 36,942,460	$ 4,654,978

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
Other income	$ 3,190	$	$ 3,190
Total	$ 3,190	$ 0	$ 3,190

Statement 3 - Form 990-PF, Part I, Line 16a - Legal Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$ 500	$	$	$ 500
Total	$ 500	$ 0	$ 0	$ 500

Statement 4 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Accounting Fees	$ 13,663	$	$	$ 13,663
Total	$ 13,663	$ 0	$ 0	$ 13,663

Statement 5 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Payroll Expensese	$ 10,260	$	$	$ 10,260
401k Admin Expenses	3,613			3,613
Contractor Svcs	17,924			17,924
Professional Fees	20			20
Total	$ 31,817	$ 0	$ 0	$ 31,817

Statement 6 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Licenses and permits	$ 701	$	$	$ 701
Total	$ 701	$ 0	$ 0	$ 701

Statement 7 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
		$	$ 1,240			$ 4,072	$	$
Total		$ 0	$ 1,240			$ 4,072	$ 0	$ 0

Statement 8 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$	$	$	$
Expenses				
Insurance	53,971			53,971
Office expense	257,913			257,913
Total	$ 311,884	$ 0	$ 0	$ 311,884

Statement 9 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
Equipment	$ 4,982	$ 46,488	$ 24,999	$
Total	$ 4,982	$ 46,488	$ 24,999	$ 0

Federal Statements

Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Jane Dinnen 210 E. Huron Ann Arbor MI 48104	President	1.00	0	0	0
William Sparrow 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0
Timothy Brent 210 E. Huron Ann Arbor MI 48104	Exec Dir	40.00	130,254	31,888	0
William Berk, MD 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0
Ivan Harner 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0
Helen Levenson, JD 210 E. Huron Ann Arbor MI 48104	Secretary	1.00	0	0	0
Michael Luettgen 210 E. Huron Ann Arbor MI 48108	Director	1.00	0	0	0
Michael McGuire 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0
Gary Priestap 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0

Statement 10 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
Lauren Shellenberger 210 E. Huron Ann Arbor MI 48104	Director	1.00	0	0	0
Peter Deininger 210 E. Huron Ann Arbor MI 48104	Treasurer	1.00	0	0	0

Statement 11 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description
Makes products available to hemophilia patients, assists patients without adequate insurance, works with manufacturers to obtain drugs under compassionate use policies. Also assists patients when they are unable to make insurance co-payments and no other source of funds can be located. Cascade provides allied health services to patients and grant contracts to organizations to provide medical care and allied health services.

Statement 12 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
Because of the immediate need of clotting factor and other medical supplies, it is necessary for Cascade to retain a sufficient amount of cash to purchase these supplies when they become available. Payment must be made immediately.	2,465,122
Total	2,465,122

Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or $5,000

Name of Manager	Amount
None	$
Total	$ 0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
None	$
Total	$ 0

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description
See Attached "Request for Proposals"

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description
See Attached "Request for Proposals"

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description
See Attached "Request for Proposals"

Federal Statements

Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name / Address	Address / Relationship	Status	Purpose	Amount
Various Ann Arbor MI 48104	210 E. Huron Street eligible non-pr		Support for medical services provide	84,972
Various Detroit MI 48201	3901 Beaubien Blvd. eligible non-pr		Support for medical services provide	86,005
Various Grand Rapids MI 49503	100 Michigan St., N.E., M eligible non-pr		Support for medical services provide	109,631
Various Detroit MI 48202	2799 West Grand Boulevard eligible non-pr		Support for medical services provide	78,221
Various Indianapolis IN 46260	8402 Harcourt Road eligible non-pr		Support for medical services provide	85,647
Various East Lansing MI 48823	2900 Hannah Blvd eligible non-pr		Support for medical services provide	50,400
Various Flint MI 48503	One Hurley Plaza 6W eligible non-pr		Support for medical services provide	78,500
Various Traverse City MI 49684	1105 Sixth Street eligible non-pr		Support for medical services provide	78,995
Various Toledo OH 43606	2150 W. Central Avenue eligible non-pr		Support for medical services provide	73,246
Various Columbus OH 43210	320 West 10th Avenue eligible non-pr		Support for medical services provide	99,066
Various Columbus OH 43205	700 Childrens Drive eligible non-pr		Support for medical services provide	73,113
Various Cincinnati OH 45267	231 Albert Sabin Way ML 5 eligible non-pr		Support for medical services provide	26,003
Various Cleveland OH 44106	11100 Euclid Avenue eligible non-pr		Support for medical services provide	71,949
Various Cincinnati OH 45229	3333 Burnet Avenue, M.L. eligible non-pr		Support for medical services provide	76,095
Various Ann Arbor MI 48109	1500 East Medical Center eligible non-pr		Support for medical services provide	74,125
Various Dayton OH 45404	One Childrens Plaza eligible non-pr		Support for medical services provide	87,192
Various Kalamazoo MI 49007	200 North Park Street eligible non-pr		Support for medical services provide	30,000
Various Akron OH 44308	One Perkins Square, 5th F eligible non-pr		Support for medical services provide	125,318

Statement 13 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)

Name / Address	Address	Relationship	Status	Purpose	Amount
Various	3663 Woodward, 4th Floor				
Detroit MI 48201		eligible non-pr		Support for medical services provide	181,526
Various	1921 W. Michigan Avenue				
Ypsilanti OH 48197		eligible non-pr		Support for SpringFest, Camp Bold Ea	527,088
Various	5170 E. 65th St., Suite 1				
Indianapolis IN 46220		eligible non-pr		Support for annual meeting, Camp Bra	50,000
Various	4807 Rockside Road				
Independence OH 44131		eligible non-pr		Support for educational newsletter	12,000
Various	82 Elva Court Suite B				
Vandalia OH 45377		eligible non-pr		Camperships to Bold Eagle and transp	6,000
Various	P. O. Box 345				
Worthington OH 43085		eligible non-pr		Camperships to Camp Bold Eagle, supp	6,000
Various	P. O. Box 12606				
Toledo OH 43606		eligible non-pr		Support for camp program, outreach t	11,865
Various	635 W. Seventh Street				
Cincinnati OH 45203		eligible non-pr		Camperships, assistance to attend NH	12,000
Various	210 E. Huron Street				
Ann Arbor MI 48104		eligible non-pr		Grants to support dental care for HT	2,923
Various	2425 Roscoe Court				
Dublin OH 43016		eligible non-pr		Lodging and meal support for FAMOHIO	10,000
Total					2,207,880

Statement 14 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt

Name / Address	Address	Relationship	Status	Purpose	Amount
Various	210 E. Huron Street				
Ann Arbor MI 48104		eligible non-pr		Support for medical services provide	671,916
Various	3901 Beaubien Blvd.				
Detroit MI 48201		eligible non-pr		Support for medical services provide	151,506
Various	100 Michigan St., N.E., M				
Grand Rapids MI 49503		eligible non-pr		Support for medical services provide	80,518

Statement 14 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt (continued)

Name / Address	Address / Relationship	Status	Purpose	Amount
Various Detroit MI 48202	2799 West Grand Boulevard eligible non-pr		Support for medical services provide	94,000
Various East Lansing MI 48823	2900 Hannah Blvd. eligible non-pr		Support for medical services provide	110,000
Various Flint MI 48503	One Hurley Plaza 6W eligible non-pr		Support for medical services provide	95,000
Various Traverse City MI 49684	1105 Sixth Street eligible non-pr		Support for medical services provide	130,063
Various Toledo OH 43606	2150 W. Central Avenue eligible non-pr		Support for medical services provide	90,000
Various Columbus OH 43210	320 West 10th Avenue eligible non-pr		Support for medical services provide	107,000
Various Columbus OH 43205	700 Childrens Drive eligible non-pr		Support for medical services provide	86,000
Various Cincinnati OH 45267	231 Albert Sabin Way ML 5 eligible non-pr		Support for medical services provide	45,000
Various Cleveland OH 44106	11100 Euclid Avenue eligible non-pr		Support for medical services provide	87,000
Various Cincinnati OH 45229	3333 Burnet Avenue, M.L. eligible non-pr		Support for medical services provide	90,000
Various Ann Arbor MI 48109	1500 East Medical Center eligible non-pr		Support for medical services provide	87,000
Various Dayton OH 45404	One Childrens Plaza eligible non-pr		Support for medical services provide	84,000
Various Kalamazoo MI 49007	200 North Park Street eligible non-pr		Support for medical services provide	44,854
Various Akron OH 44308	One Perkins Square, 5th F eligible non-pr		Support for medical services provide	146,400
Various Detroit MI 48201	3663 Woodward, 4th Floor eligible non-pr		Support for medical services provide	101,659
Various Ypsilanti OH 48197	1921 W. Michigan Avenue eligible non-pr		Support for SpringFest, Camp Bold Ea	615,315
Various Indianapolis IN 46220	5170 E. 65th St., Suite 1 eligible non-pr		Support for annual meeting, Camp Bra	55,000
Various Independence OH 44131	4807 Rockside Road eligible non-pr		Support for educational newsletter	18,000

Statement 14 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt (continued)

Name Address	Address Relationship	Status	Purpose	Amount
Various Vandalia OH 45377	82 Elva Court Suite B eligible non-pr		Camperships to Bold Eagle and transp	7,000
Various Worthington OH 43085	P. O. Box 345 eligible non-pr		Camperships to Camp Bold Eagle, supp	9,000
Various Toledo OH 43606	P. O. Box 12606 eligible non-pr		Support for camp program, outreach t	8,000
Various Cincinnati OH 45203	635 W. Seventh Street, Su eligible non-pr		Camperships, assistance to attend NH	6,000
Various Ann Arbor MI 48104	210 E. Huron Street eligible non-pr		Grants to support dental care for HT	5,000
Various Dublin OH 43016	2425 Roscoe Court eligible non-pr		Lodging and meal support for FAMOHIO	11,000
Total				3,036,231

CASCADE HEMOPHILIA CONSORTIUM

Memorandum

TO: Region V-East Hemophilia Treatment Center Medical Directors, Nurse Coordinators, Social Workers, and other Healthcare Providers

FROM: Jane Dinnen, Cascade Board President
Tim Brent, Cascade Executive Director

DATE: November 10, 2010

RE: Cascade Request for Proposals

We are pleased to announce that the Board of Directors of Cascade Hemophilia Consortium is requesting proposals from Region V-East Hemophilia Treatment Centers, in keeping with its mission to support programs enhancing care for consumers in Region V-East.

In order to more closely synchronize the timing of the Cascade, MCHB, and CDC grants, this round of Cascade grants will cover the twelve-month period from June 1, 2011 to May 31, 2012. The regional coordinator, Suzanne Kapica, will provide input to the Cascade Grant Committee about federal funding to the region, in an effort to consider any special circumstances affecting individual centers, thereby leading to stronger, more balanced funding of the treatment centers in Region V-East.

We are pleased to be able to increase the amount offered to the 18 Treatment Centers in the region by $230,000 for a total of $1,630,000 for this 12-month grant period.

Due to coordination with MCHB and CDC funding, Cascade grants may vary from center to center. **You are strongly encouraged to contact Suzanne Kapica when planning your grant application.**

The attached page, "Request for Proposals," outlines the grant application process, as well as the types of services Cascade's Board has identified as priorities. Requests for capital equipment (computer systems, etc.) are not encouraged, nor are lab services and genetic testing *when* those are fundable elsewhere. Partial funding for non-physician staff positions is acceptable. It is also acceptable for budget line items to represent different projects or services. Although the funding for these grants comes from Cascade, and Cascade's Board of Directors makes the final determination about which proposals will be funded, the grants will be administered through HFM as the Regional Core Center.

We are requesting that proposals be returned by Monday, December 20, 2010. Please submit your proposals to Suzanne Kapica at the Hemophilia Foundation of Michigan, 1921 W. Michigan Avenue, Ypsilanti, MI 48197.

We thank you for your support of Cascade. If you have suggestions about how the grant process can be improved in the future, please let us know.

210 East Huron Street, Suite D • Ann Arbor, MI 48104 • (734) 996-3300 • (734) 996-5566 fax • (800) 996-2575

Request for Proposals
Region V-East
Hemophilia Treatment Centers

Cascade Hemophilia Consortium and the Hemophilia Foundation of Michigan are requesting brief grant applications for funding to support the efforts of Region V-East Comprehensive Hemophilia Treatment Centers to provide medical, psychosocial, and educational services to consumers and their families, so they may become knowledgeable and proactive in managing their own care. Cascade will offer grants to reimburse the costs of client services for persons with hemophilia and related hereditary bleeding disorders. **Funds from HFM/Cascade's 340B program are considered to be "program income" as defined in your MCHB grant and, as such, should not be used for research. Funding for Thrombophilia care will not be provided during this grant period.**

Cascade grants will be closely coordinated with MCHB and CDC Treatment Center funding administered through the Hemophilia Foundation of Michigan. **Accordingly, these Cascade grants will cover the 12 month period from June 1, 2011 to May 31, 2012.**

Qualifications and Availability of Funds

To qualify, federally funded Hemophilia Treatment Centers (HTCs) must meet the *Standards and Criteria: For the Care of Persons with Congenital Bleeding Disorders* adopted by the National Hemophilia Foundation on July 10, 1994. (Copies are available from the Hemophilia Foundation of Michigan and HANDI.)

Approximately $1,630,000 is available for the 18 HTCs in the region, an increase in funding compared to last year by $230,000. **You are strongly urged to contact Suzanne Kapica for help in putting together your grant applications, as she will play a key role in making recommendations to the Cascade Grant Committee.**

Services Funded by the Cascade Hemophilia Consortium

'Direct client services' are services offered by a comprehensive care center or other nonprofit entity that directly contribute to the health care of persons with hereditary bleeding disorders. These services may include, but are not limited to, the following:

- physical therapy services
- non-physician staff
- dental services
- client education services
- mental health services
- durable medical equipment
- client transportation
- other services that directly impact client care
- stipends for consumers or providers to attend the NHF annual meeting (for lodging and travel not to exceed $1,000; please state selection criteria)

Although Cascade will provide non-physician salary support, it will not provide indirect costs nor contribute to a hospital's general funds. All funds for HTCs will be awarded in a contract between Cascade and the HTC's host institution, similar to the contract for federal funds HTCs have with the Hemophilia Foundation of Michigan as the Regional Core Center.

Other Funding Priorities

HTC grant funding provided by the Cascade Hemophilia Consortium is made available to support HTC services as described above and to help assure that HTCs across the region have adequate financial support to provide optimal medical services for persons with bleeding disorders. This funding supplements federal HTC funding, which has remained flat or decreased over the past several years. In addition to the information that you provide with this application, information provided in your federal grant applications may also be used to determine individual HTC need and to make decisions about the size of the Cascade grant awards.

Collaborative Applications

If several centers wish to collaborate on a project, they should submit a single collaborative proposal with one budget and justification that includes only shared expenses for proposed projects. Personnel expenses for collaborative projects should be included in individual HTC grant applications and included on the Budget Form as "Personnel Expenses" with the proposed project reflected in the narrative justification.

Grant Application Instructions

Only one application per HTC will be accepted, except that collaborating centers may submit joint and individual applications as described above.

Grant applications should include the following:

- A one-page cover sheet naming the treatment center applying, as well as the name/address/phone/email address of the person to be notified of the Board's funding decision.

- A short (no more than two pages) statement that covers:

  (1) a description of the client services for which you seek funding; how funds will be administered and spent, including time frames; expected numbers of clients to be served; who will provide the services; and the benefit of such services to clients and families. In this section you should state a strong case for your need for funds for these services. Also, please explain why the services are not funded or provided elsewhere.

  (2) a statement that the HTC complies with the patient choice protocol required by the Maternal and Child Health Bureau of the US Department of Health and Human Services, and that the Treatment Center offers Cascade Hemophilia Consortium Services as one choice available to patients.

- A one-page line-item budget on the enclosed form.

- A one-page budget narrative (justification) that explains each line item.

Applications should be submitted by Monday, December 20, 2010, to Suzanne Kapica at the Hemophilia Foundation of Michigan (HFM) at 1921 West Michigan Avenue, Ypsilanti, MI 48197.

Suzanne is also available to provide technical assistance as you prepare your grant application and can be reached at (734) 544-0015 or by e-mail at suzanne@hfmich.org. We strongly encourage you to work with her while developing your grant proposal.

Cascade reserves the right to refrain from awarding grants if, in the sole discretion of the Cascade Board, grant applications lack merit or fail to meet the established criteria.

2011/2012 CASCADE HEMOPHILIA CONSORTIUM
GRANT BUDGET REQUEST FORM
(June 1, 2011 – May 31, 2012)

BUDGET CATEGORY	AMOUNT REQUESTED
Personnel: (name, title)	
Fringe benefits (calculated at _____%)	
Total Personnel Expenses	

Non-personnel Expenses: (Specify)	
Total Non-personnel Expenses	

TOTAL REQUEST	

Cascade Hemophilia-Quarterly update

May 24, 2011

Tim, Sean, Bruce, Deb

Upcoming:

Move:

- New address 517 William- approx second week of October
- Fax machines-important as RX come in
- Emergency generator on roof- IT not connected
- Need more battery units for move
- Needs conferencing with telecom for staff
    - We will work with Marc Carlson for a walk thru
    - We will work with the other potential electrician for a walk through
    - Tim will be available for both walk through's to point out future build outs
- 4 infra red cameras DVR for new site- later will need to change firewall

Executive Summary:

- 93% overall score
- SBS using a lot of memory- no current problems reported
- Security 88%- concern with outside router

Issues: (reported by Tim)

- Come in in the morning and when they open a network folder, or file on network folder it causes a 60 sec delay. Work around: reboot individual computers.

User Issues: None reported

New Technology/Software

- Sharepoint- we can set this up but it may need custom programming

DE Best Asset:

- Willing to work with other software problems such as Quick books. Great service because often they can't tell if it's a software or hardware issue

FAX Process:

- Incoming faxes bypass Brother Machine and go directly to Fax Modem to server to Fax console(digital)
- Use Brother as backup if server is down (paper)

Critical Software:

- Refrigeration unit uses Sensaphone software- calls Tim if temp changes.

DE to do:

- Deb will call next week and schedule a time to come out and meet new users etc
- Leslie will look at issue of delayed opening- work remote, open any file on the N drive
- Mik will reach out to Tim to discuss what Tim is doing with standards and document what Sharepoint can do.

Quotes:

- Cisco ASA router- tech soup qualified or monthly maintenance fee or set up fee
- Hourly quote to apply security updates to existing router or add a router to monthly(hold)
- Quote fax modem - $200 version

Form **8868** (Rev January 2011)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization	Employer identification number
	Cascade Hemophilia Consortium	38-3199649
	Number, street, and room or suite no If a P O box, see instructions 210 E Huron Street C-2	
	City, town or post office, state, and ZIP code For a foreign address, see instructions Ann Arbor MI 48104	

Enter the Return code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

Timothy Brent
210 E Huron Street

- The books are in the care of ▶ Ann Arbor MI 48104
  Telephone No ▶ 734-996-3300 FAX No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/11 , to file the exempt organization return for the organization named above The extension is for the organization's return for:
▶ [X] calendar year 2010 or
▶ [ ] tax year beginning , and ending

2 If this tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return
[ ] Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$ 1,318
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.	3b	$ 1,318
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.