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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2010

Open to Public
Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning OCT 1, 2010 and ending SEP 30, 2011

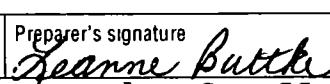
B Check if applicable	C Name of organization Great Lakes Hemophilia Foundation, Inc.		D Employer identification number 23-7367636	
<input type="checkbox"/> Address change	Doing Business As		E Telephone number 414-257-0200	
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address) 638 N. 18th Street Suite 108		Room/suite	<input type="checkbox"/> F Gross receipts \$ 1,764,021.
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 Milwaukee, WI 53233-2121		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Terminated	F Name and address of principal officer: Beth Rodenhuis same as C above		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
<input type="checkbox"/> Amended return	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
<input type="checkbox"/> Application pending	J Website: ► WWW.GLHF.ORG		K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of formation 1974 M State of legal domicile WI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Comprehensive care, support and education for those with hemophilia and other bleeding disorders.			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)			
	4 Number of independent voting members of the governing body (Part VI, line 1b)			
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)			
	6 Total number of volunteers (estimate if necessary)			
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34			
Revenue	8 Contributions and grants (Part VIII, line 1h)	911	RECEIVED	18
	9 Program service revenue (Part VIII, line 2g)	FEB 23 2012		18
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	IRS-90	5	13
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	OGDEN, UT	6	165
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7a	0.
			7b	0.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	1,437,341.	1,447,241.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,000.	42,723.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	26,320.	36,075.	
	b Total fundraising expenses (Part IX, column (D), line 25) ► 112,127.	106,466.	-12,494.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,580,127.	1,513,545.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	917,215.	783,335.	
19 Revenue less expenses Subtract line 18 from line 12	0.	0.		
	475,786.	413,143.		
	0.	0.		
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	196,263.	266,726.	
	21 Total liabilities (Part X, line 26)	1,589,264.	1,463,204.	
	22 Net assets or fund balances. Subtract line 21 from line 20	-9,137.	50,341.	
		Beginning of Current Year	End of Year	
		1,661,350.	1,675,237.	
		351,889.	323,557.	
		1,309,461.	1,351,680.	

Part II Signature Block

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

Sign Here	► 	Date 2/13/12
	► Michael Kohler, President	
Signature of officer		
Type or print name and title		
Paid	Print/Type preparer's name Leanne Buttke, CPA	Preparer's signature 
Preparer	Firm's name ► Sattell, Johnson, Appel & Co, SC	Date 2/8/12 Check <input type="checkbox"/> if self-employed PTIN
Use Only	Firm's address ► 800 Woodland Prime, Suite 100 Menomonee Falls, WI 53051-4481	Firm's EIN ►
		Phone no 414-273-0500

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:

The Foundation is dedicated to advancing the quality of life of individuals and families affected by hemophilia or other blood disorders by providing a broad range of services and programs while supporting research to improve care and to find a cure.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 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.

4a (Code _____) (Expenses \$ 577,036. including grants of \$ 329,342.) (Revenue \$ _____)
Patient Care:

GLHF advances the comprehensive care for people with bleeding disorders through its support of an integrated regional network of hemophilia treatment centers through a grant from HRSA. The design of the hemophilia treatment care network provides patients with access to multiple disciplines, each of which has specific expertise in bleeding disorder care. The hemophilia model has been one of the most successfully managed public health programs in the United States. The substantial socioeconomic benefits of comprehensive services for the hemophilia population are well documented and include increased employment, fewer days lost from work and school, decreased hospital

4b (Code: _____) (Expenses \$ 231,866. including grants of \$ 203,271.) (Revenue \$ _____)
Research:

GLHF supports the systematic coordinated assessment and recording of health outcomes of individuals with bleeding disorders in a national database through a grant from the CDC. The database currently holds information on 25,108 individuals, including 78,388 clinic visits, and is the largest repository of hemophilia outcome data in the world. This data provides critical information for the design of randomized clinical trials that are generating evidence-based approaches to the management of hemophilia care, identifies gaps in the evidence-based knowledge that underlies clinical practice, and serves as a valuable basis for framing clinical research questions with the goal of

4c (Code _____) (Expenses \$ 137,764. including grants of \$ 78,334.) (Revenue \$ 8,554.)
Public Education:

GLHF supports a comprehensive network of health professionals and patients & their families in providing public education about bleeding disorders. Health care professionals - through the federal grant supported regional network - educate teachers, coaches, emergency room personnel, dentists and other individuals who provide support to individuals with bleeding disorders to ensure safe and healthy outcomes for their patients. In addition, GLHF volunteers attend health fairs and other events to heighten the public's understanding of bleeding disorders and the symptoms to encourage women, in particular, to seek medical support for otherwise

4d Other program services. (Describe in Schedule O)

(Expenses \$ 235,420. including grants of \$ 172,388.) (Revenue \$ _____)

4e Total program service expenses ► 1,182,086.

Part IV 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 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. <ul style="list-style-type: none"> a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11a X 11b X 11c X 11d X 11e X 11f X 12a X 12b X 13 X 14a X 14b X 15 X 16 X 17 X 18 X 19 X 20a X 20b	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII <ul style="list-style-type: none"> 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, XII, and XIII is optional 		
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
14a Did the organization maintain an office, employees, or agents outside of the United States? <ul style="list-style-type: none"> b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 		
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV		
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		
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		
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H <ul style="list-style-type: none"> b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) 		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25	24a	X
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
b	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	
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	X
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	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? a 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	36	X
36	Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 11	
1b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 13	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)</i>		X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b If "Yes," enter the name of the foreign country: ► <i>See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</i>		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?		
b Did the organization make a distribution to a donor, donor advisor, or related person?		
10 Section 501(c)(7) organizations. Enter:		
a 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:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?		
<i>Note. See the instructions for additional information the organization must report on Schedule O.</i>		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
c Enter the amount of reserves on hand	13b 13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year **18**

b Enter the number of voting members included in line 1a, above, who are independent **18**

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**

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**

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4**

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5**

6 Does the organization have members or stockholders? **6**

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? **7a**

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? **7b**

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? **8a**
a The governing body? **8b**
b Each committee with authority to act on behalf of the governing body?

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**

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Does the organization have local chapters, branches, or affiliates? **10a**

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? **10b**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a**

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a**

12a Does the organization have a written conflict of interest policy? If "No," go to line 13 **12b**

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c**

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done **13**

13 Does the organization have a written whistleblower policy? **14**

14 Does the organization have a written document retention and destruction policy? **15**

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? **15a**

a The organization's CEO, Executive Director, or top management official **15b**

b Other officers or key employees of the organization **16a**

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16b**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16b**

b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **16b**

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **WI**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **Barbara Eder - 414-257-0200**
638 North 18th Street, Suite 108, Milwaukee, WI 53201-0704

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter .0 in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
Michael Kohler President	0.30	X	X				0.	0.	0.
Brandon Young Vice President	0.30	X	X				0.	0.	0.
Todd Endres Treasurer	0.30	X	X				0.	0.	0.
David Osswald Secretary	0.30	X	X				0.	0.	0.
William Finn Director	0.30	X					0.	0.	0.
Renate M. Gray Director	0.30	X					0.	0.	0.
Jean Grow Director	0.30	X					0.	0.	0.
Steve McMurtry Director	0.30	X					0.	0.	0.
Robert R. Montgomery Director	0.30	X					0.	0.	0.
Beth Rodenhuis Director	0.30	X					0.	0.	0.
Suzanne Schmidt Director	0.30	X					0.	0.	0.
Huma Siddiqui Director	0.30	X					0.	0.	0.
Frederick J. Tamms Director	0.30	X					0.	0.	0.
Jeffrey Wade Director	0.30	X					0.	0.	0.
Gilbert White Director	0.30	X					0.	0.	0.
Raymond Zellmer Director	0.30	X					0.	0.	0.
Jeff Koopmeiners Director	0.30	X					0.	0.	0.

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 0

1

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f	1a 1b 1c 147,382. 1d 1e 1,036,987. 1f 262,872. 21,190. ► 1,447,241.			
Program Service Revenue	2 a Regional meeting b Admissions to education c d e f All other program service revenue g Total. Add lines 2a-2f	Business Code 900099 900099 ► 42,723.	34,169. 8,554. 34,169. 8,554.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 147,382. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory 11 a b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions	(i) Real 193,424. (ii) Personal 185,332. ► 8,092. a 46,481. b 58,177. ► -11,696. a b ► a 6,169. b 6,967. ► -798. Miscellaneous Revenue Business Code ► 1,513,545. 50,017. 0. 16,287.	27,983. 27,983. 8,092. 8,092. -11,696. -11,696.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

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
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	783,335.	783,335.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	128,658.	66,787.	51,357.	10,514.
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	210,218.	124,187.	13,859.	72,172.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	9,025.	4,415.	1,601.	3,009.
9 Other employee benefits	38,870.	19,013.	7,212.	12,645.
10 Payroll taxes	26,372.	12,901.	4,852.	8,619.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	13,640.		13,640.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	12,160.	4,714.	7,446.	
g Other	37,770.	8,863.	28,753.	154.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	30,513.		30,513.	
17 Travel	7,347.	6,716.	173.	458.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,559.		3,559.	
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Patient care	84,722.	84,048.	592.	82.
b Other	54,898.	49,797.	2,106.	2,995.
c Supplies	19,826.	15,844.	2,755.	1,227.
d Communications	2,291.	1,466.	573.	252.
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	1,463,204.	1,182,086.	168,991.	112,127.
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets				
1	Cash - non-interest-bearing	52,859.	1	61,037.
2	Savings and temporary cash investments	192,449.	2	171,035.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	202,231.	4	218,585.
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges	1,640.	9	14,959.
10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	86,301.		
b	Less accumulated depreciation	10b 78,743.	10c 11,116.	7,558.
11	Investments - publicly traded securities	1,201,055.	11	1,202,063.
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,661,350.	16	1,675,237.
Liabilities				
17	Accounts payable and accrued expenses	351,573.	17	323,557.
18	Grants payable		18	
19	Deferred revenue	316.	19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities. Complete Part X of Schedule D		25	
26	Total liabilities. Add lines 17 through 25	351,889.	26	323,557.
Net Assets or Fund Balances				
	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	1,288,558.	27	1,304,763.
28	Temporarily restricted net assets	20,903.	28	46,917.
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
30	Capital stock or trust principal, or current funds		30	
31	Paid-in or capital surplus, or land, building, or equipment fund		31	
32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	1,309,461.	33	1,351,680.
34	Total liabilities and net assets/fund balances	1,661,350.	34	1,675,237.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,513,545.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,463,204.
3 Revenue less expenses. Subtract line 2 from line 1	3	50,341.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,309,461.
5 Other changes in net assets or fund balances (explain in Schedule O)	5	-8,122.
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,351,680.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
b Were the organization's financial statements audited by an independent accountant?
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?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
 h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in col (I) listed in your governing document?	(V) Did you notify the organization in col (I) of your support?		(VI) Is the organization in col (I) organized in the U.S.?	(VII) Amount of support
				Yes	No		
Total							

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1481103.	1403816.	1661019.	1374914.	1272384.	7193236.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1481103.	1403816.	1661019.	1374914.	1272384.	7193236.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						7193236.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1481103.	1403816.	1661019.	1374914.	1272384.	7193236.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,316.	59,209.	37,561.	31,400.	27,983.	230,469.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	14,265.					14,265.
11 Total support. Add lines 7 through 10						7437970.
12 Gross receipts from related activities, etc. (see instructions)					12	1,239,190.
13 First five 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 this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.71	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	96.32	%
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			► <input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			► <input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2010

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						

14 First five 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 this box and **stop here** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2010. 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 - 2009. 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 ►

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

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 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?	<input type="checkbox"/>	Yes <input type="checkbox"/> 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 private benefit?	<input type="checkbox"/>	Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area
	<input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4 Number of states where property subject to conservation easement is located ► _____	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____
(ii) Assets included in Form 990, Part X ► \$ _____
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
a Revenues included in Form 990, Part VIII, line 1 ► \$ _____
b Assets included in Form 990, Part X ► \$ _____

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12-20-10

Schedule D (Form 990) 2010

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

d Loan or exchange programs

e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Term endowment ► _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization

by:

(i) unrelated organizations

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		83,801.	78,743.	5,058.
e Other		2,500.		2,500.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)			►	7,558.

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12) ►		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ►	

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount	
(1) Federal income taxes		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►		

FIN 48 (ASC 740) Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

032053

12-20-10

Part XI | Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,513,545.
2 Total expenses (Form 990, Part IX, column (A), line 25)	2	1,463,204.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	3	50,341.
4 Net unrealized gains (losses) on investments	4	-8,122.
5 Donated services and use of facilities	5	
6 Investment expenses	6	
7 Prior period adjustments	7	
8 Other (Describe in Part XIV)	8	
9 Total adjustments (net). Add lines 4 through 8	9	-8,122.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	42,219.

Part XII | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	1,549,377.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIV.)	2d	
e Add lines 2a through 2d	2e	0.
3 Subtract line 2e from line 1	3	1,549,377.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	-35,832.
c Add lines 4a and 4b	4c	-35,832.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,513,545.

Part XIII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	1,507,157.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIV.)	2d	43,954.
e Add lines 2a through 2d	2e	43,954.
3 Subtract line 2e from line 1	3	1,463,203.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIV.)	4b	1.
c Add lines 4a and 4b	4c	1.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,463,204.

Part XIV | Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XII, Line 4b - Other Adjustments:

Direct Expenses of Special Events	-36,987.
Unrealized losses on investments	8,122.
Cost of goods sold	-6,967.
Total to Schedule D, Part XII, Line 4b	-35,832.

Part XIII, Line 2d - Other Adjustments:

Schedule D (Form 990) 2010

Part XIV **Supplemental Information (continued)**

<u>Direct Expenses of Special Events</u>	36,987.
<u>Cost of good sold</u>	6,967.
Total to Schedule D, Part XIII, Line 2d	43,954.

Part XIII, Line 4b - Other Adjustments:

Rounding 1.

Department of the Treasury
Internal Revenue Service

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 890 or Form 890-EZ. ► See separate instructions.

Name of the organization

Great Lakes Hemophilia Foundation, Inc. 23-7367636

Employer identification number
23-7367636

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes

No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

Total

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

	(a) Event #1 Gala (event type)	(b) Event #2 Golf (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	98,246.	44,851.	48,256.	191,353.
2 Less: Charitable contributions	74,032.	25,094.	48,256.	147,382.
3 Gross income (line 1 minus line 2)	24,214.	19,757.		43,971.
Direct Expenses				
4 Cash prizes				
5 Noncash prizes		780.		780.
6 Rent/facility costs		6,045.	648.	6,693.
7 Food and beverages	9,355.	4,084.	12.	13,451.
8 Entertainment			128.	128.
9 Other direct expenses	26,499.	5,446.	12,147.	44,092.
10 Direct expense summary. Add lines 4 through 9 in column (d)				► (65,144.)
11 Net income summary. Combine line 3, column (d), and line 10				► (-21,173.)

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				
1 Gross revenue				
Direct Expenses				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	
7 Direct expense summary. Add lines 2 through 5 in column (d)				► ()
8 Net gaming income summary. Combine line 1, column d, and line 7				► ()

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount

of gaming revenue retained by the third party ► \$ _____.

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury Internal Revenue Service	<p>Grants and Other Assistance to Organizations, Governments, and Individuals in the United States</p> <p>Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ► Attach to Form 990.</p>					
Name of the organization	Great Lakes Hemophilia Foundation, Inc.					
	Employer identification number 23-7367636					

OMB No 1545-0047
2010
<input checked="" type="checkbox"/> Open to Public Inspection.

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States		Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ► <input type="checkbox"/>					
(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 of non-cash assistance	(h) Purpose of grant or assistance
BloodCenter of Wisconsin P.O. Box 2178 Milwaukee, WI 53201	39-0807235	501(c)(3)	128,217.	0.			To provide outreach and care through the hemophilia treatment center network and
Gundersen Clinic 1836 South Avenue La Crosse, WI 54301	39-1028657	501(c)(3)	16,013.	0.			To provide outreach and care through the hemophilia treatment center network and
Hemophilia Outreach of Wisconsin Foundation - 2060 Bellevue Street - Green Bay, WI 54311	39-1858104	501(c)(3)	16,038.	0.			To provide outreach and care through the hemophilia treatment center network and
University of Wisconsin Hospitals and Clinics - 600 Highland Avenue - Madison, WI 53792	39-1835630	501(c)(3)	41,148.	0.			To provide outreach and care through the hemophilia treatment center network and
MeritCare Medical Group 820 Fourth Street North Fargo, ND 58122	91-1770748	501(c)(3)	29,408.	0.			To provide outreach and care through the hemophilia treatment center network and
Sanford Research 1305 W 18th Street Sioux Falls, SD 57117	46-0450378	501(c)(3)	32,397.	0.			To provide outreach and care through the hemophilia treatment center network and

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

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

See Part IV for Column (h) descriptions

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Schedule I (Form 990) (2010)

Schedule I (Form 990) Great Lakes Hemophilia Foundation, Inc.

23-7367636 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 of non-cash assistance	(h) Purpose of grant or assistance
John H. Stroger, Jr. Hospital 627 South Wood Street Chicago, IL 60612	36-6006541	501(c)(3)	43,167.	0.			To provide outreach and care through the hemophilia treatment center network and
Children's Memorial Hospital 2300 Children's Plaza Box 205 Chicago, IL 60614	36-2170833	501(c)(3)	40,355.	0.			To provide outreach and care through the hemophilia treatment center network and
Comprehensive Bleeding Disorders Center - 6811 Knoxville Suite - Peoria, IL 61614	37-1361264	501(c)(3)	30,759.	0.			To provide outreach and care through the hemophilia treatment center network and
Rush University Medical Center 1653 West Congress Pkwy Chicago, IL 60612	36-2174823	501(c)(3)	78,474.	0.			To provide outreach and care through the hemophilia treatment center network and
Northwestern University 750 N Lakeshore Drive Chicago, IL 60611	36-2167817	501(c)(3)	65,314.	0.			To provide outreach and care through the hemophilia treatment center network and
Children's Hospitals & Clinics of Minnesota - 2525 Chicago Avenue South - Minneapolis, MN 55404	41-1754276	501(c)(3)	29,820.	0.			To provide outreach and care through the hemophilia treatment center network and
Mayo Clinic Rochester 200 First Street SW Rochester, MN 55905	41-6011702	501(c)(3)	95,512.	0.			To provide outreach and care through the hemophilia treatment center network and
University of Minnesota, Fairview 2200 Riverside Avenue Minneapolis, MN 55454	41-0991680	501(c)(3)	123,356.	0.			To provide outreach and care through the hemophilia treatment center network and
University of Minnesota 200 Oak Street SE, Suite 450 Minneapolis, MN 55455	41-6007513	501(c)(3)	13,357.	0.			To provide outreach and care through the hemophilia treatment center network and

Schedule I (Form 990)

LHA

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Medical bills/insurance	25	36,994.	0.		
Scholarships - Educational/Camp	10	7,102.	0.		
Basic living support	38	8,366.	0.		

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Schedule I, Part I, Line 2: GLHF supports individuals with bleeding disorders by providing financial assistance to offset medical bills,

Individuals are categorized by federal poverty level based on income statements. Grant amounts are adjusted based on the poverty level of the individual. Invoices are required for payment. Most payments are made directly to the healthcare provider or insurance company on behalf of the individual. Travel expenses are supported through small gas cards and taxi

vouchers and distributed by the treatment centers when individuals have

Part IV Supplemental Information

appointments.

Educational scholarships and camp scholarships require application by individuals. Educational scholarship recipients must send verification of acceptance by the educational institution. Scholarship awards are sent directly to the institution. Recipients are required to submit semester-end grades to complete the process and be considered for future assistance. Camp scholarship requests are submitted prior to camp. GLHF works with the various bleeding disorders camps to verify participation in camp. Camps submit invoices directly to GLHF. GLHF makes payments directly to the camp on behalf of the individuals.

Financial support is provided to individuals to assist with basic living needs in extraordinary circumstances. GLHF requires household income statements and verification of outstanding bills to consider assistance appropriateness and assistance level. In most instances payments are made directly to a service provider or support is provided through gift cards to grocery stores.

The federal grants are administered to the specifications and requirements of HRSA and the CDC. Staff has frequent contact with grantees and reports are required. Payments are made when invoices are submitted by the grantees. A full accounting of the grant is submitted with the required level of detail to the governmental agencies at the end of the year.

Part II, line 1, Column (h):

Name of Organization or Government: BloodCenter of Wisconsin

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Part IV Supplemental Information

Name of Organization or Government: Gundersen Clinic

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government:

Hemophilia Outreach of Wisconsin Foundation

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government:

University of Wisconsin Hospitals and Clinics

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: MeritCare Medical Group

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: Sanford Research

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: John H. Stroger, Jr. Hospital

Schedule I (Form 990) 2010

Part IV Supplemental Information

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: Children's Memorial Hospital

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government:

Comprehensive Bleeding Disorders Center

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: Rush University Medical Center

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: Northwestern University

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government:

Children's Hospitals & Clinics of Minnesota

(h) Purpose of Grant or Assistance: To provide outreach and care through

Part IV Supplemental Information

the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: Mayo Clinic Rochester

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: University of Minnesota, Fairview

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

Name of Organization or Government: University of Minnesota

(h) Purpose of Grant or Assistance: To provide outreach and care through the hemophilia treatment center network and conduct surveillance and research to prevent complications.

SCHEDULE M
(Form 990).

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (Auction and r)	X	121	21,190.	Donors' estimates.
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions
for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?
b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) (2010)

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12-23-10

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2010.05050 Great Lakes Hemophilia Foun T16113_1

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2010
Open to Public
Inspection

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number
23-7367636

Form 990, Part III, Line 4a, Program Service Accomplishments:

in-patient-days, increased numbers of patients with third-party coverage, lower cost of care, and decreased health care resource utilization. More importantly, studies indicate that persons receiving care through the hemophilia treatment center network have a 40% reduction in risk of death despite having more severe clinical symptoms compared to those receiving non-treatment-center care.

Form 990, Part III, Line 4b, Program Service Accomplishments:

optimized quality of life for those affected by bleeding disorders.

Form 990, Part III, Line 4c, Program Service Accomplishments:

potentially undiagnosed conditions.

GLHF also supports a strong volunteer advocacy program which educates legislators and other public officials on the interests and challenges related to public policy issues.

Form 990, Part III, Line 4d, Other Program Services:

Community Services and Professional Education and Training:

GLHF provides a variety of opportunities for individuals with bleeding disorders. Family education and fun weekend, men's groups, groups specifically designed for families of Hispanic origin, youth programs and women-to-women education provide individuals with bleeding disorders an opportunity to network with other families experiencing

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

similar issues. Camp scholarships are provided to youth - where they often learn to infuse and therefore gain independence and where they can be among other kids with bleeding disorders. Educational scholarships are also made available to assist individuals with bleeding disorders gain meaningful education which in turn leads to job skills that will allow them to gain employment with health insurance benefits.

Individuals with challenging financial situations may apply for financial assistance through GLHF. Many individuals with bleeding disorders are at or just above the federal poverty levels. GLHF provides assistance to ensure individuals with bleeding disorders can retain health insurance coverage by assisting with COBRA payments, application fees to state high risk insurance plan options and insurance premiums. In addition, funds are available to assist with medical bills and basic living needs.

GLHF is committed to assessing regional training needs and provide training opportunities in its role as the regional core center. As the regional core center, staff provides technical assistance with hemophilia treatment center staff training using a variety of techniques. New personnel training is carried out: 1) by staff exchange; 2) through on-the-job training by other team members during team meetings and clinic using a defined set of demonstrated skills and knowledge; 3) at professional meetings; 4) at the CDC sponsored Partners Program and/or Provider Shadow Program; and 5) through contact with other professionals on a state, regional, and national level. For new staff, documentation of achieved knowledge and skills is carried

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

out at the local level for all disciplines except physical therapy.

Physical therapists are tested-out on their UDC range of motion measurement skills at the regional meeting.

As the regional core center, GLHF is also committed to helping experienced staff update their knowledge and skills by providing ongoing opportunities for professional training and growth. These opportunities include, but are not limited to, sponsoring staff attendance at the annual NHF meeting, providing discipline-specific symposia, and biennial regional meetings. In 2009, the Region V-West hosted a regional meeting in Milwaukee, Wisconsin. This conference provided a forum for medical updates, a venue for the exchange of ideas, an opportunity for joint problem-solving, a setting for the sharing of resources, and the impetus for the development of collaborative programming.

Expenses \$ 235,420. including grants of \$ 172,388. Revenue \$ 0.

Form 990, Part VI, Section B, line 11: All board members will have an opportunity to review the document prior to filing. The Form 990 will be reviewed by the executive director and electronically distributed to the finance committee and board of directors in draft form for review. If filing deadlines permit, the Form 900 will be approved at a board meeting.

Form 990, Part VI, Section B, Line 12c: The organization implements an annual certification. Compliance is self-monitored and board members have consistently held themselves, and each other, to high standards of abstaining during discussion and voting on issues with which they either have, or may be perceived to have, a conflict.

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number

23-7367636

Form 990, Part VI, Section B, Line 15a: Yes. Salary range information for executive directors by organization size and area of focus was obtained from the Nonprofit Center of Milwaukee. The salary range information was reviewed with the Executive Committee and after discussion and deliberation, an appropriate salary range was defined. The salary of the Executive Director meets the range as defined.

Form 990, Part VI, Section C, Line 19: Governing documents, conflict of interest policy and financial statements are available to the public upon request.

Form 990, Part XI, line 5, Changes in Net Assets:

Net unrealized losses on investments: -8,122.