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Form 990-PF

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

2011

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For	calend	lar year 2011 or tax year beginning , a	and ending				
Nai	me of fou	ndation			A Emplo	oyer identification number	
		ade Hemophilia Consortium			38-	-3199649	
		street (or P O box number if mail is not delivered to street address)	Ro	oom/suite		none number (see instructions)
		West William Street			734	<u>4-996-3300</u>	
		, state, and ZIP code Arbor MI 48103			C If exer	nption application is pending,	check here
			rn of a former public cl	harity	D 1. Fo	reign organizations, check he	re 🕨
•	on con t	Final return Amended	•	l		reign organizations meeting th	
		X Address change Name cha				% test, check here and attach	. [
ш С	`heck t	ype of organization X Section 501(c)(3) exempt private			E If provi	ate foundation status was term	upated upder
			e private foundation			n 507(b)(1)(A), check here	Imated under
		ket value of all assets at J Accounting method	Cash X Acc	rual	F If the i	oundation is in a 60-month ter	·mination
		ear (from Part II, col (c), Other (specify)				section 507(b)(1)(B), check hi	⊾ 1
	ne 16) l	· · · · · · · · · · · · · · · · · · ·	be on cash basis)			•	
	art I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	1			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	DOOKS				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)		 			
	2	Check X if the foundation is not required to attach Sch B	11,962	-	1,962	11,962	
	3 4	Interest on savings and temporary cash investments Dividends and interest from securities	11,902		11,902	11,902	
	5a	Gross rents					
_	b	Net rental income or (loss)					
Revenue	6a	Net gain or (loss) from sale of assets not on line 10					
ě	b	Gross sales price for all assets on line 6a					
Ş	7	Capital gain net income (from Part IV, line 2)		-	0		
_	8	Net short-term capital gain				0	
	9	Income modifications					
	10a	Gross sales less returns & allowances 31,834,458					
	b	Less Cost of goods sold 26,429,976					
	С	Gross profit or (loss) (attach schedule) Stmt 1	5,404,482			5,404,482	
	11	Other income (attach schedule) Stmt 2	25,676	ļ		25,676	
	12	Total. Add lines 1 through 11	5,442,120	t	1,962	5,442,120	<u>-</u>
တ္သ	13	Compensation of officers, directors, trustees, etc	145,487	 			145,487
∭″ xpenses	14	Other employee salaries and wages	221,424	-			221,424
~ .e	15	Pension plans, employee benefits	114,197		340		114,197
	16a	Legal fees (attach schedule)	0.700				, , , , , , , , , , , , , , , , , , ,
e E	b	Accounting fees (attach schedule) Stmt 3	8,700	 	\rightarrow	70 M	8,700
	C	Other professional fees (attach schedule) Stmt 4	105,694	0	AU â	C	105,694
Str	17	Interest Taxes (attach schedule) (see instructions) Stmt 5	985	1/20			985
ଳ୍ପପଟ ninist	18 19	Depreciation (attach schedule) and depletion Stmt 6	10,356	11	<u>~</u>]		
E	20	Occupancy	45,547		2012	'ED	45,547
¥	21	Travel, conferences, and meetings	18,419		_ ```	0	18,419
erating and Ad	22	Printing and publications	741				741
. B	23	Other expenses (att sch) Stmt 7	352,648	 	ls-osc		352,648
Operating and Administrative	24	Total operating and administrative expenses.	,				
, Ta		Add lines 13 through 23	1,024,198		0	o	1,013,842
ğ	25	Contributions, gifts, grants paid	2,297,709				2,196,459
_	26_	Total expenses and disbursements. Add lines 24 and 25	3,321,907		0	0	3,210,301
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	2,120,213				
	b	Net investment income (if negative, enter -0-)]	L1,962		
	С	Adjusted net income (if negative, enter -0-)				5,442,120	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2011)

Analysis of Changes in Net Assets or Fund Balances

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with

9,583,012⁷ Form **990-PF** (2011)

7,462,799

2,120,213

9,583,012

1

3

<u>4</u> 5

Part III

end-of-year figure reported on prior year's return)

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize) ▶

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

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

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

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

Part I, line 8

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes." the foundation does not qualify under section 4940(e) Do not complete this part

Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (b) Distribution ratio Base period years Adjusted qualifying distributions Net value of noncharitable-use assets Calendar year (or tax year beginning in) (col (b) divided by col (c)) 40,097,164 2010 20,829,559 2009 20,557,821 2008 17,934,235 2007 19,717,725 2006

- 2 Total of line 1, column (d)
- 3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years
- 4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5
- 5 Multiply line 4 by line 3
- 6 Enter 1% of net investment income (1% of Part I, line 27b)
- 7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

Yes X No

2

3

4

5

6

7

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29,640,277

120

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<u>Pa</u>	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)				-
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				,
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	1			
b ·	Domestic foundations that meet the section 4940(e) requirements in Part V, check	 			<u> 120</u>
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	ļ			0
3	Add lines 1 and 2				120
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				120
6	Credits/Payments				
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a 1,013				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d 6d	1		_	
7	Total credits and payments Add lines 6a through 6d	ļ		1,	013
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached8	ļ			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			1	<u>893</u>
11	Enter the amount of line 10 to be Credited to 2012 estimated tax ▶ 893 Refunded ▶ 11				
<u>Pa</u>	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No_
	participate or intervene in any political campaign?		1a		<u> </u>
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
,	on foundation managers \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		<u> </u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			37	
_	conflict with the state law remain in the governing instrument?	_	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	,	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u></u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
		F	om 99	0-PF	(2011)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?

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Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be R	equired (conti	nued)		
5a	• • • • • • • • • • • • • • • • • • • •					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section		Y	es 🗓 No		
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,	F			
	directly or indirectly, any voter registration drive?		∐ Y	es 🔀 No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		Y	es 🛚 No	1	
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions)		Y	es . 🗶 No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational		_		
	purposes, or for the prevention of cruelty to children or animals?		Y	es 🛚 X No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions d	escribed in	. 1		
	Regulations section 53 4945 or in a current notice regarding disaster assistance	e (see instructions)?	•	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check h	ere		▶ 🔲	1	
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax		_	İ	
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es No	ŀ	
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums				
	on a personal benefit contract?			es 🗓 No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contr	ract?		6b	x
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a party to a prohibited tax si	helter transaction?		es 🗓 No		
b				N/A	7b	
	art VIII Information About Officers, Directors, Trustees, Fo				es.	
	and Contractors				•	
1 1	ist all officers, directors, trustees, foundation managers and their compens	sation (see instruc	tions).	••••		
			(c) Compensation	(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(If not paid, enter	employee benefit		nse account, allowances
		devoted to position	-0-)	plans and deferred compensation	Outer	allowalices
Se	e Statement 9				_	
-						
2	Compensation of five highest-paid employees (other than those included	on line 1—see inst	tructions) If none	enter		
_	"NONE."	on time 1—see ilisi	iructions). Il fione	, спс		
_		T		(d) Contributions to		
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		nse account,
	(a) name and address of sear simple for paid male mail was,	devoted to position	(-,	plans and deferred compensation	other	allowances
	ke Altese Ann Arbor	Pharmacist				
		i	110 500	22 021		0
	.7 West William Street MI 48103 Lephanie Raymond Ann Arbor	40.00	110,500	22,831		0
		Assoc. Dir	05 700	01 510		•
5]	.7 West William Street MI 48103	40.00	95,700	21,519		0
		1				
		+				
					Ì	
		 			 	
	Laurahar of other ampleuses and over \$50,000	<u> </u>			L	2
100	I number of other employees paid over \$50,000				004	
				Fe	om 33l)-PF (2011)

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Part VIII Information About Officers, Directors, Trustees, Found	lation Managers, Highly Paid E	mployees,
and Contractors (continued)		
3 Five highest-paid independent contractors for professional services (see instru	uctions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 See Statement 10		
		29,741,528
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see instru	ictions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		
	- .	
2		
All other program-related investments. See instructions		
3		
-		
Total. Add lines 1 through 3	•	

qualifies for the section 4940(e) reduction of tax in those years

	art X Minimum Investment Return (All domestic foundations must complete this part Foreig	n four	ndations,
	see instructions)		·
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		·
	purposes		
а	Average monthly fair market value of securities	1a_	0
b	Average of monthly cash balances	1b_	2,267,502
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	2,267,502
е	Reduction claimed for blockage or other factors reported on lines 1a and		.
	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	2,267,502
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		
	instructions) See Statement 11	4	2,267,502
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
Pa	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	_	
	foundations and certain foreign organizations check here 🕨 🗓 and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2011 from Part VI, line 5		
b	Income tax for 2011 (This does not include the tax from Part VI)] ·	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		_
	line 1	7	
Pa	art XII Qualifying Distributions (see instructions)		
		1 1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		2 210 201
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	3,210,301
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		06 400 076
	purposes	2	26,429,976
3	Amounts set aside for specific charitable projects that satisfy the	_	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	00 640 077
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	29,640,277
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	_	100
	Enter 1% of Part I, line 27b (see instructions)	5	120
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	29,640,157
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	ation	

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10

Analysis of line 9
Excess from 2007
Excess from 2008
Excess from 2009
Excess from 2010
Excess from 2011

Pa	rt XIV Private Operating Fou	indations (see ins	structions and Par	t VII-A, question 9)	
1a						
	foundation, and the ruling is effective for			▶		N/A
b	Check box to indicate whether the foundation			oed in section X 49	42(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tatal
	income from Part I or the minimum	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
	investment return from Part X for				_	
	each year listed	0				0
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	29,640,277	40,097,469	20,829,969	20,558,405	111,126,120
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c	29,640,277	40,097,469	20,829,969	20,558,405	111,126,120
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test—enter					
	(1) Value of all assets	12,787,805	11,871,384	7,522,773	7,701,832	39,883,794
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	12,787,805	11,871,384	7,522,773	7,701,832	39,883,794
b	"Endowment" alternative test—enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed	-	_			
С	"Support" alternative test—enter					
	(1) Total support other than gross					
	investment income (interest, dividends, rents, payments on					
	securities loans (section					
	512(a)(5)), or royalties) N/A					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in		·			
	section 4942(j)(3)(B)(iii) N/A					
	(3) Largest amount of support from					
	an exempt organization N/A					
	(4) Gross investment income N/A	nation (Complete	this part only if:	the foundation by	nd \$5 000 or more	in accete at
Г	ort XV Supplementary Inform any time during the ye	•	•	the loundation h	au \$5,000 or more	; III a55615 at
1	Information Regarding Foundation Ma		10115.7			
	List any managers of the foundation who	_	e than 2% of the total	contributions received	by the foundation	
а	before the close of any tax year (but only				-	
	None	ii they have contribut	ed more than \$5,000)	(000 30011011 007 (0)(2)	,	
	List any managers of the foundation who	own 10% or more of t	the stock of a cornorati	on (or an equally large	nortion of the	
-	ownership of a partnership or other entity				portion of the	
	None	, or willow the roundar	ion has a 1070 or grea	ici interest		
2	Information Regarding Contribution, C	Grant, Gift, Loan, Sch	nolarship, etc., Progra	ams:		
_	Check here ► X if the foundation only				loes not accept	
	unsolicited requests for funds. If the foun		•	-		
	other conditions, complete items 2a, b, c		anto, oto (ouo monuo	,		
a	The name, address, and telephone number		nom applications shoul	ld be addressed		
a	N/A	22. 0 polooli to Wi	.s applications should	30 444,00004		
	•					
b	The form in which applications should be	submitted and inform	ation and materials the	ey should include		,
	N/A			<u> </u>		·
С	Any submission deadlines					
	N/A			-14-1-1-1		· · · · · · · · · · · · · · · · · · ·
d	Any restrictions or limitations on awards,	such as by geographi	icai areas, charitable fi	elds, kinds of institutio	ns, or other	
	factors					
	N/A					

3 Grants and Contributions Paid During the	e Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year				
See Statement 12	,			,
				2 106 450
				2,196,459
			<u> </u>	
		,		
				0.100.45
Total b Approved for future payment		1	▶ 3a	2,196,45
See Statement 13				
				1,851,000
				•
Total	1	1	▶ 3b	1,851,00
				- 990 DE 1001

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Part XVI-A	A Analysis of Income-Producing A	<u>ctivities</u>				
Enter gross an	nounts unless otherwise indicated	Unrelate	business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1 Program s	ervice revenue					
a		_		+		
		_		+		
		-		+		
		1 1		+		
		-		+ +		
f	and contracts from government agencies	_				
•	ip dues and assessments					
	savings and temporary cash investments			14	11,962	
	and interest from securities		-	 		
	income or (loss) from real estate					
	inanced property		-			
	ebt-financed property	-				
	income or (loss) from personal property					
	stment income					
8 Gain or (lo	ss) from sales of assets other than inventory					
9 Net income	e or (loss) from special events					
10 Gross prof	fit or (loss) from sales of inventory					5,404,482
11 Other reve	nue a					
ь Othe	er income					25,676
с						
d	<u> </u>	_				
е		_				
12 Subtotal A	Add columns (b), (d), and (e)			0	11,962	5,430,158
13 Total. Add	l line 12, columns (b), (d), and (e)				13	5,442,120
	et in line 13 instructions to verify calculations)					
Part XVI-I						
Line No.	Explain below how each activity for which incon	-				>
10	accomplishment of the foundation's exempt put					ons)
10	Sale of blood products, therapies and other med					 -
<u>-</u> -	Cascade's exempt purpos					
	for hemophilia patients	by provi	iding thes	e prod	em or care	· ·
11b	Other related income	by prov.	tarng thes	e prou	<u>uccs.</u>	
110	Other refaced income					
						
	-					
					-	
				<u> </u>		
						<u> </u>
	<u> </u>					

Part.	XVII	Exempt Organiza	_	nsters to and	ı ıransacıı	ons and Relationships W	ith Noncharitable		
1 D	d the org			e in any of the follo	owing with any	other organization described		Yes	No
						ection 527, relating to political			
or	ganizatio	ns?						1	
a Tr	ansfers f	om the reporting founda	ation to a nor	ncharitable exemp	t organization (of			
(1)) Cash						<u>1</u> 2	3(1)	X
(2)) Other a	ssets					18	a(2)	X
b Ot	ther trans	actions							l
	•	of assets to a noncharita	-	_			<u>11</u>	b(1)	<u> </u>
		ses of assets from a no			on		<u> </u>	b(2)	X
•	•	of facilities, equipment,		ets			<u> </u>	b(3)	X
•	•	ursement arrangements						b(4)	X
•	•	or loan guarantees						b(5)	X
•	•	nance of services or me	•	-				b(6)	X
	•	facilities, equipment, ma	_	•		one (h) abauta alwaya abay tha	_	1c	<u> </u>
						umn (b) should always show the f the foundation received less th			
		•	_	•	-	of the goods, other assets, or ser			
	ine no	(b) Amount involved		of noncharitable exemp			transactions, and sharing arran	gements	
$\frac{\sqrt{N/A}}{N/A}$		(5)/ (100 110 110 110 110 110 110 110 110 11	(4)				<u></u>		
		<u> </u>			-				
		1 "							
							_		
			<u> </u>						
		-							
		<u> </u>				1			
		dation directly or indirec n section 501(c) of the (•			ix-exempt organizations	Г	Yes 3	Z No
		m section 50 (c) of the complete the following sci	•	nan section 501(c	(3)) or in secti	1011 527 7		j ies <u>≥</u>	<u> </u>
<u> </u>		(a) Name of organization	ledule	(b) Type of o	roanization	(c) Desc	cription of relationship		
		(a) Hallo of organization		(4) 1)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
							-		
	-								
					-				
	Under pe	enalties of perjury, I declare the	at I have examin	ed this return, including	g accompanying so	hedules and statements, and to the best of which preparer has any knowledge	of my knowledge and belief, it	is true,	
	Coneci,	and complete Declaration of p	reparer (other tr	iaii taxpayer) is baseu	on all lillormation c	of which preparer has any knowledge	May the IRS discuss		
		4			•	,	with the preparer shi (see instructions)?	own below Yes	□ No
Sign	١. ١	1:-#- 1/	' 1/-				<u> </u>	<u> </u>	
Here	1	wolly !	500	4			cutive Direc	<u>stor</u>	
	Sig	nature of officer of trustee			D/a	te / Title			
	Print/1	ype preparer's name			Preparer's signa	ture O X/r	Date	Check	k ıf
Paid							`		mployed
Prepare		s H. Bennett			James H.		05/03/		7
Use On		. 100 1		ssociates		PLLC	. 07 2	44754	
	Firm's			ew Blvd S				48812 622-	
		Ann A	Arbor,	MT 4810.	3-2946			m 990-P	
							For	m ショリ・ア	(2011)

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

Description		Gross Sales	_	cogs		Gross Profit
Reduced price factor sales	 \$_	31,834,458	\$	26,429,976	\$	5,404,482
Total	\$_	31,834,458	\$_	26,429,976	\$_	5,404,482

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Consortium	Federal	eral Statements		5/3/2012 12:00 PM
Statement	2 - Form 990-PF	Statement 2 - Form 990-PF, Part I, Line 11 - Other Income	er Income	
cription		Revenue per Books	Net Investment Income	Adjusted Net Income
		\$ 25,676 \$ 25,676	0 0 0	\$ 25,676 \$ 25,676
Statement 3 - Form 990	Form 990-PF, F	-PF, Part I, Line 16b - Accounting Fees	unting Fees	
,	Total	Net Investment	Adjusted Net	Charitable Purpose
w	8,700	\$ \$	\$	\$ 8,700
Statement 4 - Form 990-PF	rm 990-PF, Part I	I, Line 16c - Other Professional Fees	ofessional Fees	
	Total	Net Investment	Adjusted Net	Charitable Purpose
	59,233 3,750 36,819 5,000	w.	S	\$ 59,233 3,750 36,819 5,000
ı	892			892

Description

Accounting Fees

Total

70620 Cascade Hemophilia Consortium

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Description

Other income Total

			Net		Palaled	9	,	rialitable	
Description	!	Total	Investment	ent	Net			Purpose	
Payroll Expensese 401k Admin Expenses Contractor Svcs Professional Fees Other	ဟ	59,233 3,750 36,819 5,000 892	φ		· vr		v.	59,233 3,750 36,819 5,000 892	
Total	\ _{\$\psi}}	105,694	S.	0	s	0	တ	105,694	
	Statemen	ıt 5 - Form 990	Statement 5 - Form 990-PF, Part I, Line 18 - Taxes	ne 18 - T	axes				1

Description	'	Total	Net Investment	Adjusted Net	_	Charitable Purpose	table ose
Licenses and permits	ᡐ	985	S.	w.	۰ <i>,</i>		985
Total	w	985	S	φ,	0		985

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Statement 6 - Form 990-PF, Part I, Line 19 - Depreciation

	Adjusted Net Income	\$	0
	Net Investment Income	\$	\$
	Current Year Depreciation	\$ 10,356	\$ 10,356
	Life		
ļ	Method		
on	Prior Year Depreciation	\$ 5,312	\$ 5,312
Description	Cost Basis	10 -	0
	Date Acquired	• • • • • • • • • • • • • • • • • • • •	Total

<u>ienses</u>	Adjusted Charitable Net Purpose	У		64,179	288,074	395	\$ 352,648
Form 990-PF, Part I, Line 23 - Other Expenses	Net Investment	٠,					\$
Statement 7 - Form 990-PF, Par	Total	የ		64,179	288,074	395	\$ 352,648
Statem	Description		Expenses	Insurance	Office expense	Other	Total

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	Net FMV	43,080	43,080
		O.	€0}
ment	End Accumulated Depreciation	28,138	28,138
, and Equipmer	End A Deg	ഗ	w
Building	End Cost / Basis	71,218	71,218
14 - Lan	ၓ	S.	ς.
F, Part II, Line 14 - Land,	Beginning Net Book	21,489	21,489
	m Z		
Statement 8 - Form 990-	Description	Equipment	Total

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s, Etc.
Trustees,
Directors,
Officers,
1 - List of
II, Line
. Part VI
n 990-PF
9 - Forn
Statement

Name and Address	Title	. I	Average Compensation Benefits	Benefits	Expenses
Amy Denton 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	0
William Sparrow 517 West William Street Ann Arbor MI 48103	Vice Pres.	1.00	0	0	0
Timothy Brent 517 West William Street Ann Arbor MI 48103	Exec Dir	40.00	145,487	27,760	0
William Berk, MD 517 West William Street Ann Arbor MI 48103	President	1.00	0	0	0
Ivan Harner 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	0
Helen Levenson, JD 517 West William Street Ann Arbor MI 48103	Secretary	1.00	0	0	0
Nancy Duffy, RN 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	0
Michael McGuire 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	
Gary Priestap, JD, LLM, MBA 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	0
Lauren Shellenberger, RN, BSN, JD	Director	1.00	0	0	0

Statement 9 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Expenses Address Name and Address Address Title Average Compensation Benefits Expenses box Mr 18103 Desiringer, CRA, MBA Treasurer 1.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	FYE: 12/31/2011					
Average Gompensation Benefits Expenses	Statement 9 - Forn	Pal	ine 1 - List of	Officers, Directors	, Trustees,	
Street 3 Street 4 Street 5 Street 6 Street 7 Street 7 Street 7 Street 7 Street 8 Street 8 Street 8 Street 9	Name and Address 517 West William Street Ann Arbor MI 48103	Title	Average Hours	Compensation	Benefits	Expenses
Street 1.00 0 0 0	Peter Deininger, CPA, MBA 517 West William Street Ann Arbor MI 48103	Treasurer	1.00	0	0	0
	Jeffrey Hord, MD 517 West William Street Ann Arbor MI 48103	Director	1.00	0	0	0
5		·				

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Statement 10 - Form 990-PF, Part IX-A, Line 1 - Summary of Direct Charitable Activities

Description

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

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Statement 11 - Form 990-PF, Part X, Line 4 - Cash Deemed Held - Greater Amount Explanation

Description	Amount
Because of the immediate need of clotting factor and other medical supplies, it is necessary for Cascade to retain a sufficient amount of cash to purchase these supplies when they become available. Payment must be made immediately.	2,267,502
Total	2,267,502

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70620 Cascade Hemophilia Consortium 38-3199649 Federal Statements FYE: 12/31/2011	5/3/2012 12:00 PM
Form 990-PF, Part XV, Line 1a - Managers Who Contrib	uted Over 2% or \$5,000
Name of Manager	Amount
None	\$
Total	\$0
Form 990-PF, Part XV, Line 1b - Managers Who Own	10% or More Stock
Name of Manager	Amount
None	\$
Total	\$

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Statement 12 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year

Name	Ado	Address				•
Address	Relationship	Status		Purpose		Amount
Akron Childrens Hospital		Square, 5th F	, , ,	() () () () () () () () () ()		2, 2, 2, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0,
Akron OH 44308 Childrens Hospital of Michigan	eilgible non-pr 1 3901 Beaubien Blvd.	n Blvd.	Frovision 1	ror mearcar	T SGLVICES	123,310
Detroit MI 48201	eligi		Provision f	for medical	l services	7,719
Cincinnati Childrens Hospital Medi	Medi 3333 Burnet Avenue,	Avenue, M.L				
Cincinnati OH 45229	j.		Provision f	for medical	l services	48,700
Helen DeVos Childrens Coagulation	ion 100 Michigan St.,	St., N.E.,				
Grand Rapids MI 49503	eligible non-pr		rovision	for medical	l services	65,674
	2799 West Gr	and Boulevard				
Detroit MI 48202	eligible non-pr		Provision f	for medical	l services	86,584
Hurley Medical Center	1 Hurley Plaza	za 6W				
Flint MI 48503	gil		Provision f	for medical	l services	79,500
Indiana Hemophilia and Thrombosis	sis C 8402 Harcour	t Road				
Indianapolis IN 46260	eligible non-pr		Provision f	for medical	l services	81,334
Michigan State University	2900 Hannah	Blvd.				
East Lansing MI 48823	eligible non-pr		Provision f	for medical	l services	124,505
Nationwide Childrens Hospital	700 Children	s Drive				
Columbus OH 43205	eligible non-pr		Provision f	for medical	l services	103,699
Northern Regional Bleeding Disorder 1105 Sixth	order 1105 Sixth S	Street				
Traverse City MI 49684	eligible non-pr		Provision f	for medical	l services	83,308
Northwest Ohio Hemophilia Trea	Treatment 2150 W. Cent	ral Avenue				
Toledo OH 43606 eligible non-pr	eligible non-pr		Provision f	for medical	l services	92,067
Ohio State University Hemophil	ia Ce 320 West 10t	h Avenue				
Columbus OH 43210	eligible non-pr		Provision f	for medical	l services	106,685
University of Cincinnati	231 Albert S	Sabin Way ML				
Cincinnati OH 45267	eligible non-pr		Provision f	for medical	l services	51,228
University Hospitals of Cleveland	and 11100 Euclid Avenue	Avenue				
Cleveland OH 44106	eligible non-pr		Provision	for medical	l services	79,082
	Hemophilia T 1500 East Medical Center	dical Cente	¥			
Ann Arbor MI 48109	eligible non-pr		Provision	for medical	l services	74,125
University Pediatricians	3901 Beaubien	n Blvd.				
Detroit MI 48201	eligible non-pr		Provision	for medical	l services	169,477
	3663 Woodwar	d, 4th Floor		,		1
Detroit MI 48201	eligible non-pr		Provision f	for medical	l services	13,820

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, Part XV, Line 3a - Grants and Contributions Paid During the	Year (continued)
Statement 12 - Form 990-PF, Pa	

Name	Ad	Address	!	•
Address	Relationship	Status	Purpose	Amount
West Central Ohio Hemophilia Center 1 Childrens	enter 1 Childrens	Plaza	Provision for medical services	73,792
West Michigan Cancer Center	200 North Park Street	ark Street		-
Kalamazoo MI 49007 Cascade Dental Grants	eligible non-pr 517 West Wil	ole non-pr 517 West William Street	Provision for medical services	30,000
Ann Arbor MI 48103	eligible non-pr		Grants to support dental care for HT	2,875
Central Ohio Chapter of the Nationa P.	tiona P. O. Box 345	15		
Worthington OH 43085	eligible non-pr		Camperships to Camp Bold Eagle, supp	15,000
FAMOHIO, Inc.	2425 Roscoe Court	Court		
Dublin OH 43016 eligible non-pr	eligible non-pr		Lodging and meal support for FAMOHIO	11,000
Hemophilia Foundation of Michi	.gan 1921 W. Mich	nigan Avenue		
Ypsilanti OH 48197	eligible non-pr		Support for SpringFest, Camp Bold Ea	595,086
Hemophilia of Indiana	5170 E. 65th	st St		
Indianapolis IN 46220	eligible non-pr		Support for annual meeting, Camp Bra	55,000
Northwest Ohio Hemophilia Foundatio P.	datio P.O.Box 12	5606		
Toledo OH 43606	eligible non-pr		Support for camp program, outreach t	7,881
Southwestern Ohio Hemophilia Founda 82 Elva Court Suite	ounda 82 Elva Cou	ct Suite B		
Vandalia OH 45377	eligible non-pr		Camperships to Bold Eagle and transp	7,000
Tri-State Bleeding Disorder Foundat 635 W.	undat 635 W. Sever	Seventh Street,	Su	
Cincinnati OH 45203	eligible non-pr		Camperships, assistance to attend NH	6,000
Total				2,196,459

Statement 13 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt

	Amount	146,401	000'06
	Purpose	Provision for medical services	Provision for medical services
Address	Status	ins Square 1-pr	
A	Relationship	l Perkins : eligible non-pr	eligible non-pr
Name	Address	Akron Childrens Hospital 1 Perkins Square Akron OH 44308 eligible non-pr	Cincinnati OK 45229

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Statement 13 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt (continued)

Name	Address		I			
Address	Relationship	Status	1	Purpose	0	Amount
Helen DeVos Childrens Coagulation Grand Rapids MI 49503 ell	100 Michig	N . E	Provision	for medical	services	78,518
Henry Ford Hospital Detroit MI 48202	2/99 West Grand eligible non-pr	Grand Boulevard Pl	rd Provision	for medical	services	94,000
Hurley Medical Center Flint MI 48503	12a L	M 7	Provision	for medical	services	95,771
Michigan State University East Lansing MI 48823	2900 hannan biva eligible non-pr 700 Childxong Px	VQ	Provision	for medical	services	110,000
als nospic 3205 Blooding	2	D > 1 +	Provision	for medical	services	84,449
Notthern regional breeding bis Traverse City MI 49684	(, t	Provision	for medical	services	150,000
Notenwest onto nemophrina freachent 2130 w. Centra Toledo OH 43606 eligible non-pr	eligible non-pr	T Avenue	Provision	for medical	services	91,418
Onio state University Hemophil. Columbus OH 43210	eligible non-pr	ש	Provision	for medical	services	110,000
	231 Albert Sa gible non-pr	Мау	Provision	for medical	services	39,882
University Hospitals of Cleveland Cleveland OH 44106 eli	ם ל	⊐	Provision	for medical	services	88,822
University of Michigan Hemophilia I 1300 East Ann Arbor MI 48109 eligible non-pr	Medi.		Provision	for medical	services	88,644
University Pediatricians Detroit MI 48201		Blvd.	Provision	for medical	services	151,506
State University Detroit MI 48201	3663 Woodwar ble non-pr	(Provision	for medical	services	101,659
central Onlo Hemophilla Dayton OH 45404	л Н ; Д	η	Provision	for medical	services	84,000
snigan amazoo N	eligible non-pr	3 C F G C C F F F F F F F F F F F F F F F	Provision	for medical	services	44,930
	Ji, we ble nor		Grants to	support der	dental care for HT	5,000
central Onlo chapter of the Mariona Worthington OH 43085 eligi	F. O. BOA ble non-pr		Camperships	to Camp	Bold Eagle, supp	000'6

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Statement 13 - Form 990-PF, Part XV, Line 3b - Grants and Contributions Approved for Future Pmt (continued)

Name	Ac	Address			
Address	Relationship	Status		Purpose	Amount
FAMOHIO, Inc.	2425 Roscoe Court	Court			
Dublin OH 43016	eligible non-pr		Lodging and	Lodging and meal support for FAMOHIO	11,000
Hemophilia Foundation of Michigan 1921 W.	gan 1921 W. Mic	Michigan Avenue			
Ypsilanti OH 48197	eligible non-pr	1	Support for	Support for SpringFest, Camp Bold	71,000
Hemophilia of Indiana	5170 E. 65t	65th St., Suite 1			
Indianapolis IN 46220	eligible non-pr		Support for	Support for annual meeting, Camp	27,000
Northern Ohio Hemophilia Foundation 1 Independence Place	ation 1 Independe	nce Place			
Independence OH 44131	eligible non-pr		Support for	Support for educational newsletter	24,000
Northwest Ohio Hemophilia Foundatio P. O. Box 12606	datio P. O. Box 1	2606			
Toledo OH 43606	eligible non-pr		Support for	Support for camp program, outreach	6,000
Southwestern Ohio Hemophilia Founda 82 Elva	ounda 82 Elva Cou	Court Suite B			
Vandalia OH 45377	eligible non-pr		Camperships	Camperships to Bold Eagle and transp	8,000
Tri-State Bleeding Disorder Foundat 635 W.	undat 635 W. Seve	Seventh Street,	Su		
Cincinnati OH 45203	eligible non-pr		Camperships,	assistance to attend NH	7,000
Total				11	1,851,000