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Form **990-PF**
Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052

2011

For calendar year 2011 or tax year beginning , and ending

Name of foundation
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.

A Employer identification number
39-1858104

Number and street (or P O box number if mail is not delivered to street address) | Room/suite
2060 BELLEVUE STREET

B Telephone number
920-965-0606

City or town, state, and ZIP code
GREEN BAY, WI 54311-5622

C If exemption application is pending, check here ▶ ☐

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

D 1. Foreign organizations, check here ▶ ☐

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

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

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

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶$ 11,978,599.

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

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

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	15,898.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17,789.	17,789.	17,789.	STATEMENT 1
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10		RECEIVED		
	b Gross sales price for all assets on line 6a		MAY 0		
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances 6,484,620.		OGDEN, UT		STATEMENT 2
	b Less Cost of goods sold 4,916,594.				
	c Gross profit or (loss)	1,568,026.		1,568,026.	
	11 Other income	13,477.	0.	13,477.	STATEMENT 3
	12 **Total.** Add lines 1 through 11	1,615,190.	17,789.	1,599,292.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	87,153.	0.	9,269.	77,885.
	14 Other employee salaries and wages	412,703.	0.	72,925.	339,778.
	15 Pension plans, employee benefits	115,069.	0.	20,333.	94,736.
	16a Legal fees STMT 4	15,961.	0.	14,365.	1,596.
	b Accounting fees STMT 5	10,251.	0.	9,226.	1,025.
	c Other professional fees STMT 6	975.	0.	878.	97.
	17 Interest				
	18 Taxes STMT 7	760.	0.	760.	0.
	19 Depreciation and depletion	67,652.	0.	67,652.	
	20 Occupancy	45,911.	0.	36,173.	9,738.
	21 Travel, conferences, and meetings	7,054.	0.	7,054.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	391,335.	0.	265,754.	125,581.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	1,154,824.	0.	504,389.	650,436.
	25 Contributions, gifts, grants paid	74,800.			74,800.
	26 **Total expenses and disbursements.** Add lines 24 and 25	1,229,624.	0.	504,389.	725,236.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	385,566.			
	b **Net investment income** (if negative, enter -0-)		17,789.		
	c **Adjusted net income** (if negative, enter -0-)			1,094,903.	

SCANNED MAY 22 2012

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	265.	270.	270.
	2 Savings and temporary cash investments	2,900,412.	3,534,078.	3,534,078.
	3 Accounts receivable ▶ 1,180,381. Less: allowance for doubtful accounts ▶ 167,090.	958,503.	1,013,291.	1,013,291.
	4 Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶ Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use	638,101.	750,420.	750,420.
	9 Prepaid expenses and deferred charges	11,427.	12,334.	12,334.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	5,119,680.	4,806,871.	4,806,871.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment basis ▶ Less accumulated depreciation ▶			
	12 Investments - mortgage loans			
	13 Investments - other			
	14 Land, buildings, and equipment: basis ▶ 2,155,134. Less accumulated depreciation ▶ 293,799.	1,917,757.	1,861,335.	1,861,335.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers)	11,546,145.	11,978,599.	11,978,599.
Liabilities	17 Accounts payable and accrued expenses	218,481.	561,646.	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶ STATEMENT 10)	15,485.	32,018.	
	23 **Total liabilities** (add lines 17 through 22)	233,966.	593,664.	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	11,312,179.	11,384,435.	
	25 Temporarily restricted	0.	500.	
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances**	11,312,179.	11,384,935.	
	31 **Total liabilities and net assets/fund balances**	11,546,145.	11,978,599.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	11,312,179.
2	Enter amount from Part I, line 27a	2	385,566.
3	Other increases not included in line 2 (itemize) ▶	3	0.
4	Add lines 1, 2, and 3	4	11,697,745.
5	Decreases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON SECURITIES	5	312,810.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	11,384,935.

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b	NONE			
c				
d				
e				

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

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

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

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

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

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

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

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

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

1 Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	457,944.	7,622,369.	.060079
2009	458,473.	6,021,152.	.076144
2008	205,945.	6,152,282.	.033475
2007	2,239,188.	5,328,724.	.420211
2006	799,553.	5,471,689.	.146125

2	**Total** of line 1, column (d)	2	.736034
3	Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	.147207
4	Enter the net value of noncharitable-use assets for 2011 from Part X, line 5	4	8,194,093.
5	Multiply line 4 by line 3	5	1,206,228.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	178.
7	Add lines 5 and 6	7	1,206,406.
8	Enter qualifying distributions from Part XII, line 4	8	736,467.

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.

Part 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)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b	1	356.
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	0.
3	Add lines 1 and 2	3	356.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-	5	356.
6	Credits/Payments:		
a	2011 estimated tax payments and 2010 overpayment credited to 2011 — 6a: 500.		
b	Exempt foreign organizations - tax withheld at source — 6b:		
c	Tax paid with application for extension of time to file (Form 8868) — 6c:		
d	Backup withholding erroneously withheld — 6d:		
7	Total credits and payments. Add lines 6a through 6d	7	500.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	144.
11	Enter the amount of line 10 to be: **Credited to 2012 estimated tax** ▶ 144. **Refunded** ▶	11	0.

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? *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*	1b		X
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ 0. (2) On foundation managers. ▶ $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities*	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? *If "Yes," attach a conformed copy of the changes*	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? *If "Yes," attach the statement required by General Instruction T*	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? *If "Yes," complete Part II, col (c), and Part XV*	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G? If "No," attach explanation*	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 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

Part VII-A Statements Regarding Activities *(continued)*

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.HEMOPHILIAOUTREACH.ORG

14 The books are in care of ▶ KATHLEEN AMMERMAN Telephone no. ▶ 920-965-0606

Located at ▶ 2060 BELLEVUE STREET, GREEN BAY, WI ZIP+4 ▶ 54311

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - Check here ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the year ▶ 15 N/A

			Yes	No
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶			

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☒ Yes ☐ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? ☐ Yes ☒ No			
	If "Yes," list the years ▶ _____, _____, _____, _____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement - see instructions.) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here. ▶ _____, _____, _____, _____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2011 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? *(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2011.)* N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b		X

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

5a	During the year did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes ☒ No		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	☐ Yes ☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes ☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?	☐ Yes ☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes ☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here	▶ ☐		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes ☐ No		
	If "Yes," attach the statement required by Regulations section 53 4945-5(d)			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes ☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		6b	X
	If "Yes" to 6b, file Form 8870			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes ☒ No		
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11		87,153.	13,996.	0.

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

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KAY STREET - 1279 POND VIEW CIRCLE, DE PERE, WI 54115	MEDICAL CARE 40.00	69,259.	15,746.	0.
KATHLEEN AMMERMAN - 241 SAVAGE STREET, GREEN BAY, WI 54302	MEDICAL DIRECTOR 40.00	58,078.	10,702.	0.
CONNIE SCHELD - 3591 GLEN ABBEY DRIVE, GREEN BAY, WI 54311	MEDICAL CARE 40.00	53,417.	11,196.	0.

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services. 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 ▶ 0

Part IX-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 SEE ATTACHED SUMMARY	0.
2	
3	
4	

Part IX-B **Summary of Program-Related Investments**

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 ▶	0.

Form **990-PF** (2011)

123561
12-02-11

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	4,996,054.
b	Average of monthly cash balances	1b	3,322,822.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	8,318,876.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,318,876.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	124,783.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,194,093.
6	**Minimum investment return.** Enter 5% of line 5	6	409,705.

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

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2011 from Part VI, line 5	2a		
b	Income tax for 2011. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	725,236.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	11,231.
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	736,467.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	736,467.

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

Part XIII Undistributed Income (see instructions)

N/A

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
1 Distributable amount for 2011 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only				
b Total for prior years: _____, _____, _____				
3 Excess distributions carryover, if any, to 2011:				
a From 2006				
b From 2007				
c From 2008				
d From 2009				
e From 2010				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2011 from Part XII, line 4: ▶ $				
a Applied to 2010, but not more than line 2a				
b Applied to undistributed income of prior years (Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2011 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 **Enter the net total of each column as indicated below:**				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount - see instructions				
e Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)				
8 Excess distributions carryover from 2006 not applied on line 5 or line 7				
9 **Excess distributions carryover to 2012.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

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

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2011	(b) 2010	(c) 2009	(d) 2008	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	409,705.	381,118.	301,058.	307,614.	1,399,495.
b 85% of line 2a	348,249.	323,950.	255,899.	261,472.	1,189,571.
c Qualifying distributions from Part XII, line 4 for each year listed	736,467.	457,944.	458,473.	205,945.	1,858,829.
d Amounts included in line 2c not used directly for active conduct of exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	736,467.	457,944.	458,473.	205,945.	1,858,829.
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	273,137.	254,079.	200,705.	205,076.	932,997.
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from an exempt organization					0.
(4) Gross investment income					0.

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

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

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

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

HEMOPHILIA OUTREACH CENTER, 920-965-0606
2060 BELLEVUE STREET, GREEN BAY, WI 54311

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

SEE ATTACHED APPLICANT INFORMATION FORM

c Any submission deadlines:

SEE ATTACHED APPLICANT INFORMATION FORM

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

SEE ATTACHED APPLICANT INFORMATION FORM

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year*				
SCHOLARSHIPS, INC. P.O. BOX 1873 GREEN BAY, WI 54305		501(C)3	EDUCATIONAL SCHOLARSHIP	28,000.
PATIENT SERVICES, INC. P.O. BOX 1602 MIDLOTHIAN, VA 23113		501(C)3	PREMIUM ASSISTANCE	20,000.
GREAT LAKES HEMOPHILIA FOUNDATION P.O. BOX 704 MILWAUKEE, WI 53201		501(C)3	FINANCIAL ASSISTANCE	26,800.
Total			▶ 3a	74,800.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

Form **990-PF** (2011)

123611 12-02-11

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	17,789.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			01	6,535.	
10 Gross profit or (loss) from sales of inventory					1,568,026.
11 Other revenue:					
a MISCELLANEOUS INCOME					172.
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		24,324.	1,568,198.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,592,522.

(See worksheet in line 13 instructions to verify calculations.)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
1A 10	PROVIDING MEDICAL CARE AND GUIDANCE TO THOSE LIVING WITH A BLEEDING DISORDER. COMPREHENSIVE SERVICES MAY INCLUDE MEDICAL CARE, EDUCATION, COUNSELING, TREATMENT AND AT TIMES CLOTTING FACTOR. IN ADDITION, SOCIAL OUTREACH, FITNESS AND SUPPORT SERVICES ARE PART OF THE PROGRAM SERVICES PROVIDED TO THE BLEEDING DISORDER COMMUNITY.

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

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

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

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

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

b If "Yes," complete the following schedule.

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

Sign Here

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

Deborah E. Lambrecht — 5-14-2012 — Executive Director

Signature of officer or trustee — Date — Title

May the IRS discuss this return with the preparer shown below (see instr)? ☒ Yes ☐ No

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
JENNIFER ZIECH	JENNIFER ZIECH	05/11/12		P01290310

Firm's name ▶ PINNACLE CONSULTING GROUP, LLC — Firm's EIN ▶ 56-2308153

Firm's address ▶ 1809 DECKNER AVENUE GREEN BAY, WI 54302 — Phone no. 920-406-9628

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.

Employer identification number
39-1858104

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

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

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor Complete Parts I and II.

Special Rules

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

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

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc , purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year. ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization	Employer identification number
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.	39-1858104

Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREAT LAKES HEMOPHILIA FOUNDATION P.O. BOX 704 MILWAUKEE, WI 53201-0704	$ 13,602.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)

Name of organization	Employer identification number
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.	39-1858104

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization: HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.

Employer identification number: 39-1858104

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	AMOUNT
BANK OF LUXEMBURG	15,887.
M & I MONEY MARKET	1,902.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	17,789.

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 2

INCOME		
1. GROSS RECEIPTS	6,484,620	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,484,620
4. COST OF GOODS SOLD (LINE 15)	4,916,594	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,568,026
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		1,568,026
COST OF GOODS SOLD		
8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED.	4,916,594	
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		4,916,594
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		4,916,594

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME	172.	0.	172.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	13,305.	0.	13,305.
TOTAL TO FORM 990-PF, PART I, LINE 11	13,477.	0.	13,477.

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ATTORNEY FEES	15,961.	0.	14,365.	1,596.
TO FM 990-PF, PG 1, LN 16A	15,961.	0.	14,365.	1,596.

FORM 990-PF ACCOUNTING FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	10,251.	0.	9,226.	1,025.
TO FORM 990-PF, PG 1, LN 16B	10,251.	0.	9,226.	1,025.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
OTHER PROFESSIONAL FEES	975.	0.	878.	97.
TO FORM 990-PF, PG 1, LN 16C	975.	0.	878.	97.

FORM 990-PF TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INVESTMENT INCOME TAX	500.	0.	500.	0.
PROPERTY TAXES	260.	0.	260.	0.
TO FORM 990-PF, PG 1, LN 18	760.	0.	760.	0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING	6,081.	0.	0.	6,081.
OFFICE EXPENSE	9,541.	0.	8,587.	954.
PHYSICIAN CONTRACT SERVICES	183,603.	0.	183,603.	0.
MEDICAL SUPPLIES	7,677.	0.	7,677.	0.
WELLNESS SUPPORT	2,085.	0.	0.	2,085.
PSYCHOSOCIAL SERVICES PROGRAM	41,550.	0.	0.	41,550.
POSTAGE & SHIPPING	3,381.	0.	3,381.	0.
INSURANCE	22,185.	0.	22,185.	0.
BUSINESS OUTREACH	413.	0.	0.	413.
ADVANCED EDUCATION FOR CONSUMER	6,996.	0.	0.	6,996.
STAFF PROGRAM EDUCATION	23,153.	0.	0.	23,153.
STAFF OTHER EDUCATION	3,991.	0.	0.	3,991.
CONSUMER EDUCATION	1,449.	0.	0.	1,449.
MASSAGE PROGRAM	470.	0.	0.	470.
NUTRITION EDUCATION	10,190.	0.	0.	10,190.
FITNESS PROGRAM	910.	0.	0.	910.
DENTAL PROGRAM	311.	0.	0.	311.
GENETIC EDUCATION	3,140.	0.	0.	3,140.
EQUIPMENT EXPENSES	2,360.	0.	2,355.	5.
MEMBERSHIPS	6,530.	0.	6,530.	0.
EQUIPMENT RENTAL	2,850.	0.	2,850.	0.
TELEPHONE	6,375.	0.	6,375.	0.
LICENSES & PERMITS	367.	0.	367.	0.
COMMUNITY NIGHT	954.	0.	0.	954.
CLINIC STAFFING	2,848.	0.	2,848.	0.
ADULT LEARNER	11,000.	0.	0.	11,000.
COMPUTER NETWORK	2,091.	0.	0.	2,091.
CHRISTMAS CELEBRATION	4,790.	0.	0.	4,790.
COMMUNITY PICNIC	2,204.	0.	0.	2,204.

OTHER SOCIAL OUTREACH	2,844.	0.	0.	2,844.
LAB BILL	7,072.	0.	7,072.	0.
COURIER MILEAGE	3,824.	0.	3,824.	0.
MEDICAL BILLING	1,330.	0.	1,330.	0.
FUNDRAISING SUPPLIES	6,770.	0.	6,770.	0.
TO FORM 990-PF, PG 1, LN 23	391,335.	0.	265,754.	125,581.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GUARANTEED ANNUITY AXA 170	729,950.	729,950.
PRINCIPAL PROTECTION ANNUITY	1,180,142.	1,180,142.
RETIREMENT CORNERSTONE	932,286.	932,286.
GUARANTEED ANNUITY AXA 847	507,972.	507,972.
GUARANTEED ANNUITY AXA 936	1,456,521.	1,456,521.
TOTAL TO FORM 990-PF, PART II, LINE 10B	4,806,871.	4,806,871.

FORM 990-PF OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	1,207.	22,547.
CREDIT CARDS PAYABLE	3,429.	2,804.
ACCRUED RETIREE MEDICAL	10,849.	6,667.
TOTAL TO FORM 990-PF, PART II, LINE 22	15,485.	32,018.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 11

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
KRISTIN SIOLKA 2453 ROBIN LANE GREEN BAY, WI 54303	MEMBER 1.00	0.	0.	0.
STEVE ROSEK 1320 OAK CREST DRIVE GREEN BAY, WI 54313	PRESIDENT 1.00	0.	0.	0.
JASON WELLNER 5056 SNAP DRAGON CIRCLE LITTLE SUAMICO, WI 54141	MEMBER 1.00	0.	0.	0.
AUDREY NUSKIEWICZ 3741 FERNWOOD AVENUE GREEN BAY, WI 54301	MEMBER 5.00	2,768.	0.	0.
PEGGY MAIER 316 LONGVIEW AVENUE GREEN BAY, WI 54301	VICE PRESIDENT 1.00	0.	0.	0.
TERRY CAELWAERTS 1010 COGGINS COURT GREEN BAY, WI 54313	SECRETARY 1.00	0.	0.	0.
MARK SEMRAU 1280 BEECHWOOD COURT GREEN BAY, WI 54313	MEMBER 1.00	0.	0.	0.
DOUG STANGEL N6450 SEMINARY ROAD DE PERE, WI 54115	MEMBER 0.00	0.	0.	0.
CHRISTY FAYMONVILLE 1107 REED STREET GREEN BAY, WI 54303	TREASURER 1.00	0.	0.	0.
DEBORAH ARMBRUSTER 229 OAK HILL DRIVE GREEN BAY, WI 54301	EXECUTIVE DIRECTOR 40.00	84,385.	13,996.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		87,153.	13,996.	0.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990PF
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.	FORM 990-PF PAGE 1	39-1858104

Part I **Election To Expense Certain Property Under Section 179** Note: *If you have any listed property, complete Part V before you complete Part I*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	66,524.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		3,637.	5.0	SL	MM	560.
c	7-year property		2,470.	7.0	SL	MM	166.
d	10-year property		5,124.	10.0	SL	MM	402.
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27 5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	67,652.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles* **)**

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year					
43 Amortization of costs that began before your 2011 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

HEMOPHILIA OUTREACH OF WISCONSIN, INC.

Audited Financial Statements

For the Year Ended December 31, 2011

HEMOPHILIA OUTREACH OF WISCONSIN, INC.

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December 31, 2011

INDEPENDENT AUDITORS' REPORT

KERBER, ROSE & ASSOCIATES, S.C.

Certified Public Accountants

115 E. Fifth Street • Shawano, WI 54166
(715) 526-9400 • Fax (715) 524-2599

INDEPENDENT AUDITORS' REPORT

To the Board of Directors
Hemophilia Outreach of Wisconsin, Inc.
Green Bay, Wisconsin

We have audited the accompanying statement of financial position of Hemophilia Outreach of Wisconsin, Inc. (Organization) as of December 31, 2011 and the related statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2011, and the changes in its net assets and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Kerber Rose & Associates

KERBER, ROSE & ASSOCIATES, S.C.
Certified Public Accountants
April 5, 2012

FINANCIAL STATEMENTS

HEMOPHILIA OUTREACH OF WISCONSIN, INC.
Statement of Financial Position
As of December 31, 2011

ASSETS		
Current Assets		
Cash	$	3,534,348
Accounts Receivable, Less Allowance for Doubtful Accounts		1,013,291
Inventory		750,420
Prepaid Expenses		12,334
Total Current Assets		5,310,393
Non-Current Assets		
Investments		4,806,871
Property and Equipment		
Land		437,682
Land Improvements		66,217
Buildings and Improvements		1,453,525
Office Equipment		41,298
Program Equipment		33,936
Furniture and Fixtures		122,476
Less Accumulated Depreciation		(293,799)
Total Non-Current Assets		6,668,208
TOTAL ASSETS	$	11,978,599
LIABILITIES AND NET ASSETS		
Liabilities		
Accounts Payable	$	564,450
Accrued Payroll Taxes and Deductions		29,214
Total Liabilities		593,664
Net Assets		
Unrestricted Assets		11,384,435
Temporarily Restricted		500
Total Net Assets		11,384,935
TOTAL LIABILITIES AND NET ASSETS	$	11,978,599

See Accompanying Notes

HEMOPHILIA OUTREACH OF WISCONSIN, INC.
Statement of Activities
For the Year Ended December 31, 2011

REVENUES	
Net Patient Services Revenue	$ 6,484,620
Contributions and Grants	15,398
Fundraisers	13,305
Miscellaneous Income	172
Total Revenues	6,513,495
EXPENSES AND LOSSES	
Direct Cost of Sales	4,916,594
Salaries, Benefits, and Payroll Taxes	614,925
General Expenses	228,094
Depreciation	67,652
Supplies	23,549
Outside Services	183,603
Insurance	22,185
Occupancy	55,659
Professional Fees	27,187
Fundraising	6,770
Total Expenses	6,146,218
INCOME	367,277
OTHER REVENUES	
Interest Income	17,789
Net Unrealized Loss on Investments	(312,810)
Total Other Revenues	(295,021)
INCREASE IN UNRESTRICTED NET ASSETS	72,256
TEMPORARILY RESTRICTED NET ASSETS	
Contributions	500
INCREASE IN TEMPORARILY RESTRICTED NET ASSETS	500
CHANGE IN NET ASSET	72,756
NET ASSETS - BEGINNING	11,312,179
NET ASSETS - ENDING	$ 11,384,935

See Accompanying Notes

HEMOPHILIA OUTREACH OF WISCONSIN, INC.

Statement of Cash Flows

For the Year Ended December 31, 2011

CASH FLOWS FROM OPERATING ACTIVITIES		
Change in Net Assets	$	72,756
Adjustments to Reconcile Change in Net Assets to Net Cash Flows From Operating Activities:		
Depreciation		67,652
Unrealized Loss on Investments		312,810
Change in Assets and Liabilities		
Accounts Receivable		(54,787)
Inventory		(112,319)
Prepaid Expenses		(909)
Accounts Payable		342,539
Accrued Payroll Taxes and Deductions		17,160
Net Cash Flows from Operating Activities		644,902
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of Property and Equipment		(11,231)
NET INCREASE IN CASH		633,671
CASH - BEGINNING		2,900,677
CASH - ENDING	$	3,534,348

See Accompanying Notes

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

This summary of significant accounting policies of Hemophilia Outreach of Wisconsin, Inc. (Organization) is presented to assist in understanding the Organization's financial statements. The financial statements and notes are representations of the Organization's management who is responsible for the integrity and objectivity of the financial statements. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

NATURE OF OPERATIONS

Hemophilia Outreach of Wisconsin, Inc. is a not-for-profit Wisconsin corporation, organized to provide comprehensive treatment for individuals and families with bleeding disorders.

The Organization began as a grassroots service funded by a state grant in 1973. Two pediatric nurses were recruited to establish a clinic for persons with hemophilia and other bleeding disorders. In 1997, the Organization became an independent nonprofit treatment center. The Organization now serves just over 200 individuals and their families throughout Northeast Wisconsin and the Upper Peninsula of Michigan with not only state of the art medical care, but also programming in social outreach, education, nutrition and fitness.

BASIS OF ACCOUNTING

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America. Revenue is recognized when earned rather than when received and expenses are recognized when incurred rather than when paid.

FINANCIAL STATEMENT PRESENTATION

The Organization reports information regarding its financial position and activities according to three classes of net assets.

- Unrestricted Net Assets - Net assets that are not subject to donor-imposed stipulations.
- Temporarily Restricted Net Assets - Net assets subject to donor-imposed stipulations that can be fulfilled by actions of the Organization pursuant to those stipulations or that expire by the passage of time.
- Permanently Restricted Net Assets - Net assets subject to donor-imposed stipulations that they be maintained permanently by the Organization. Generally, the donors of such assets permit the Organization to use all or part of the income earned on the assets.

Revenues are reported as increases in unrestricted net assets unless use of the related assets is limited by donor-imposed restrictions or by law. Expenses are reported as decreases in unrestricted net assets. Gains and losses on assets or liabilities are reported as increases or decreases in unrestricted net assets unless their use is restricted by explicit donor stipulation or by law. Expirations of temporary restrictions on net assets (i.e., the stipulated purpose has been fulfilled and/or the stipulated time period has elapsed) are reported as net assets released from restrictions. The Organization does not have permanently restricted net assets at December 31, 2011.

CASH

For the purposes of the statement of cash flows, cash is defined as demand deposits including checking and savings accounts.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

PATIENT ACCOUNTS RECEIVABLE

Patient accounts receivable are uncollateralized obligations due from third-party payors, the patient or the responsible party associated with the patient and are stated at the amount management expects to collect from balances outstanding at year end. The Organization bills third-party payors on the patient's behalf, or if a patient is uninsured, bills the patient directly. The Organization's policies do not provide for assessment of finance charges or late fees on patient accounts receivable.

The carrying amounts of accounts receivable are reduced by allowances that reflect management's best estimate of the amounts that will not be collected. Management provides for contractual adjustments under terms of third-party reimbursement agreements through a reduction of gross revenue and a credit to accounts receivable. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

Patient accounts receivable are shown net of an allowance for doubtful accounts of $167,090 at December 31, 2011.

INVENTORY

Inventory is stated at the lower of cost or market determined by the weighted-average method. Inventory consists of prescription medications.

INVESTMENTS

Investments in variable annuities which contain underlying marketable and debt securities are reported at their fair market values in the statement of financial position. Unrealized gains and losses are included in the statement of activities.

PROPERTY AND EQUIPMENT

It is the Organization's policy to capitalize property and equipment over $500. Lesser amounts are expensed. Purchased property and equipment is capitalized at cost. Donations of property and equipment are recorded as contributions at their estimated fair value. Such donations are reported as unrestricted contributions unless the donor has restricted the donated asset to a specific purpose. Assets donated with explicit restrictions regarding their use and contributions of cash that must be used to acquire property and equipment are reported as restricted contributions. Absent donor stipulations regarding how long the donated assets must be maintained, the Organization reports expirations of donor restrictions when the donated or acquired assets are placed in service as instructed by the donor. The Organization reclassifies temporarily restricted net assets to unrestricted assets at that time.

Property and equipment are depreciated using the straight-line method based on the following useful lives.

	Year
Land Improvements	15 – 20
Buildings	39
Buildings Improvements	10
Office Equipment	5 – 7
Program Equipment	5 – 10
Furniture and Fixtures	7

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

PROPERTY AND EQUIPMENT (Continued)

Expenditures for major renewals and betterments that extended the useful lives of property and equipment are capitalized. Expenditures for maintenance and repairs are charged to expense as incurred.

IMPAIRMENT OF LONG-LIVED ASSETS

The Organization reviews long-lived assets, including property and equipment, for impairment whenever events or changes in business circumstances indicate that the carrying amount of an asset may not be fully recoverable. An impairment loss would be recognized when the estimated future cash flows from the use of the asset are less than the carrying amount of that asset. To date, there have been no such losses.

COMPENSATED ABSENCES

The Organization's policy allows it employees to earn vacation days each pay period. A maximum of thirteen weeks may be accrued. Accrued compensated absences of $12,246 have been recorded in the statement of financial position as of December 31, 2011.

REVENUE RECOGNITION

Contributions, including unconditional promises to give, are recognized in the period received. Conditional promises are not recognized until they become unconditional, that is when the conditions on which they depend are substantially met. Donated materials are reflected as contributions at their estimated value at date of receipt. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skill and are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation, are recorded at their fair values in the period received. Many individuals volunteer their time and perform a variety of tasks that assist the Organization, but these services do not meet the criteria for recognition as contributed services. During 2011, the value of contributed services meeting the requirements for recognition in the financial statements was not material and has not been recorded.

Hemophilia Outreach of Wisconsin, Inc. reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

DONATED MATERIALS

The Organization records the value of donated goods when there is an objective basis available to measure their value. Donated materials and equipment are reflected as revenue in the accompanying statements at their estimated fair values at date of receipt. Revenue recognized from donated materials was $4,898 for 2011.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

NET PATIENT SERVICE REVENUE

The Organization has agreements with third-party payors that provide for payments to the Organization at amounts different from its established rates.

The Organization has also entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payments to the Organization under these agreements includes prospectively determined rates per services and discounts from established charges. Approximately 46% of net patient service was derived under insurance reimbursement and 54% under federal and state third party reimbursement programs.

The following are the gross patient services revenues, discounts, adjustments and allowances and the net patient services revenues for the year ended December 31, 2011:

	2011
Gross Patient Services Revenue	$ 7,368,442
Less. Discounts and Adjustments	846,961
Less: Bad Debt Allowance	36,861
Net Patient Services Revenue	$ 6,484,620

CHARITY CARE

The Organization provides care to patients who are unable to pay due to lack of insurance or inability to pay the co-pay amount. Charity care amounted to $16,153 for the year ended December 31, 2011.

CONCENTRATION OF CREDIT RISK

The Organization maintains cash balances in two financial institutions which exceeds the federally insured limit of $250,000 for interest bearing accounts per institution and unlimited coverage for accounts that are non-interest bearing. Cash exceeded the federally insured limits by $3,036,720 at December 31, 2011. The Organization believes it is not exposed to any significant credit risk on cash.

PERFORMANCE INDICATOR

"Income" as reflected in the accompanying statement of activities is a performance indicator. Income includes changes in unrestricted net assets other than contributions of long-lived assets, interest income and changes in net unrealized gains and losses on investments.

USE OF ESTIMATES

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from these estimates.

NOTE 1 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

INCOME TAXES

The Organization is a charitable organization under Section 501(c)(3) of the Internal Revenue Code, and thus is exempt from income taxes. However, the Organization is subject to a 2% federal excise tax on net investment income under Section 4940(a) as a private operating foundation.

The Organization follows the provision of uncertain tax positions as addressed in Financial Accounting Standards Board Accounting Standards Codification 740-65-1. The Organization recognized no increase in the liability for unrecognized tax benefits. The Organization has no tax position at December 31, 2011 for which the ultimate deductibility is highly uncertain but for which there is uncertainty about the timing of such deductibility. The Organization recognizes interest related to unrecognized tax benefits in interest expense and penalties in operating expenses. No such interest or penalties were recognized during the periods presented. The Organization had no accruals for interest and penalties at December 31, 2011. The Organization continually evaluates its tax position, changes in tax law and new authoritative rulings for potential implications to it tax status.

The Organization files income tax returns in the U.S. jurisdiction and the Wisconsin State Jurisdiction. The Organization is no longer subject to examinations for the years ended on or before December 31, 2008 for federal tax purposes and December 31, 2007 for state income tax purposes.

NOTE 2 - INVESTMENTS

Financial Accounting Standards Board in its Codification, ASC 820-10-50, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820-10-50 are described below:

Level 1 Quoted prices (unadjusted) for identical assets or liabilities in active markets that the Organization has the ability to access as of the measurement date.

Level 2 Significant other observable inputs other than level 1 prices such as quoted prices for similar assets or liabilities; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data.

Level 3 Significant unobservable inputs that reflect the Organization's own assumptions about the assumptions that market participants would use in pricing an asset or liability.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Fair value of assets measured on a recurring basis as of December 31, 2011 are as follows:

	Fair Value	Quoted Market Prices in Active Markets for Industrial Assets (Level 1)	Significant Other Observable Inputs (Level 2)
AXA Equitable Annuities	$ 4,806,871	$ -	$ 4,806,871

NOTE 3 - PENSION PLAN

The Organization maintains a simple IRA plan for the benefit of its employees. For 2011, the plan allowed for contributions of up to $11,500 or $14,000 if age 50 or older, for eligible employees with an employer match of up to 3%. During the year ended December 31, 2011 the Organization contributed $12,300.

NOTE 4 - ADVERTISING COSTS

The Organization's policy is to expense all advertising cost as incurred. Total advertising cost for 2011 was $6,082.

NOTE 5 - FUNDRAISING EVENTS

All of the Organization's fundraising efforts support the educational and fitness programming that is provided for the bleeding disorder community.

Hemophilia Outreach of Wisconsin, Inc. has been fundraising through the Green Bay Packers Organization sales booths since 1992. In 2011 total revenues and expense for the Packer sales booth was $3,053 and $136, respectively.

The Organization has also held a Holiday raffle every year since 1975. Total revenue and expense for the 2011 Holiday raffle was $8,729 and $5,894, respectively. This amount includes $4,898 in raffle items donated for 2011.

The Organization also held a 5K run/walk in 2011. Total revenues and expenses for the event were $1,523 and $740, respectively.

NOTE 6 - FUNCTIONAL EXPENSES

The Organization provides comprehensive treatment for individuals and families with bleeding disorders. Expenses related to providing these services are as follows:

Program Services	$	5,854,196
General and Administrative		268,004
Fundraising		24,018
	$	6,146,218

NOTE 7 - TEMPORARILY RESTRICTED NET ASSETS

The temporarily restricted net asset balance was $500 as of December 31, 2011, which consisted of a donation restricted for the purchase of a memorial bench.

NOTE 8 - SUBSEQUENT EVENTS

The Organization has evaluated subsequent events through April 5, 2012, the date which financial statements are available to be issued.

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HEMOPHILIA
OUTREACH
CENTER
The bridge to a better life

TITLE: Advanced Education in Bleeding Disorders Programs

WRITTEN: March 25, 2004
REVISED: April 2007, March 2012
BOARD APPROVAL: May 2007
EFFECTIVE: June 1, 2007
REVIEWED:

PURPOSE: To provide support for ongoing, comprehensive bleeding disorder education, beyond the limits of local opportunity, to persons/families living with a bleeding disorder. The National Hemophilia Foundation Conference and Hemophilia Federation of America Conference are both comprehensive educational programs with tracks suited for individuals with a bleeding disorder and their families. Also the Great Lakes Hemophilia Foundation has an annual Wisconsin Bleeding Program.

Supporting this program advances the Center's mission to enhance outcomes in education, prevention, wellness, social outreach and community involvement and growth.

REQUISITES: To submit an application for consideration the following criteria must be met:

- Be a person with hemophilia, von Willebrand disease or other related bleeding disorder **or**
- Be the parent of a minor child with hemophilia, von Willebrand disease or other related bleeding disorder **and**
- Reside in one of the following counties: Brown, Calumet, Door, Fond du Lac, Kewaunee, Manitowoc, Marinette, Menominee, Oconto, Outagamie, Shawano, Waupaca or Winnebago **and**
- Have never attended a HFA,NHF, or GLHF conference in the past **or**
- Have not attended one of the past 2 HFA, NHF, or GLHF conferences.

POLICY:

- The Hemophilia Outreach Center (HOC), to comply with applicable government regulations, does not administer this program.
- The Hemophilia Outreach Center staff or HOC Board of Directors are not involved in any way in the selection process of recipients.
- The Great Lakes Hemophilia Foundation (GLHF) will administer the selection and notification aspects of this program.

The Hemophilia Outreach Center will provide funding for the travel, lodging expenses and adult/youth conference registration for up to 5 individuals/families per calendar year for the HFA and NHF conferences. For the GLHF conference, HOC will provide funding for lodging expenses and adult/youth conference registration for up to 10 individuals/families per calendar year

- A family is a maximum of 4 people. Any more than 4 persons would be at the family's expense.
- The following are considered "immediate family":
    - Parent, step parent
    - Legal guardian
    - Minor child, minor step-child (up to 21 years of age if still claimed as a dependent)
    - Sibling, step sibling
    - Spouse
    - Domestic partner: defined as the intended life partner of an individual or otherwise identified as being related to that individual through intended long term ties of love, affection, responsibility and commitment common to those undertaken in marriages recognized by the State, regardless of whether such relationship is defined by or other wise recognized by any governmental authority.

- Preference may be given to those families who have never attended a conference.
- The Hemophilia Outreach Center has the right to deny or disqualify sponsorship to any individual or family.
- HOC reserves the right to limit or change the number of recipients and the amount of funding for this program at any time.

PROCEDURE:

* Applications for this program are available by written or verbal request, year round, at the Hemophilia Outreach Center.
* The Hemophilia Outreach Center will promote this program through our newsletter and website, if appropriate.

Applications are sent directly to the Great Lakes Hemophilia Foundation (GLHF), who makes the selection of recipients based on the number of applications sent in. The selection process will be based solely on the information provided in the application.

To be considered, applications must be received by the stated deadline.
Applications postmarked after the deadline will not be considered.
The GLHF Selection Committee will receive the applications and make selections by an agreed upon date. GLHF will notify winners.
GLHF will notify HOC of winners and mail us copies of the winning applications.
HOC will then contact winners to schedule an appointment to make arrangements for travel, lodging and complete conference applications. The HOC will pay directly for the above. All other expenses are the responsibility of the attendee(s).
Failure to attend the conference will result in having to reimburse HOC for monies lost as a result of not attending.

HOC has the right to decide the type of transportation (mileage reimbursement, airfare, bus, train etc.) and where the lodging will be. In the event a person chooses a different means of transportation or lodging, reimbursement, up to the lowest amount paid for other attendees, may be made after the event through submission of receipts and an expense reimbursement form. Payment is at the final discretion of the Executive Director.

This is an educational event first and foremost. Attendance at multiple classes and programs at the Conference is expected. It is unacceptable to only attend social events.

Hemophilia Outreach Center staff will also be in attendance at these conferences and will be interacting with attendees as part of the social outreach and education mission of the Center.

Participants will be expected to complete an evaluation/survey following completion of the conference. They may also be expected to provide written or oral presentations to others regarding their experiences and learning at the conference.

Failure to comply with the expectations of this program will result in denial of future program consideration.

The Hemophilia Outreach Center Executive Director and Great Lakes Hemophilia Foundation staff will meet yearly to discuss and amend this program, as necessary.

The Hemophilia Outreach Center

Advanced Education In Bleeding Disorders Program

Presented and funded by Hemophilia Outreach Center of Wisconsin, Inc
Recipients chosen by the Great Lakes Hemophilia Foundation

Please read the criteria and application carefully. Return this application to: Great Lakes Hemophilia Foundation, Attn: Program Services Committee, 638 N. 18th, Suite 104, Milwaukee, WI 53233. Applications must be received in Milwaukee by **June 15, 2012**.

To be eligible to compete for this program the applicant must:

- Be a person with hemophilia, von Willebrands disease or other related bleeding disorder **or**
- Be the parent of a minor child (up to 21 years old if still claimed as a dependent) with hemophilia, von Willebrands disease or other related bleeding disorder **and**
- Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago **and**
- Have never attended a National Hemophilia Foundation (NHF) or Hemophilia Federation of America (HFA) conference in the past **or**
- Have not attended one of the past 2 NHF or HFA conferences(2010 or 2011).

All applications will be reviewed by the Program Services Committee of the Great Lakes Hemophilia Foundation (GLHF) but a limited number will be selected based on funding for this program. The selection process will be based solely on the information provided in the application. It is the final decision of GLHF as to the program recipients.

If chosen, the Hemophilia Outreach Center (HOC) will provide funding for travel and lodging for you and up to 3 immediate family members.

The following are considered "immediate family":

- Parent, step-parent
- Legal guardian
- Minor child, minor step-child (up to 21 years old if still claimed as a dependent)
- Sibling, step-sibling
- Spouse
- Domestic partner as defined as the intended life partner of an individual or otherwise identified as being related to that individual through intended long term ties of love, affection, responsibility and commitment common to those undertaken in marriages recognized by the State, regardless of whether such relationship is defined by or otherwise recognized by any governmental authority.

HOC will contact chosen recipients to schedule an appointment to make arrangements for travel, lodging and complete conference applications. The HOC will pay directly for the travel and lodging. All other expenses are the responsibility of the attendee(s).

HOC has the right to decide the type of transportation (mileage reimbursement, airfare, bus, train etc.) and where the lodging will be.

This is an educational event first and foremost. Attendance at multiple classes and programs, by all attendees, including children, is expected. It is unacceptable to only attend social events.

Attendees may not accept trips, meals, incentives or other solicitations from drug or home care companies outside those offered to all conference participants.

Hemophilia Outreach Centre staff will also be in attendance at these conferences and will be interacting with attendees as part of the social outreach and education mission of the Centre.

All participants will be expected to complete an evaluation/survey following completion of the conference. They may also be expected to provide written or oral presentations to others regarding their experiences and learning at the Conference.

Failure to comply with the expectations of this program will result in denial of future program consideration.

Failure to attend the conference will result in having to reimburse HOC for monies lost as a result of not attending.

The HOC has the right to deny or disqualify sponsorship to any individual or family.

HOC reserves the right to limit or change the number of recipients and the amount of funding for this program at any time.

Narrative

On a separate sheet of paper, please answer the appropriate questions:

New attendees: What has been the impact of living with a bleeding disorder? How will you or your family benefit from attending this conference? How will you bring back what you learned at the conference to the rest of the bleeding disorder community?

Past attendees: How has past attendance at the conference benefited you or your family? How did you share what you learned with the bleeding disorder community? What are you looking to gain from attending another conference?

Applicant Information

Name:_____

Permanent Address:_____

Telephone #_____ Date of birth_____ Age_____

Marital Status (circle one) Single Married Divorced Separated Widowed

Employer_____

Occupation_____

What type of bleeding disorder do you or your child have?_____

I am requesting program consideration for myself and the following immediate family members:

Name Relationship date of birth bleeding disorder?

1._____
(Applicant)
2._____

3._____

4._____

Are there any financial issues you want the Selection Committee to be aware of or take into consideration with your application?

_____

_____

_____

Have you ever attended a NHF conference? _____no _____yes, if so list below.
Have you ever attended a HFA conference? _____no _____yes, if so list below.

Location	Year	Financial Assistance Received

Please list any current or past volunteer experiences with the bleeding disorder community and/or any other groups

Activity	Dates

RELEASE FORM

I understand that it may be necessary to contact my/my child's healthcare provider to verify having a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis. I hereby give my permission to contact

_____ (fill in physician name or Treatment Center and phone number).

Name (Please print):_____

Signature_____ Date:_____

The Hemophilia Center would like to promote this educational program. This may be in both general and hemophilia related media including but not necessarily limited to publications, newspapers, online services and/or television.

Please Sign Either Paragraph #1 or #2.

Paragraph #1

I, _____, authorize the Hemophilia Outreach Center
(Print Name Legibly)

to utilize any information submitted with this application with regard to any HOC sponsored publicity for the Hemophilia Outreach Center Advanced Education in Bleeding Disorders Program. This includes, but is not limited to, my name, where I live, that I have a bleeding disorder or that there is a bleeding disorder in my family and any statements contained in my narrative. I understand I will receive no compensation for use of any of the above information.

Name (Please print):_____

Signature_____ Date:_____

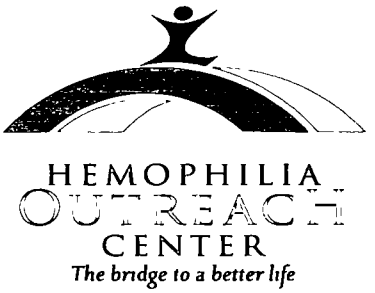
Paragraph #2

I, _____, would prefer that the Hemophilia Outreach Center
(Print Name Legibly)

not utilize any of the information provided in my application. I understand that by signing this paragraph it in no way affects my chances of being chosen for this program.

Name (Please print):_____

Signature_____ Date:_____



THE HEMOPHILIA OUTREACH CENTER MEMORIAL SCHOLARSHIP

Written: October 23, 2008
Revised: June 24, 2010
Effective: October 23, 2008
Reviewed: June 24, 2010

PROGRAM DESCRIPTION;

This scholarship is designed to support young adults living with or affected by a bleeding disorder to obtain secondary education.

REQUISITES;

* Be diagnosed with hemophilia or von Willebrand disease **or**
* Be the child or sibling of a person with hemophilia or von Willebrand disease **or**
* Be a child or sibling of a person with hemophilia or von Willebrand disease who is now deceased **and**
* Be less than 24 years of age **and**
* Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago **and**
* Enroll full time (12 or more credits per semester) in
    -an undergraduate course of study at a college or university.
    -a course of study at a vocational/technical college.
* Previous recipients may re-apply.

POLICY;

The Hemophilia Outreach Center acknowledges the financial impact that a bleeding disorder can have on affected individuals. We support these individuals by providing funding for educational scholarships.
The Hemophilia Outreach Center, to comply with applicable government regulations, does not administer this program.
The Hemophilia Outreach Center staff or HOC Board of Directors are not involved in any way in the selection process of scholarship recipients.
Scholarships Inc. will administer all aspects of this program.

The goal will be to increase the numbers of students who benefit from these scholarships while maintaining the competitive selection process.
The selection process will be based solely on the information provided in the application. It is the final decision of Scholarships Inc. as to the winners of each yearly scholarship.
The scholarships will be awarded for the September to June academic year.
Previous scholarship recipients may reapply each year that they continue to meet the requisites. Previous winners are considered at no advantage or disadvantage with other applicants. Can reapply 3rd or 4th year even if they did not get a scholarship the 2nd year.
The number of recipients and scholarship values will be based on the qualified applicant pool each year.
Scholarship awards will be mailed directly to the college.
Scholarships will awarded only if all criteria are met.
Scholarship funds are to be returned if the student fails to remain in school for the full semester. Failure to provide requested supporting documentation of semester enrollment/completion will result in loss of the scholarship.
Hemophilia Outreach Center reserves the right to limit the number of scholarships and the amount of funding for this program.
The Hemophilia Outreach Center Executive Director will meet once a year with Scholarships Inc. representative to discuss and amend program as appropriate.

PROCEDURE;

December: Scholarships Inc. mails cover letter and application to applicable high schools and any individuals requesting applications. Individuals can go to Scholarships Inc.'s website and download an application or Hemophilia Outreach Center's website for the link to Scholarships Inc. to obtain an application. Individuals can also call Scholarships Inc. at 430-1363 to have an application mailed to them.
February 15: Deadline for Guidance Counselors to complete their portions of application (transcripts)
March 1: Deadline for traditional applications to be received by Scholarships Inc.
April 1: Hemophilia Outreach Center gives funding to scholarship program through Scholarships Inc.
May 1: Renewal letter sent out by Hemophilia Outreach Center to previous recipients
June 1: Deadline for renewal applications to be received by Scholarships Inc.
June 1-10: Final selection of all applicants by Scholarships Inc.
June 15: Letters sent out to recipients of scholarships as well as any rejections . This is done by Scholarships Inc.
July 1: Notification of awards banquet by invitation from Scholarships Inc.
August : Scholarships Inc. Lamp of Knowledge Awards Ceremony

SCHOLARSHIPS, INC.

2012 Renewal Scholarship Application

The scholarship award that you received from Scholarships, Inc. last year was one that has made you eligible to apply for a renewal award for your second year of college. This award is based upon available monies from the Scholarships, Inc. fund, demonstration of continuing need, an excellent academic record, and evidence of your active participation in college extra-curricular activities. Based on these criteria, the number of recipients and the dollar amount may vary from the first year award.

Applicant must demonstrate financial need by completing a Free Application for Federal Student Aid (FAFSA). A copy of ALL pages of the **Student Aid Report (SAR)** must accompany the application, along with your ***personal statement***, ***official transcript of grades from the previous academic year,*** and your ***Financial Aid Offer Letter*** from your college/university must be received at Scholarships, Inc. no later than **JULY 2, 2012 by 4:00 pm.**

PERSONAL INFORMATION

Name:_____ Date of Birth:_____
Last First M.I.

Permanent Home Address: _____
Street City State Zip

Home phone:_____ Cell:_____ Your College Email Address:_____

Student ID Number:_____

Have there been any significant changes in your financial need over the past year, such as marital status, change of school, other financial awards or other circumstances? Yes O No O if yes, please explain. _____

_____

EDUCATIONAL INFORMATION

Name of High School:_____ Graduation Date:_____

Name of College:_____

College Street Address:_____

City:_____ State:_____ Zip:_____ Telephone #:_____

Your major/minor:_____

Your Grade Point Average on a 4.0 scale: _____ You must maintain a 3.0 GPA or higher to be considered for renewal.

PERSONAL STATEMENT

Be sure to include your name and address. Please complete the personal statement; it must be answered in a typewritten format. Handwritten applications will not be processed.

1. GOALS - Describe your goals for your college work and detail what you hope to accomplish.
2. ACTIVITIES - Explain your contributions to your college/university of the past year, including honors, offices held, etc. If you were employed, explain your job in terms of responsibility and number of hours worked per week.
3. FINANCES - If any unusual financial circumstances exist, which you feel are important for the committee to consider, please explain You must also submit the Student Aid Report through FAFSA. Do not submit the FAFSA application to Scholarships, Inc.

SCHOLARSHIPS, INC.

2012 Renewal Scholarship Application

AUTHORIZATION

I certify that all information given on this application is true and complete to the best of my knowledge. I authorize Scholarships, Inc. to access and utilize my FAFSA information for scholarship consideration. I also agree to keep Scholarships, Inc. informed of any other scholarships or aid awards that I may receive. Acceptance of a scholarship constitutes permission for
Scholarships, Inc. to use my name and/or likeness for the future promotion of the organization.

Signature of Student Date

Your ***application, transcripts, personal statement, SAR*** and ***Financial Aid Offer Letter*** must be received at Scholarships, Inc. no later than ***JULY 2, 2012 4:00 pm.*** *Postage due applications will not be processed.*

Scholarships, Inc.
Renewal Award Selection Committee
2050 Riverside Dr
Green Bay, WI 54301
920-569-8411
www scholarshipsinc org • administrator@scholarshipsinc.org

HEMOPHILIA OUTREACH CENTER ADULT LEARNER PROGRAM

Written: November 26, 2003
Revised: May 13,2006, June 24,2010
Board Approval: May 12, 2008
Effective: May 13, 2008
Reviewed: June 24, 2010

PROGRAM DESCRIPTION;

The Hemophilia Outreach Center will fund, on a yearly basis, the Adult Learner Program. This program will provide funding for continuing education for qualifying recipients. This program will be administered by Literacy Green Bay.

REQUISITES;

* Be diagnosed with hemophilia or von Willebrand disease **or**
* Be the spouse of a person with hemophilia or von Willebrand disease **or**
* Be the parent of a minor child with hemophilia or von Willebrand disease **and**
* Be 24 years of age or older **and**
* Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago **and**
* Enroll full time (12 or more credits per semester) or part-time (3 to 11 credits) per semester in:
    * Completion of a GED or other high school equivalent
    * A course of study through a vocational/technical college
    * A course of study through a college or university
* Previous recipients may re-apply.

POLICY;

The Hemophilia Outreach Center acknowledges the financial impact that a bleeding disorder can have on affected individuals. We support these individuals by providing funding for continuing education.
The Hemophilia Outreach Center, to comply with applicable government regulations, does not administer this program.

The Hemophilia Outreach Center staff or HOC Board of Directors are not involved in any way in the selection process of recipients.
Literacy Green Bay will administer all aspects of this program.
The selection process will be based solely on the information provided in the application.
It is the final decision of Literacy Green Bay as to the recipients.
A **C** average or a passing grade must be maintained to continue to apply for funding
Funding will be mailed directly to the educational institution.
Funding will be awarded only if all criteria are met.
If the student fails to complete the course work, then funds must be returned to the Hemophilia Outreach Center Adult Learner Program.
Failure to provide requested supporting documentation of semester enrollment would result in loss of funding.
The Hemophilia Outreach Center Executive Director will meet once a year with Literacy Green Bay representatives to discuss and amend this program as appropriate.

PROGRAM PROCEDURE;

1. Complete application. Applications may be obtained by calling Literacy Green Bay at 920-435-2474 or email at lynnmullins@literacygreenbay.org.
2. Submit application to Literacy Green Bay.
3. Applications must be received at least 6 weeks prior to start of class.
4. Upon review of applications by Literacy Green Bay, recipients will be notified of outcome by Literacy Green Bay.
5. Grades of completed courses must be submitted to prevent being held liable for return of funding and to receive any further funding.

HEMOPHILIA OUTREACH CENTER ADULT LEARNER PROGRAM

Presented by Hemophilia Outreach of Wisconsin, Inc
in partnership with Literacy Green Bay

Congratulations on your decision to continue your education. Please read the criteria below and complete this application carefully. Return this application to Lynn Mullins, **Literacy Green Bay, HOC Adult Learner Program, 424 S. Monroe Ave., Green Bay, WI 54301** Contact Lynn with questions at 920-435-2474 x104 or lynnmullins@literacygreenbay.org.

I am applying for a scholarship for the following semester: ❑ Fall 20___ ❑ Spring 20___ ❑ Summer 20___

ELIGIBILITY REQUIREMENTS: (check all that apply)

A) ❑ I have been diagnosed with hemophilia or von Willebrand disease
❑ I am the spouse of a person with hemophilia or von Willebrand disease
❑ I am the parent of a minor child with hemophilia or von Willebrand disease

B) ❑ I am 24 years of age or older

C) I reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago **(circle county)**

D) I am enrolling full time (12+ credits per semester) or part time (2 to 11 credits) in
❑ completion of a GED or other high school equivalent
❑ an undergraduate course of study at a college or university
❑ a course of study at a vocational/technical college
❑ post-graduate studies
❑ other: explain _____

APPLICANT INFORMATION

Name. _____ E-mail: _____

Address: _____
Street City State Zip Code

Telephone: _____ Cell: _____ Date of birth: _____

Marital status (circle one) Single Married Divorced Separated

What type of bleeding disorder do you (or does your spouse or child) have?_____

_____

Who lives in your household?_____

Employer_____Occupation_____

Highest level of education completed: High School Associate Bachelors Masters
(circle one)

Which college or technical school will you/do you attend?_____

Major, degree or course of study: _____

Name and e-mail/phone of your advisor: _____

List the courses you intend to take this semester, their credit value and the cost for each course

Course Title	Credits	Cost for Course	Cost of Books
Totals			

What is the registration deadline for these courses? _____

Have you registered for these courses? Explain: _____

_____

Are you enrolled in the school? Explain: _____

_____

How do you plan to pay for school? _____

_____

What other expenses will you incur to attend school this semester?_____

_____

PERSONAL STATEMENT

In 2 pages or less (attached to this application) share information about yourself which you would like the Selection Committee to consider in evaluating your application. **This statement is used as one of the MAJOR criteria in the selection process**. Please include:

- Why the decision to pursue additional education at this time in your life?
- Why this course of study?
- How will going back to school impact your life?
- The impact of living with a chronic disorder.

RELEASE FORM

I understand that it may be necessary to contact my/my spouse's/my child's healthcare provider or Hemophilia Treatment Center to verify having a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis I hereby give my permission to contact _____
(fill in physician name or Treatment Center and phone number)

Name (Please print):_____

Signature_____ Date._____

FORM 990, PART IX-A

2011 PROGRAM SERVICE ACCOMPLISHMENTS

MEDICAL SERVICES: Hemophilia Outreach Center physicians and nurses are experts in the management and treatment of bleeding disorders. Our patients, from infancy to elder, receive the most comprehensive, individualized care available. We know our patients and they have trusted us with their care for over three decades. In 2011, 6156 patient/clinical encounters took place at or through the Hemophilia Outreach Center. The variety of medical encounters offered included receiving comprehensive medical care, coordination of medical care in person or by phone, physical therapy, psychosocial assessment, nutritional evaluation and counseling, dental hygiene assessment, massage therapy, medical treatment/procedures, education, financial advocacy, and/or support services. An additional 202 medical encounters took place by phone during our 24 hour emergency on call coverage.

EDUCATION: We believe that education is vital to making a difference. We provide education to healthcare students and providers, hospitals and emergency rooms, hospice programs, teachers, community members and persons living with a bleeding disorder. Our goals are to improve clinical care and outcomes, increase public awareness and improve the quality of life for persons living with a bleeding disorder. In 2011we focused our educational resources on the following:

* Our website continues to be a source of information for the bleeding disorder community. The content remains focused on healthcare, wellness, nutrition, education and outreach.
* 7 scholarships were awarded to students for furthering their secondary education; and 3 adults were presented with a scholarship from our Adult Learner Program for pursuing a college degree.
* 26 individuals attended a College Prep Night.
* 32 individuals attended a Hispanic educational program.
* 11 individuals attended a financial wellness program.
* 34 individuals attended a Camp informational program.
* 62 individuals participated in regular Advocacy Committee meetings, a Madison Day event advocating for our bleeding disorder community to our state politicians and local community meetings regarding health care including the Positive Solutions for Pain group.
* 11 individuals attended the National Hemophilia Foundation annual meeting.
* 75 individuals and family members participated in the Family Education Weekend which included educational meetings and social networking.

SOCIAL OUTREACH: Our care tradition is built on the foundation that no one is alone. We foster a community of inclusion and fellowship. Our center is open to all without reservation. 671 individuals were a part of this programming which included Community Nights, Movie Night, Mom to Mom's Dinner, Bleeding Disorder Camp, Timber Rattlers Baseball Outing, Annual Picnic, Annual Holiday Event, and Food Basket distribution.

FITNESS: We at the Center acknowledge the importance of fitness and how proper fitness aids in the quality of life with a bleeding disorder. Fitness programs offered at the Center help broaden the knowledge of fitness and allow each individual to attain their own fitness goals. In 2011, the total equaled 40 of participation in the Joints in Motion Swim Class and we do have an on site Fitness Center that patients may use when they wish. We also had a Food and Fitness program to promote both good nutrition and fitness exercises of which 12 participated.