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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

2012

Open to Public Inspection

For calendar year 2012, or tax year beginning 01-01-2012 , and ending 12-31-2012

Name of foundation
Cascade Hemophilia Consortium

A Employer identification number
38-3199649

Number and street (or P O box number if mail is not delivered to street address)
517 West William St

Room/suite

B Telephone number (see instructions)
(734) 996-3300

City or town, state, and ZIP code
Ann Arbor, MI 48103

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

I Fair market value of all assets at end of year *(from Part II, col. (c), line 16)* ▶$ 16,523,359

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

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

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

Part I **Analysis of Revenue and Expenses** *(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))*

			(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1	Contributions, gifts, grants, etc , received (attach schedule)				
	2	Check ▶ ☑ if the foundation is **not** required to attach Sch B				
	3	Interest on savings and temporary cash investments	16,328	16,328	16,328	
	4	Dividends and interest from securities				
	5a	Gross rents				
	b	Net rental income or (loss) _____				
	6a	Net gain or (loss) from sale of assets not on line 10				
	b	Gross sales price for all assets on line 6a _____				
	7	Capital gain net income (from Part IV, line 2)		0		
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances 38,534,180				
	b	Less Cost of goods sold 31,538,400				
	c	Gross profit or (loss) (attach schedule)	6,995,780		6,995,780	
	11	Other income (attach schedule)	132,934		132,934	
	12	**Total.** Add lines 1 through 11	7,145,042	16,328	7,145,042	
Operating and Administrative Expenses	13	Compensation of officers, directors, trustees, etc	148,898			
	14	Other employee salaries and wages	280,607			
	15	Pension plans, employee benefits	135,871			
	16a	Legal fees (attach schedule)	13,430			13,430
	b	Accounting fees (attach schedule)	15,093			15,093
	c	Other professional fees (attach schedule)	64,560			
	17	Interest				
	18	Taxes (attach schedule) (see instructions)				
	19	Depreciation (attach schedule) and depletion	16,332			
	20	Occupancy	51,368			51,368
	21	Travel, conferences, and meetings	21,723			21,723
	22	Printing and publications				
	23	Other expenses (attach schedule)	786,353			786,353
	24	**Total operating and administrative expenses.** Add lines 13 through 23	1,534,235	0		887,967
	25	Contributions, gifts, grants paid	2,515,848			2,515,848
	26	**Total expenses and disbursements.** Add lines 24 and 25	4,050,083	0		3,403,815
	27	Subtract line 26 from line 12				
	a	**Excess of revenue over expenses and disbursements**	3,094,959			
	b	**Net investment income** (if negative, enter -0-)		16,328		
	c	**Adjusted net income** (if negative, enter -0-)			7,145,042	

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

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing			
	2 Savings and temporary cash investments	3,319,312	8,003,148	8,003,148
	3 Accounts receivable ▶ 5,828,807			
	Less allowance for doubtful accounts ▶	6,087,663	5,828,807	5,828,807
	4 Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7 Other notes and loans receivable (attach schedule) ▶			
	Less allowance for doubtful accounts ▶			
	8 Inventories for sale or use	3,303,818	2,613,927	2,613,927
	9 Prepaid expenses and deferred charges	33,932	40,921	40,921
	10a Investments—U S and state government obligations (attach schedule)			
	b Investments—corporate stock (attach schedule)			
	c Investments—corporate bonds (attach schedule)			
	11 Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
	12 Investments—mortgage loans			
	13 Investments—other (attach schedule)			
	14 Land, buildings, and equipment basis ▶ 80,104			
	Less accumulated depreciation (attach schedule) ▶ 43,548	43,080	36,556	36,556
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	12,787,805	16,523,359	16,523,359
Liabilities	17 Accounts payable and accrued expenses	2,470,185	2,669,426	
	18 Grants payable	734,608	1,175,962	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 **Total liabilities** (add lines 17 through 22)	3,204,793	3,845,388	
Net Assets or Fund Balances	**Foundations that follow SFAS 117, check here ▶ ☑ and complete lines 24 through 26 and lines 30 and 31.**			
	24 Unrestricted	9,583,012	12,677,971	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg , and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 **Total net assets or fund balances** (see page 17 of the instructions)	9,583,012	12,677,971	
	31 **Total liabilities and net assets/fund balances** (see page 17 of the instructions)	12,787,805	16,523,359	

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	9,583,012
2	Enter amount from Part I, line 27a	2	3,094,959
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	12,677,971
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	12,677,971

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				

	(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			(l) Gains (Col (h) gain minus col (k), but not less than -0-) **or** Losses (from col (h))
	(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	
a				
b				
c				
d				
e				

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

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☑ No
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	29,741,528		
2010	40,097,164		
2009	20,829,559		
2008	20,557,821		
2007	17,934,235		

2	**Total** of line 1, column (d)	2	
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	
5	Multiply line 4 by line 3	5	
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	163
7	Add lines 5 and 6	7	163
8	Enter qualifying distributions from Part XII, line 4	8	34,942,215

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 page 18 of the instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter _____ **(attach copy of letter if necessary–see instructions)**		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☑ and enter 1% of Part I, line 27b	1	163
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	
3	Add lines 1 and 2	3	163
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	4	
5	**Tax based on investment income.** Subtract line 4 from line 3 If zero or less, enter -0-	5	163
6	Credits/Payments		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a: 893		
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	893
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	730
11	Enter the amount of line 10 to be **Credited to 2013 estimated tax** ▶ **Refunded** ▶	11	730

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		No
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		No
	*If the answer is "Yes" to **1a** or **1b,** attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.*			
c	Did the foundation file **Form 1120-POL** for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year **(1)** On the foundation ▶ $ _____ **(2)** On foundation managers ▶ $ _____			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ $ _____			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? *If "Yes," attach a detailed description of the activities.*	2		No
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		No
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	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		No
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	Yes	
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	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? *If "No," attach explanation .*	8b	Yes	
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? *If "Yes," complete Part XIV*	9	Yes	
10	Did any persons become substantial contributors during the tax year? *If "Yes," attach a schedule listing their names and addresses*	10		No

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		No
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		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	

Website address ▶ www casecadehc org

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

Located at ▶ 517 West William Street Ann Arbor MI ZIP+4 ▶ 48103

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**

16	At any time during calendar year 2012, 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		No

See 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

	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☑ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☐ Yes ☑ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☑ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☑ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here . . . ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c		No
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 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? ☐ Yes ☑ No			
	If "Yes," list the years ▶ 20____ , 20____ , 20____ , 20____			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20____ , 20____ , 20____ , 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☑ No			
b	If "Yes," did it have excess business holdings in 2012 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 2012.)*	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
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 2012?	4b		No

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

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☑ No			
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☑ No			
	(3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☑ No			
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) ☐ Yes ☑ No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☑ No			
b	If any answer is "Yes" to 5a(1)–(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see instructions)?	**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? ☐ 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**		**No**
	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?	**7b**		

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

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

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

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

(a) Name and address of each employee paid more than $50,000	**(b)** Title, and average hours per week devoted to position	**(c)** Compensation	**(d)** Contributions to employee benefit plans and deferred compensation	**(e)** Expense account, other allowances
Mike Altese 517 West William St Ann Arbor, MI 48103	Pharmacist 040 00	117,208	25,065	
Stephanie Raymond 517 West William St Ann Arbor, MI 48103	Assoc Dir 040 00	104,176	23,862	

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

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

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

(a) Name and address of each person paid more than $50,000	**(b)** Type of service	**(c)** Compensation

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

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

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 Makes products available to hemophilia patients, assists patients without adequate insurance, works with manufacturers to obtain drugs under compassionate use policies, provides allied health services and grant contracts to organizations to provide medical care and allied health services	35,572,151
2	
3	
4	

Part IX-B **Summary of Program-Related Investments** (see instructions)

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	4,616,175
c	Fair market value of all other assets (see instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	4,616,175
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	4,616,175
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,616,175
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3 Enter here and on Part V, line 4	5	0
6	**Minimum investment return.** Enter 5% of line 5	6	0

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

1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2012 from Part VI, line 5 2a		
b	Income tax for 2012 (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	0

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	3,403,815
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes	2	31,538,400
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	34,942,215
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	163
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	34,942,052

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)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only.				
b Total for prior years 20___, 20___, 20___				
3 Excess distributions carryover, if any, to 2012				
a From 2007.				
b From 2008.				
c From 2009.				
d From 2010.				
e From 2011.				
f **Total** of lines 3a through e.				
4 Qualifying distributions for 2012 from Part XII, line 4 ▶ $ 34,942,215				
a Applied to 2011, 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 2012 distributable amount.				
e Remaining amount distributed out of corpus	34,942,215			
5 Excess distributions carryover applied to 2012				
(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	34,942,215			
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 2011 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions).				
8 Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions). . .				
9 Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2008. . . .				
b Excess from 2009. . . .				
c Excess from 2010. . . .				
d Excess from 2011. . . .				
e Excess from 2012. . . .				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling. . . . . ▶

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

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	0				0
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	34,942,215	29,640,277	40,097,469	20,829,969	125,509,930
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	34,942,215	29,640,277	40,097,469	20,829,969	125,509,930
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets	16,523,359	12,787,805	11,871,384	7,522,773	48,705,321
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	16,523,359	12,787,805	11,871,384	7,522,773	48,705,321
b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the organization 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))

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

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

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

c Any submission deadlines

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

Part XV Supplementary Information (continued)

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a *Paid during the year* See Additional Data Table				
Total . . . . . ▶ **3a**				2,383,972
b *Approved for future payment* See Additional Data Table				
Total . . . . . ▶ **3b**				2,351,000

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	16,328	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					6,995,780
11 Other revenue a Other income	900099				132,934
b					
c					
d					
e					
12 Subtotal Add columns (b), (d), and (e)				16,328	7,128,714
13 **Total.** Add line 12, columns (b), (d), and (e)				13	7,145,042

(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) (See instructions)
10	Sale of blood products, HIV and Hepatitis C related therapies and other medications, at reduced prices Cascades exempt purpose is to enhance the system of care for hemophilia patients by providing these products
11b	Other related income

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

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

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

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

Sign Here

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

****** | 2013-05-10 | ******

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
James H Bennett CPA	James H Bennett CPA	2013-05-10		

Firm's name ▶ Bennett & Associates CPAs PLLC

Firm's EIN ▶

Firm's address ▶ 100 Huronview Blvd, Ann Arbor, MI 48103

Phone no (734) 622-7000

Form 990PF Part VIII Line 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
Amy Denton 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
William Sparrow 517 West William Street Ann Arbor, MI 48103	Vice Pres 001 00	0		
Timothy Brent 517 West William Street Ann Arbor, MI 48103	Exec Dir 040 00	148,898	30,278	
William Berk MD 517 West William Street Ann Arbor, MI 48103	President 001 00	0		
Helen Levenson JD 517 West William Street Ann Arbor, MI 48103	Secretary 001 00	0		
Nancy Duffy RN 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
MIchael McGuire 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Gary Priestap JD LLM MBA 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Lauren Shellenberger RN BSN JD 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Peter Deininger CPA MBA 517 West William Street Ann Arbor, MI 48103	Treasurer 001 00	0		
Jeffrey Hord MD 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Carrie Reaume 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		

Form 990PF Part XV Line 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*				
Akron Childrens Hospital 1 Perkins Square 5th F Akron, OH 44308	eligible non-pr		Provision for medical services	146,400
Barbara Ann Karmanos Cancer Institute 4100 John R Detroit, MI 48201	eligible non-pr		Provision for medical services	117,327
Cincinnati Childrens Hospital Medical Center 3333 Burnet Avenue ML Cincinatti, OH 45229	eligible non-pr		Provision for medical services	138,692
Helen DeVos Childrens Coagulation 100 Michigan St NE Grand Rapids, MI 49503	eligible non-pr		Provision for medical services	86,969
Henry Ford Hospital 2799 West Grand Boulevard Detroit, MI 48202	eligible non-pr		Provision for medical services	77,135
Hurley Medical Center 1 Hurley Plaza 6W Flint, MI 48503	eligible non-pr		Provision for medical services	95,000
Michigan State University 2900 Hannah Blvd East Lansing, MI 48823	eligible non-pr		Provision for medical services	100,431
Nationwide Childrens Hospital 700 Childrens Drive Columbus, OH 43205	eligible non-pr		Provision for medical services	77,606
Northern Regional Bleeding Disorder 1105 Sixth Street Traverse City, MI 49684	eligible non-pr		Provision for medical services	130,063
Toledo Children's Hospital Northwest Ohio Hemophilia Treatment Center 2150 West Central Avenue Toledo, OH 43606	eligible non-pr		Provision for medical services	70,042
Ohio State University Hemophilia Center 320 West 10th St Columbus, OH 43210	eligible non-pr		Provision for medical services	109,177
University of Cincinatti 231 Albert Sabin Way ML 5 Cincinatti, OH 45267	eligible non-pr		Provision for medical services	44,492
University Hospitals of Cleveland 11100 Euclid Avenue Cleveland, OH 44106	eligible non-pr		Provision for medical services	79,795
University of Michigan Hemophilia 1500 East Medical Center Dr Ann Arbor, MI 48109	eligible non-pr		Provision for medical services	87,000
University Pediatricians 3901 Beaubien Blvd Detroit, MI 48201	eligible non-pr		Provision for medical services	151,506

Form 990PF Part XV Line 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*				
West Central Ohio Hemophilia Center 1 Childrens Plaza Dayton, OH 45404	eligible non-pr		Provision for medical services	90,038
West MIchigan Cancer Center 200 North Park Street Kalamazoo, MI 49007	eligible non-pr		Provision for medical services	44,854
Northern Ohio Hemophilia Foundation Inc 4807 Rockside Road Suite 380 Independence, OH 44131	eligible non-pr		Support for dental program and educational newsletter printing, mailing, and postage costs	34,304
FAMOHIO Inc 2425 Roscoe Court Dublin, OH 43016	eligible non-pr		Lodging and meal support for FAMOHIO	11,000
Hemophilia Foundation of Michigan 1921 W Michigan Avenue Ypsilanti, MI 48197	eligible non-pr		Support for SpringFest, Camp Bold Eagle	622,134
Hemophilia of Indiana 5170 E 65th St Indianapolis, IN 46220	eligible non-pr		Support for annual meeting, Camp	57,000
Southwestern Ohio Hemophilia Foundation 82 Elva Court Suite B Vandalia, OH 45377	eligible non-pr		Campership to Bold Eagle and transportation	8,000
Tri-State Bleeding Disorder Foundation 635 W Seventh Street Cincinatti, OH 45203	eligible non-pr		Campership, assistance to attend NH	5,007
Total . . . . . ▶ **3a**				2,383,972

Form 990PF Part XV Line 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
b *Approved for future payment*				
Akron Childrens Hospital1 Perkins Square 5th F Perkins Square th F, OH 44308	eligible non-pr		Provision for medical services	174,000
Barbara Ann Karmanos Cancer Institute4100 John R Detroit, MI 48201	eligible non-pr		Provision for medical services	200,000
Cincinnati Childrens Hospital Medical Center3333 Burnet Avenue ML Cincinatti, OH 45229	eligible non-pr		Provision for medical services	110,000
Helen DeVos Childrens Coagulation 100 Michigan St NE Grand Rapids, MI 49503	eligible non-pr		Provision for medical services	3,948
Henry Ford Hospital2799 West Grand Boulevard Detroit, MI 48202	eligible non-pr		Provision for medical services	119,000
Hurley Medical Center1 Hurley Plaza 6W Flint, MI 48503	eligible non-pr		Provision for medical services	115,379
Toledo Children's Hospital Northwest Ohio Hemophilia Treatment Center 2150 West Central Avenue Toledo, OH 43606	eligible non-pr		Provision for medical services	119,481
Michigan State University2900 Hannah Blvd East Lansing, MI 48823	eligible non-pr		Provision for medical services	160,000
Nationwide Childrens Hospital700 Childrens Drive Columbus, OH 43205	eligible non-pr		Provision for medical services	103,872
Northern Regional Bleeding Disorder 1105 Sixth Street Traverse City, MI 49684	eligible non-pr		Provision for medical services	210,000
Northern Ohio Hemophilia Foundation Inc4807 Rockside Road Suite 380 Independence, OH 44131	eligible non-pr		Provision for medical services	26,000
Ohio State University Hemophilia Center320 West 10th St Columbus, OH 43210	eligible non-pr		Provision for medical services	194,856
University of Cincinatti231 Albert Sabin Way ML 5 Cincinatti, OH 45267	eligible non-pr		Provision for medical services	55,852
University Hospitals of Cleveland 11100 Euclid Avenue Cleveland, OH 44106	eligible non-pr		Provision for medical services	110,000
University of Michigan Hemophilia 1500 East Medical Center Drive Ann Arbor, MI 48109	eligible non-pr		Provision for medical services	94,657
University Pediatricians3901 Beaubien Blvd Detroit, MI 48201	eligible non-pr		Provision for medical services	200,000
West Central Ohio Hemophilia Center1 Childrens Plaza Dayton, OH 45404	eligible non-pr		Provision for medical services	101,750
West MIchigan Cancer Center200 North Park Street Kalamazoo, MI 49007	eligible non-pr		Provision for medical services	72,205
Central Ohio Chapter of the NationalP O Box 345 Worthington, OH 43085	eligible non-pr		Campership to Camp Bold Eagle	9,000
FAMOHIO Inc2425 Roscoe Court Dublin, OH 43016	eligible non-pr		Lodging and meal support for FAMOHIO	11,000
Hemophilia Foundation of Michigan 1921 W Michigan Avenue Ypsilianti, MI 48197	eligible non-pr		Support for SpringFest, Camp Bold Eagle	76,500
Hemophilia of Indiana5170 E 65th St Indianapolis, IN 46220	eligible non-pr		Support for annual meeting, Camp Bold Eagle	58,000
Northwest Ohio Hemophilia Foundation P O Box 12606 Toledo, OH 43606	eligible non-pr		Support for camp program, outreach	10,000
Southwestern Ohio Hemophilia Foundation82 Elva Court Suite B Vandalia, OH 45377	eligible non-pr		Camperships to Camp Bold Eagle and transportation	8,000
Tri-State Bleeding Disorder Foundation 635 W Seventh Street Cincinatti, OH 45203	eligible non-pr		Camperships, assistance to attend NH	7,500
Total . . . . . ▶ **3b**				2,351,000

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TY 2012 Accounting Fees Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting fees	15,093			15,093

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TY 2012 Cash Deemed Charitable
Explanation Statement

Name: Cascade Hemophilia Consortium

EIN: 38-3199649

Software ID: 12000057

Software Version: 12.15.422.1

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

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TY 2012 General Explanation Attachment

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

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TY 2012 Land, Etc. Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Equipment	80,104	43,548	36,556	36,556

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TY 2012 Legal Fees Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal fees	13,430			13,430

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TY 2012 Other Expenses Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Insurance	66,134			66,134
Office expenses	354,682			354,682
Other	365,537			365,537

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TY 2012 Other Income Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other income	132,934		132,934

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TY 2012 Other Professional Fees Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Other professional fees	64,560			

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TY 2012 Sales Of Inventory Schedule

Name: Cascade Hemophilia Consortium
EIN: 38-3199649
Software ID: 12000057
Software Version: 12.15.422.1

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
Reduced price factor sales	38,534,180	31,538,400	6,995,780