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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 , 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) ▶$ 12,412,122.

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	33,943.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	9,491.	9,491.	9,491.	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				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances 6,406,544.				STATEMENT 2
	b Less Cost of goods sold 4,783,623.				
	c Gross profit or (loss)	1,622,921.		1,622,921.	
	11 Other income	12,896.	0.	12,896.	STATEMENT 3
	12 Total Add lines 1 through 11	1,679,251.	9,491.	1,645,308.	
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	88,412.	0.	8,841.	79,571.
	14 Other employee salaries and wages	482,171.	0.	79,028.	403,143.
	15 Pension plans, employee benefits	132,696.	0.	21,749.	110,947.
	16a Legal fees STMT 4	825.	0.	743.	82.
	b Accounting fees STMT 5	18,585.	0.	16,726.	1,859.
	c Other professional fees STMT 6	850.	0.	765.	85.
	17 Interest				
	18 Taxes STMT 7	-216.	0.	-216.	0.
	19 Depreciation and depletion	74,155.	0.	74,155.	
	20 Occupancy	47,605.	0.	37,508.	10,097.
	21 Travel, conferences, and meetings	9,762.	0.	9,762.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	402,583.	0.	256,923.	145,660.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,257,428.	0.	505,984.	751,444.
	25 Contributions, gifts, grants paid	93,000.			93,000.
	26 Total expenses and disbursements. Add lines 24 and 25	1,350,428.	0.	505,984.	844,444.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	328,823.			
	b Net investment income (if negative, enter -0-)		9,491.		
	c Adjusted net income (if negative, enter -0-)			1,139,324.	

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	270.	438.	438.
	2 Savings and temporary cash investments	3,534,078.	3,549,388.	3,549,388.
	3 Accounts receivable ▶ 1,608,007.			
	Less: allowance for doubtful accounts ▶ 183,415.	1,013,291.	1,424,592.	1,424,592.
	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	750,420.	393,736.	393,736.
	9 Prepaid expenses and deferred charges	12,334.	16,373.	16,373.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	4,806,871.	5,171,629.	5,171,629.
	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 ▶ 2,223,918.			
	Less accumulated depreciation ▶ 367,952.	1,861,335.	1,855,966.	1,855,966.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers)	11,978,599.	12,412,122.	12,412,122.
Liabilities	17 Accounts payable and accrued expenses	561,646.	294,404.	
	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)	32,018.	39,202.	
	23 **Total liabilities** (add lines 17 through 22)	593,664.	333,606.	
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	11,384,435.	12,078,016.	
	25 Temporarily restricted	500.	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**	11,384,935.	12,078,516.	
	31 **Total liabilities and net assets/fund balances**	11,978,599.	12,412,122.	

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	11,384,935.
2	Enter amount from Part I, line 27a	2	328,823.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON SECURITIES	3	364,758.
4	Add lines 1, 2, and 3	4	12,078,516.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	12,078,516.

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			(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). 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 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	736,467.	8,194,093.	.089878
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

2	**Total** of line 1, column (d)	2	.679787
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	.135957
4	Enter the net value of noncharitable-use assets for 2012 from Part X, line 5	4	8,537,878.
5	Multiply line 4 by line 3	5	1,160,784.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	95.
7	Add lines 5 and 6	7	1,160,879.
8	Enter qualifying distributions from Part XII, line 4	8	913,228.

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	190.
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	190.
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	190.
6	Credits/Payments:		
a	2012 estimated tax payments and 2011 overpayment credited to 2012 — 6a: 360.		
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	360.
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	170.
11	Enter the amount of line 10 to be: **Credited to 2013 estimated tax** ▶ 170. **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 2012 or the taxable year beginning in 2012 (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 ▶ DEBORAH E. ARMBRUSTER 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 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? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ▶	16		X

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

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 instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ ☐	1b		X
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		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 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 ▶ _____, _____, _____, _____			
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 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.)* 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 2012?	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		88,412.	15,982.	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	67,007.	15,827.	0.
JAY CHARLES - 3267 EASTWAY DRIVE, GREEN BAY, WI 54311	NURSING COORDINATOR 40.00	68,571.	7,483.	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.

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	5,068,298.
b	Average of monthly cash balances	1b	3,599,598.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	8,667,896.
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	8,667,896.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	130,018.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,537,878.
6	**Minimum investment return.** Enter 5% of line 5	6	426,894.

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 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	

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	844,444.
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	68,784.
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	913,228.
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	913,228.

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 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only				
b Total for prior years: _____, _____, _____				
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 ▶ $ _____				
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				
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				
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 instr.				
f Undistributed income for 2012. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2013				
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 2007 not applied on line 5 or line 7				
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)

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 2012, 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)

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	Tax year (a) 2012	Prior 3 years (b) 2011	(c) 2010	(d) 2009	(e) Total
	426,894.	409,705.	381,118.	301,058.	1,518,775.
b 85% of line 2a	362,860.	348,249.	323,950.	255,899.	1,290,959.
c Qualifying distributions from Part XII, line 4 for each year listed	913,228.	736,467.	457,944.	458,473.	2,566,112.
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	913,228.	736,467.	457,944.	458,473.	2,566,112.
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	284,596.	273,137.	254,079.	200,705.	1,012,517.
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 or e-mail 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*				
GREAT LAKES HEMOPHILIA FOUNDATION P.O. BOX 704 MILWAUKEE, WI 53201		501(C)3	FINANCIAL ASSISTANCE	21,000.
PATIENT SERVICES, INC. P.O. BOX 1602 MIDLOTHIAN, VA 23113		501(C)3	PREMIUM ASSISTANCE	45,000.
SCHOLARSHIPS, INC. P.O. BOX 1873 GREEN BAY, WI 54305		501(C)3	EDUCATIONAL SCHOLARSHIP	27,000.
Total			▶ 3a	93,000.
b *Approved for future payment*				
NONE				
Total			▶ 3b	0.

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	9,491.	
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	6,006.	
10 Gross profit or (loss) from sales of inventory					1,622,921.
11 Other revenue:					
a MISCELLANEOUS INCOME					268.
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		15,497.	1,623,189.
13 **Total**. Add line 12, columns (b), (d), and (e)				13	1,638,686.

(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

Signature of officer or trustee — Date: 4-22-13 — Title: President, BOD

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	04/04/13		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

2012

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
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.

Employer identification number
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	$ 28,058.	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: HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC.

Employer identification number: 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 **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

2012

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 2011 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 2013. 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 2012	17	67,684.
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 2012 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		20,360.	5.0	SL	MM	1,546.
c	7-year property		25,804.	7.0	SL	MM	3,591.
d	10-year property		17,420.	10.0	SL	MM	1,161.
e	15-year property						
f	20-year property		5,200.	20.0	SL	MM	173.
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 2012 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	74,155.
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												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
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 2012 tax year:					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 **Total.** Add amounts in column (f). See the instructions for where to report				**44**	

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

SOURCE	AMOUNT
AMERICAN MONEY MARKET	4,317.
BANK OF LUXEMBURG	4,392.
M & I MONEY MARKET	782.
TOTAL TO FORM 990-PF, PART I, LINE 3, COLUMN A	9,491.

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

INCOME		
1. GROSS RECEIPTS	6,406,544	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		6,406,544
4. COST OF GOODS SOLD (LINE 15)	4,783,623	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		1,622,921
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		1,622,921
COST OF GOODS SOLD		
8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED.	4,783,623	
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		4,783,623
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		4,783,623

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
MISCELLANEOUS INCOME	268.	0.	268.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	12,628.	0.	12,628.
TOTAL TO FORM 990-PF, PART I, LINE 11	12,896.	0.	12,896.

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	825.	0.	743.	82.
TO FM 990-PF, PG 1, LN 16A	825.	0.	743.	82.

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	18,585.	0.	16,726.	1,859.
TO FORM 990-PF, PG 1, LN 16B	18,585.	0.	16,726.	1,859.

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	850.	0.	765.	85.
TO FORM 990-PF, PG 1, LN 16C	850.	0.	765.	85.

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	-476.	0.	-476.	0.
PROPERTY TAXES	260.	0.	260.	0.
TO FORM 990-PF, PG 1, LN 18	-216.	0.	-216.	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	1,472.	0.	0.	1,472.
OFFICE EXPENSE	10,035.	0.	9,031.	1,004.
PHYSICIAN CONTRACT SERVICES	165,547.	0.	165,547.	0.
MEDICAL SUPPLIES	10,370.	0.	10,370.	0.
WELLNESS SUPPORT	2,942.	0.	0.	2,942.
PSYCHOSOCIAL SERVICES PROGRAM	46,099.	0.	0.	46,099.
POSTAGE & SHIPPING	4,049.	0.	4,049.	0.
INSURANCE	25,385.	0.	25,385.	0.
BUSINESS OUTREACH	314.	0.	0.	314.
ADVANCED EDUCATION FOR CONSUMER	17,958.	0.	0.	17,958.
STAFF PROGRAM EDUCATION	32,574.	0.	0.	32,574.
STAFF OTHER EDUCATION	3,057.	0.	0.	3,057.
CONSUMER EDUCATION	3,221.	0.	0.	3,221.
MASSAGE PROGRAM	348.	0.	0.	348.
NUTRITION EDUCATION	10,658.	0.	0.	10,658.
FITNESS PROGRAM	1,644.	0.	0.	1,644.
DENTAL PROGRAM	480.	0.	0.	480.
GENETIC EDUCATION	4,968.	0.	0.	4,968.
EQUIPMENT EXPENSES	3,802.	0.	3,782.	20.
MEMBERSHIPS	6,295.	0.	6,295.	0.
EQUIPMENT RENTAL	1,824.	0.	1,824.	0.
TELEPHONE	6,601.	0.	6,601.	0.
LICENSES & PERMITS	166.	0.	166.	0.
COMMUNITY NIGHT	1,270.	0.	0.	1,270.
CLINIC STAFFING	3,139.	0.	3,139.	0.
RECRUITMENT	419.	0.	419.	0.
COMPUTER NETWORK	5,370.	0.	0.	5,370.
CHRISTMAS CELEBRATION	5,455.	0.	0.	5,455.
COMMUNITY PICNIC	1,896.	0.	0.	1,896.

OTHER SOCIAL OUTREACH	4,910.	0.	0.	4,910.
LAB BILL	7,556.	0.	7,556.	0.
COURIER MILEAGE	4,197.	0.	4,197.	0.
MEDICAL BILLING	1,335.	0.	1,335.	0.
FUNDRAISING SUPPLIES	6,622.	0.	6,622.	0.
PROFESSIONAL LICENSES	544.	0.	544.	0.
DUES & SUBSCRIPTIONS	47.	0.	47.	0.
BANK CHARGES	14.	0.	14.	0.
TO FORM 990-PF, PG 1, LN 23	402,583.	0.	256,923.	145,660.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GUARANTEED ANNUITY AXA 170	790,383.	790,383.
PRINCIPAL PROTECTION ANNUITY	1,285,386.	1,285,386.
RETIREMENT CORNERSTONE	966,193.	966,193.
GUARANTEED ANNUITY AXA 847	557,064.	557,064.
GUARANTEED ANNUITY AXA 936	1,572,603.	1,572,603.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,171,629.	5,171,629.

FORM 990-PF OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	22,547.	34,883.
CREDIT CARDS PAYABLE	2,804.	0.
ACCRUED RETIREE MEDICAL	6,667.	4,319.
TOTAL TO FORM 990-PF, PART II, LINE 22	32,018.	39,202.

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	TREASURER 1.00	0.	0.	0.
STEVE ROSEK 1320 OAK CREST DRIVE GREEN BAY, WI 54313	PRESIDENT 1.00	0.	0.	0.
KEVIN VERHAGEN 5516 BROWN ROAD LITTLE SUAMICO, WI 54141	VICE PRESIDENT 1.00	0.	0.	0.
AUDREY NUSKIEWICZ 3741 FERNWOOD AVENUE GREEN BAY, WI 54301	MEMBER 1.00	0.	0.	0.
PEGGY MAIER 316 LONGVIEW AVENUE GREEN BAY, WI 54301	MEMBER 1.00	0.	0.	0.
TERRY CAELWAERTS 1010 COGGINS COURT GREEN BAY, WI 54313	SECRETARY 1.00	0.	0.	0.
JAMISON BUXTON 1705 N. UNION STREET APPLETON, WI 54911	MEMBER 1.00	0.	0.	0.
DOUG STANGEL N6450 SEMINARY ROAD DE PERE, WI 54115	MEMBER 1.00	0.	0.	0.
CHRISTY FAYMONVILLE 1107 REED STREET GREEN BAY, WI 54303	MEMBER 1.00	0.	0.	0.
DEBORAH ARMBRUSTER 229 OAK HILL DRIVE GREEN BAY, WI 54301	EXECUTIVE DIRECTOR 40.00	88,412.	15,982.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		88,412.	15,982.	0.

FORM 990, PART IX-A

2012 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 2012, 5960 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, genetic counseling, massage therapy, medical treatment/procedures, education, financial advocacy, and/or support services. An additional 100 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 2012 we 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.
* 10 scholarships were awarded to students for furthering their secondary education: and 2 adults were presented with a scholarship from our Adult Learner Program for pursuing a college degree.
* 26 individuals attended a College Prep Night.
* 7 individuals attended a financial wellness program.
* 15 individuals attended a Camp informational program.
* 40 individuals participated in regular Advocacy Committee meetings,
* 33 individuals attended the National Hemophilia Foundation annual meeting.
* 99 individuals and family members participated in the Family Education Weekend which included educational meetings and social networking.
* 25 individuals attended the Positive Solutions for Pain group.

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. 1147 individuals were a part of this programming which included Community Nights, Movie Night, Bad Blood Viewing and Discussion session, Scholarship Awards Night, Bio-Life tours, Day for Women, Yoga sessions, Women's Self Defense classes, Annual Walk/Run, Mom to Mom's Dinner, Bleeding Disorder Camp, Bullfrogs Baseball Outing, Annual Picnic, Annual Holiday Event, Golf Outing, 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 2012, the total equaled 58 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 38 participated.

PROTOCOL: Advocacy Program

PURPOSE: This program is designed to empower the bleeding disorder community to advocate for themselves in obtaining the care that they need because of their chronic disease.

DATE REVIEWED: 4-2012

STAFF RESPONSIBLE: Health Benefits Specialist, Executive Director

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The advocacy "team" is a group of individuals who evaluate, create and organize advocacy projects that benefit our people in Northeast Wisconsin. These are people with bleeding disorders, parents, spouses, siblings, and caregivers who are concerned with the issues we face living with a bleeding disorder.

This group is intended to work with legislators, regulators, insurance companies and/or healthcare organizations on a local, state, and/or national level.

Key events this group may consider attending are Washington Days in D.C., Madison Days in W.I. and WI Bleeding Disorder Conference.

PROTOCOL: Food and Fitness Program

PURPOSE: This program is designed to have both the dietitian and the physical therapist on a quarterly basis promote nutrition and fitness in a combined class format. By doing this it correlates with the premise that both nutrition and fitness are essential for maintaining overall optimal health.

DATE: 1-2-2011

STAFF RESPONSIBLE: Programs Coordinator, Dietitian, Physical Therapist

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In January, April, July and October a class will be held for the community developed by the dietitian and physical therapist with a "theme" in mind. The physical therapist will start out with an exercise piece and it will be followed up by a nutrition session.

PROTOCOL: Psycho-Social services offered at HOC

PURPOSE: The role of the social worker, as part of the comprehensive care model designed for our bleeding disorder community, is to promote assessment and interventions that help bring into focus both the family and social systems that are relevant to their needs and problems.

DATE: 6-23-2011

STAFF RESPONSIBLE:

The social worker's role includes education, consultation, training, support, counseling, psycho-social resource finding and development, case management, and referral when appropriate. Counseling services include individual, family, and group therapy.

The social worker has opportunities to interact with clients during clinic visits, phone contacts, support groups, chapter and national meetings.

Through the establishment of collaborative relationships with clients, the social worker's role is to promote empowerment of the client in overcoming obstacles to functioning. This is done on an individual/family basis. The length of therapy needed will be determined by all entities involved including the client, the social worker and the comprehensive care team. If it is determined that the therapy needed is beyond the scope of HOC's ability either in expertise or length of service, the social worker will make arrangements for appropriate follow-up for the client/family. Therapy through HOC is not to be used as an ongoing therapy for client/family/spouse or partner for marital and family issues for long periods of time. Long periods of time would be no more than 10 sessions unless decided upon by the comprehensive team including the Executive Director.

If a child is a patient of HOC and the parent is requesting therapy related to their involvement with the family's bleeding disorder concerns, that is an appropriate request.

The Edge to a better life

TITLE: Nutrition Services Program

WRITTEN: August 27, 2002

REVISED:

BOARD APPROVAL: September 19, 2002

EFFECTIVE: January 2, 2003

REVIEWED: March 14, 2011

PURPOSE: To provide nutrition education and services to clients and their families that promote a healthy diet and improve quality of life for people living with a bleeding disorder.

REQUISITES for individual and/or family teaching/counseling

1. Have a diagnosis of hemophilia, von Willebrand disease or other bleeding disorder.
2. Be a comprehensive or limited services patient of the Hemophilia Outreach Centre as defined by Hemophilia Outreach Centre Policy
3. Be the spouse/partner, minor child or dependent sibling of #2.

REQUISITES for educational programming and classes

1. Open to all registered patients and their families.

POLICY: We believe that

- People can make changes to improve their daily living regardless of age;
- Being counseled and taught by someone you trust decreases defenses and improves hearing the message;
- Being treated with respect and a nonjudgmental approach improves outcomes, and
- People cannot often afford those services that could make a healthy difference in their life.

Base on these assumptions the Hemophilia Outreach Centre will sponsor the services of a dietician or other appropriate provider to offer educational and therapeutic programming for Hemophilia Outreach Centre clients and families.

PROCEDURE

- A dietician will be available for appointments and other services 4 hours per week
- The clinic medical staff will assess and refer clients for individual or family sessions
- There will be 1 to 4 educational programs per year
- There will be no client charges for these services and the Hemophilia Outreach Center will not bill any third party payer for services.
- This program will be 100% focused on charitable programming.
- This program will grow as interest warrants.

TITLE: Hemophilia Outreach Center Massage Therapy Program

WRITTEN: August 7, 2002

REVISED: August 1, 2003, February 2011, April 29,2011

BOARD APPROVAL: September 18, 2003

EFFECTIVE: September 18, 2003

REVIEWED: February 2011

PURPOSE: To provide access to the benefits of therapeutic massage for pain management and stress reduction.

The benefits of massage therapy may include:

- Decreased pain, including joint pain
- Improved range of motion, mobility and flexibility
- Relief of headaches and sinus pain
- Improved sleep
- Healthier skin
- Overall relaxation
- Improved immune system function
- Increased energy
- Speeds recovery from injury
- Initial research shows potential for decreasing spontaneous joint bleeds

REQUISITES

1. Must have a bleeding disorder. An immediate household family member of a person with a bleeding disorder would also be eligible taking into consideration the caretaker aspect for a person with a chronic disease.

2. Must be an active patient/family member of the Hemophilia Outreach Center

3. Must have had an updated comprehensive clinic visit with a physician order for massage therapy. Also
   must have no contraindication to massage therapy.

4. Sign a consent for treatment on an annual basis.

POLICY:

The Hemophilia Outreach Center will support a therapeutic massage program that provides massage, at no charge to the client or appropriate family member for pain management and stress reduction.

All massage therapists working with clients will be trained in the specific techniques and modifications necessary to massage a person with a bleeding disorder.

If a massage client has specific medical concerns, they must be evaluated medically **before** massage therapy may be started. Massage therapy could then be started with a physician's order indicating any restrictions if appropriate. Also after a reasonable period of time if concerns persist, massage therapy must be put on hold until further medical attention is sought. If a massage therapist has any concerns regarding a physicians order or would like to discuss a specific client with the ordering physician, they may do so at any time. The massage therapist may not usurp a physican's order at any time. A change of orders must be documented before being enforced.

Massages on pregnant women will **not** be done as part of HOC's massage program to avoid any undue risks during pregnancy.

Massage therapy at the Hemophilia Treatment Center is intended for therapeutic purposes only. The Massage Therapy program is not one of our social programs.
Usage of this program will be evaluated on an individual basis for its appropriateness of frequency and indication of need.

Massage therapy program logistics:

1. Schedules for the massage therapists as well as the patients will be done by the front desk receptionist.
2. A "maintenance" massage (one that is not for an acute concern) may be rescheduled at any time if an acute issue arises any needs to be scheduled.
3. Ordering of supplies for this program will be done by the Activities Coordinator. Massage therapists need to give the Activities Coordinator their requests as needed.
4. Laundry used by the massage therapists needs to be placed in the laundry basket in the utility room for laundering.
5. Dress code for therapists must be comfortable yet appear professional. shorts not appropriate.
6. HOC works within the regulation and licensing of Massage Therapy and Body Worker Council. It states "massage therapy or bodywork does not include making a medical diagnosis or instructing in or prescribing rehabilitative strengthening or conditioning exercises that are within the practice of physical therapy".

PROTOCOL: Hemophilia Outreach Center Advanced Education Scholarships

PURPOSE: To provide assistance to families wanting to attend the educational weekend sponsored by the Great Lakes Hemophilia Foundation.

DATE: March 21, 2012

REVISED:

STAFF RESPONSIBLE: Executive Director

STAFF MONITORED: To be determined.

The GLHF conference is being held at the Kalahari hotel in the Wisconsin Dells. Family admission for the conference and a two night stay is $110.00. (The cost to GLHF is approx. $600 per family). If there are more than four people in a family in one room, there is an added $20 fee per night.

Ten family scholarships will be awarded through HOC that would cover the $110 fee only.

If not awarded a HOC scholarship, a family may go to GLHF's website at www.glhf.org. GLHF has a sliding fee scale which is dependent on need and is individually assessed per application.

For those not awarded a HOC scholarship or GLHF assistance and still wish to attend the conference, they must pay their own way.

TITLE: Hemophilia Outreach Center Sponsorship of Consumer Education at National Hemophilia Foundation National Convention

WRITTEN: March 1, 2001

REVISED:

BOARD APPROVAL: March 15, 2001

EFFECTIVE: March 16, 2001

REVIEWED: April 29, 2002

PURPOSE: To promote Center mission by funding this educational opportunity for those living with a bleeding disorder.

REQUISITES: Be a registered patient, spouse/partner of a patient, parent of a patient, child of a patient or sibling of a patient. The final decision for qualifying for sponsored attendance is at the discretion of the HOC Board and Executive Director. See pertinent definitions in Operations Manual.

POLICY: The Hemophilia Outreach Center will provide funding for the travel and lodging expenses for this event for qualified individuals (see REQUISITES) that request to participate.

PROCEDURE:

- The Hemophilia Outreach Center will announce via newsletter the NHF Convention dates and request by phone or in writing expressed interest in attending.
- Available budget resources assigned for this event will determine number of attendees. In the event that number of requests exceeds the funding for this event, those who did not attend the previous year will be given first consideration.
- The HOC Board reserves the right to deny or disqualify sponsorship to any individual.
- Children of separated/divorced parents: For a child with a bleeding disorder whose parents are not living together, the parents may take the child on an alternating year schedule. This schedule will be decided the first year by a coin toss. It is the responsibility of the parents to make subsequent arrangements with the Center in the following years.
- Information will be provided by the Center on how to apply for waiver of conference fees if an individual wishes/needs to request this waiver of fee.

- In the event a person chooses a different means of travel than the Center is providing, reimbursement, up to the lowest amount paid for other attendees, will be made after the event through submission of receipts and an expense reimbursement form.
- All attendees will sign a waiver of liability prior to the event.
- Attendees may be expected to complete an evaluation form or other documentation for the Center following completion of the event.

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 **Betsy Raether, Literacy Green Bay, HOC Adult Learner Program, 424 S. Monroe Ave., Green Bay, WI 54301**. Contact Betsy with questions at 920-435-2474 x104 or braether@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 (circle one) High School Associate Bachelors Masters

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 phys cian name or Treatment Center and phone number)

Name (Please print) _____

Signature _____ Date _____