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Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at *www.irs.gov/form990pf.*

OMB No 1545-0052

2013

Open to Public Inspection

For calendar year 2013 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 or province, country, and ZIP or foreign postal 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) ▶$ 14,009,711.

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	46,315.			
	2 Check ▶ ☐ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	17,968.	17,968.	17,968.	STATEMENT 1
	4 Dividends and interest from securities	3,893.	3,893.	3,893.	STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,114.			
	b Gross sales price for all assets on line 6a 2,114.				
	7 Capital gain net income (from Part IV line 2)		2,114.		
	8 Net short-term capital gain			0.	
	9 Income modifications				
	10a Gross sales less returns and allowances 7,248,556.				STATEMENT 3
	b Less Cost of goods sold 5,151,891.				
	c Gross profit or (loss)	2,096,665.		2,096,665.	
	11 Other income	465,845.	456,912.	465,845.	STATEMENT 4
	12 **Total** Add lines 1 through 11	2,632,800.	480,887.	2,584,371.	
Operating and Administrative Expenses	13 Compensation of officers, directors trustees etc	94,731.	0.	9,473.	85,258.
	14 Other employee salaries and wages	469,226.	0.	75,827.	393,399.
	15 Pension plans, employee benefits	133,219.	0.	21,528.	111,691.
	16a Legal fees				
	b Accounting fees STMT 5	12,320.	0.	11,088.	1,232.
	c Other professional fees STMT 6	6,401.	6,401.	0.	0.
	17 Interest				
	18 Taxes STMT 7	5,097.	0.	5,097.	0.
	19 Depreciation and depletion	83,175.	0.	83,175.	
	20 Occupancy	48,828.	0.	0.	0.
	21 Travel, conferences, and meetings	8,803.	0.	8,803.	0.
	22 Printing and publications				
	23 Other expenses STMT 8	369,343.	0.	259,080.	110,263.
	24 **Total operating and administrative expenses** Add lines 13 through 23	1,231,143.	6,401.	474,071.	701,843.
	25 Contributions, gifts, grants paid	84,739.			84,739.
	26 **Total expenses and disbursements** Add lines 24 and 25	1,315,882.	6,401.	474,071.	786,582.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	1,316,918.			
	b **Net investment income** (if negative, enter -0-)		474,486.		
	c **Adjusted net income** (if negative, enter -0-)			2,110,300.	

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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	438.	335.	335.
	2 Savings and temporary cash investments	3,549,388.	3,571,062.	3,571,062.
	3 Accounts receivable ▶ 2,277,039. Less: allowance for doubtful accounts ▶ 134,593.	1,424,592.	2,142,446.	2,142,446.
	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	393,736.	618,180.	618,180.
	9 Prepaid expenses and deferred charges	16,373.	46,531.	46,531.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 9	5,171,629.	5,796,464.	5,796,464.
	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 ▶ 2,285,821. Less accumulated depreciation ▶ 451,128.	1,855,966.	1,834,693.	1,834,693.
	15 Other assets (describe ▶)			
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item 1)	12,412,122.	14,009,711.	14,009,711.
Liabilities	17 Accounts payable and accrued expenses	294,404.	418,570.	
	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)	39,202.	37,397.	
	23 **Total liabilities** (add lines 17 through 22)	333,606.	455,967.	
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	12,078,516.	13,553,744.	
	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**	12,078,516.	13,553,744.	
	31 **Total liabilities and net assets/fund balances**	12,412,122.	14,009,711.	

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	12,078,516.
2	Enter amount from Part I, line 27a	2	1,316,918.
3	Other increases not included in line 2 (itemize) ▶ UNREALIZED GAIN ON SECURITIES	3	158,310.
4	Add lines 1, 2, and 3	4	13,553,744.
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	13,553,744.

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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	CAPITAL GAINS DIVIDENDS			
b				
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	2,114.			2,114.
b				
c				
d				
e				

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

	(i) F M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a				2,114.
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	2,114.
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	0.

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))
2012	913,228.	8,537,878.	.106962
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

2	**Total** of line 1, column (d)	2	.366538
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	.073308
4	Enter the net value of noncharitable-use assets for 2013 from Part X, line 5	4	8,627,203.
5	Multiply line 4 by line 3	5	632,443.
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	4,745.
7	Add lines 5 and 6	7	637,188.
8	Enter qualifying distributions from Part XII, line 4	8	848,485.

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 ▶ [X] and enter 1% of Part I, line 27b	1	4,745.
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	4,745.
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	4,745.
6	Credits/Payments:		
a	2013 estimated tax payments and 2012 overpayment credited to 2013 — 6a: 30.		
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	30.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached	8	3.
9	**Tax due** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶	9	4,718.
10	**Overpayment** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶	10	
11	Enter the amount of line 10 to be: **Credited to 2014 estimated tax** ▶ **Refunded** ▶	11	

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 the 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 2013 or the taxable year beginning in 2013 (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 ▶ KRISTIN SIOLKA 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 2013, 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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☒ Yes ☐ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? (**Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2013?	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 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013? ☐ 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 2013 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 2013)* 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 2013?	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		94,731.	24,282.	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
JAY CHARLES - 3267 EASTWAY DRIVE, GREEN BAY, WI 54311	NURSING COORDINATOR 40.00	68,286.	15,948.	0.
KAY STREET - 1279 POND VIEW CIRCLE, DE PERE, WI 54115	MEDICAL CARE 40.00	61,269.	17,704.	0.
DAVID HUDSON - 819 S. ROOSEVELT STREET, GREEN BAY, WI 54301	MEDICAL PRACTICE MANAGER 40.00	53,527.	8,192.	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.

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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	5,070,195.
b	Average of monthly cash balances	1b	3,688,387.
c	Fair market value of all other assets	1c	
d	**Total** (add lines 1a, b, and c)	1d	8,758,582.
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	8,758,582.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	131,379.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,627,203.
6	**Minimum investment return.** Enter 5% of line 5	6	431,360.

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 2013 from Part VI, line 5	2a			
b	Income tax for 2013. (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	786,582.
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	61,903.
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	848,485.
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	4,745.
6	**Adjusted qualifying distributions** Subtract line 5 from line 4	6	843,740.

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 2012	(c) 2012	(d) 2013
1 Distributable amount for 2013 from Part XI, line 7				
2 Undistributed income, if any as of the end of 2013				
a Enter amount for 2012 only				
b Total for prior years: _____, _____, _____				
3 Excess distributions carryover, if any, to 2013:				
a From 2008				
b From 2009				
c From 2010				
d From 2011				
e From 2012				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2013 from Part XII, line 4: ▶ $ _____				
a Applied to 2012, 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 2013 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2013 (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 2012. Subtract line 4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2013. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014				
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 2008 not applied on line 5 or line 7				
9 **Excess distributions carryover to 2014.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2009				
b Excess from 2010				
c Excess from 2011				
d Excess from 2012				
e Excess from 2013				

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 2013, enter the date of the ruling ▶

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

	Tax year	Prior 3 years			
	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	431,360.	426,894.	409,705.	381,118.	1,649,077.
b 85% of line 2a	366,656.	362,860.	348,249.	323,950.	1,401,715.
c Qualifying distributions from Part XII, line 4 for each year listed	848,485.	913,228.	736,467.	457,944.	2,956,124.
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	848,485.	913,228.	736,467.	457,944.	2,956,124.
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	287,573.	284,596.	273,137.	254,079.	1,099,385.
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 address 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	20,000.
PATIENT SERVICES, INC. P.O. BOX 1602 MIDLOTHIAN, VA 23113		501(C)3	PREMIUM ASSISTANCE	25,000.
SCHOLARSHIPS, INC. P.O. BOX 1873 GREEN BAY, WI 54305		501(C)3	EDUCATIONAL SCHOLARSHIP	27,000.
THE ALLIANCE PHARMACY 44 BOND STREET WESTBURY, NY 11590		501(C)3	PATIENT ASSISTANCE	12,739.
Total			▶ 3a	84,739.
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 (a) Business code	Unrelated business income (b) Amount	Excluded by section 512, 513, or 514 (c) Exclusion code	Excluded by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	17,968.	
4 Dividends and interest from securities			14	3,893.	
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					456,912.
8 Gain or (loss) from sales of assets other than inventory			14	2,114.	
9 Net income or (loss) from special events			01	7,662.	
10 Gross profit or (loss) from sales of inventory					2,096,665.
11 Other revenue:					
a MISCELLANEOUS INCOME					28.
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		31,637.	2,553,605.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,585,242.

(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).
10 12	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: 4-3-14 | Title: President

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	03/24/14		P01290310

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

Firm's address ▶ 1809 DECKNER AVENUE, SUITE A 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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 its Form 990-PF, Part I, line 2, 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	$ 35,410.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions)

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

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

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

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

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

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

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

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

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

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

Use duplicate copies of Part III if additional space is needed

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

(e) Transfer of gift

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

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

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
AMERICAN MONEY MARKET	5,243.	5,243.	5,243.
BANK OF LUXEMBURG	1,754.	1,754.	1,754.
BAYLAKE BANK	942.	942.	942.
EAGLE STRATEGIES	10,007.	10,007.	10,007.
LUXEMBURG INVESTORS SAVINGS	22.	22.	22.
TOTAL TO PART I, LINE 3	17,968.	17,968.	17,968.

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
EAGLE STRATEGIES	6,007.	2,114.	3,893.	3,893.	3,893.
TO PART I, LINE 4	6,007.	2,114.	3,893.	3,893.	3,893.

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10 STATEMENT 3

INCOME		
1. GROSS RECEIPTS	7,248,556	
2. RETURNS AND ALLOWANCES		
3. LINE 1 LESS LINE 2		7,248,556
4. COST OF GOODS SOLD (LINE 15)	5,151,891	
5. GROSS PROFIT (LINE 3 LESS LINE 4)		2,096,665
6. OTHER INCOME		
7. GROSS INCOME (ADD LINES 5 AND 6)		2,096,665
COST OF GOODS SOLD		
8. INVENTORY AT BEGINNING OF YEAR		
9. MERCHANDISE PURCHASED.	5,151,891	
10. COST OF LABOR.		
11. MATERIALS AND SUPPLIES		
12. OTHER COSTS.		
13. ADD LINES 8 THROUGH 12		5,151,891
14. INVENTORY AT END OF YEAR		
15. COST OF GOODS SOLD (LINE 13 LESS LINE 14)		5,151,891

FORM 990-PF OTHER INCOME STATEMENT 4

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
AXA EQUITABLE	456,912.	456,912.	456,912.
MISCELLANEOUS INCOME	28.	0.	28.
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	8,905.	0.	8,905.
TOTAL TO FORM 990-PF, PART I, LINE 11	465,845.	456,912.	465,845.

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	12,320.	0.	11,088.	1,232.
TO FORM 990-PF, PG 1, LN 16B	12,320.	0.	11,088.	1,232.

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
INVESTMENT MANAGEMENT FEES	6,401.	6,401.	0.	0.
TO FORM 990-PF, PG 1, LN 16C	6,401.	6,401.	0.	0.

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	4,837.	0.	4,837.	0.
PROPERTY TAXES	260.	0.	260.	0.
TO FORM 990-PF, PG 1, LN 18	5,097.	0.	5,097.	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	2,897.	0.	0.	2,897.
OFFICE EXPENSE	7,908.	0.	7,117.	791.
PHYSICIAN CONTRACT SERVICES	181,355.	0.	181,355.	0.
MEDICAL SUPPLIES	8,663.	0.	8,663.	0.
WELLNESS SUPPORT	1,516.	0.	0.	1,516.
PSYCHOSOCIAL SERVICES PROGRAM	28,465.	0.	0.	28,465.
POSTAGE & SHIPPING	3,341.	0.	3,341.	0.
INSURANCE	17,387.	0.	17,387.	0.
BUSINESS OUTREACH	99.	0.	0.	99.
ADVANCED EDUCATION FOR CONSUMER	22,439.	0.	0.	22,439.
STAFF PROGRAM EDUCATION	27,455.	0.	0.	27,455.
STAFF OTHER EDUCATION	2,324.	0.	0.	2,324.
CONSUMER EDUCATION	1,026.	0.	0.	1,026.
MASSAGE PROGRAM	257.	0.	0.	257.
NUTRITION EDUCATION	7,910.	0.	0.	7,910.
FITNESS PROGRAM	1,443.	0.	0.	1,443.
DENTAL PROGRAM	550.	0.	0.	550.
GENETIC EDUCATION	0.	0.	0.	0.
EQUIPMENT EXPENSES	5,587.	0.	5,587.	0.
MEMBERSHIPS	6,418.	0.	6,418.	0.
EQUIPMENT RENTAL	2,272.	0.	2,272.	0.
TELEPHONE	6,848.	0.	6,848.	0.
LICENSES & PERMITS	204.	0.	204.	0.
COMMUNITY NIGHT	965.	0.	0.	965.
CLINIC STAFFING	1,741.	0.	1,741.	0.
RECRUITMENT	656.	0.	656.	0.
COMPUTER NETWORK	2,655.	0.	0.	2,655.
CHRISTMAS CELEBRATION	3,685.	0.	0.	3,685.
COMMUNITY PICNIC	1,481.	0.	0.	1,481.

OTHER SOCIAL OUTREACH	4,305.	0.	0.	4,305.
LAB BILL	7,321.	0.	7,321.	0.
COURIER MILEAGE	3,820.	0.	3,820.	0.
MEDICAL BILLING	3,212.	0.	3,212.	0.
FUNDRAISING SUPPLIES	1,243.	0.	1,243.	0.
PROFESSIONAL LICENSES	930.	0.	930.	0.
DUES & SUBSCRIPTIONS	0.	0.	0.	0.
BANK CHARGES	965.	0.	965.	0.
TO FORM 990-PF, PG 1, LN 23	369,343.	0.	259,080.	110,263.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
GUARANTEED ANNUITY AXA 170	904,698.	904,698.
PRINCIPAL PROTECTION ANNUITY	0.	0.
RETIREMENT CORNERSTONE	1,032,144.	1,032,144.
GUARANTEED ANNUITY AXA 847	633,591.	633,591.
GUARANTEED ANNUITY AXA 936	1,792,764.	1,792,764.
EAGLE STRATEGIES 351	290,674.	290,674.
EAGLE STRATEGIES 365	430,579.	430,579.
EAGLE STRATEGIES 366	430,870.	430,870.
EAGLE STRATEGIES 367	281,144.	281,144.
TOTAL TO FORM 990-PF, PART II, LINE 10B	5,796,464.	5,796,464.

FORM 990-PF OTHER LIABILITIES STATEMENT 10

DESCRIPTION	BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES	34,883.	28,683.
ACCRUED RETIREE MEDICAL	4,319.	1,719.
CREDIT CARDS PAYABLE	0.	2,450.
INVESTMENT INCOME TAX	0.	4,545.
TOTAL TO FORM 990-PF, PART II, LINE 22	39,202.	37,397.

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	MEMBER 1.00	0.	0.	0.
AUDREY NUSKIEWICZ 3741 FERNWOOD AVENUE GREEN BAY, WI 54301	MEMBER 1.00	0.	0.	0.
JOHN HEUGEL 105 STONEBRIDGE COURT GREEN BAY, WI 54313	MEMBER 1.00	0.	0.	0.
MARK WADE 2158 DORSET DRIVE GREEN BAY, WI 54311	MEMBER 1.00	0.	0.	0.
JAMISON BUXTON 1705 N. UNION STREET APPLETON, WI 54911	VICE PRESIDENT 1.00	0.	0.	0.
DOUG STANGEL N6450 SEMINARY ROAD DE PERE, WI 54115	SECRETARY 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	94,731.	24,282.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		94,731.	24,282.	0.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

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

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

OMB No 1545-0172

2013

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 2012 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 2014 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 2013	17	77,129.
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 2013 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		12,164.	5.0	MM	SL	799.
c	7-year property		37,639.	7.0	MM	SL	4,929.
d	10-year property		9,699.	10.0	MM	SL	228.
e	15-year property						
f	20-year property		2,400.	20	MM	SL	90.
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 2013 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	83,175.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B - Information on Use of Vehicles

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

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

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

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

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

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year					
43 Amortization of costs that began before your 2013 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

FORM 990, PART IX-A

2013 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 2013, **5,417** 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 **188** medical encounters took place by phone during our 24 hour emergency on call coverage.
We also have partnered with the Northeast Technical Institute for one day per year in April for the dental hygiene clinic with students and dentists to concentrate on patients with bleeding disorders. A thorough dental evaluation is done, recommendations made, and return appointment if follow-up is needed. **20** of our patients participated in this dental day in 2013.

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 2013 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.
* **13** scholarships were awarded to students for furthering their secondary education;
* **29** individuals attended a College Prep Night.
* **5** individuals attended Madison Legislative Day and met with legislators from our counties to discuss the needs of those with bleeding disorders.
* **30** individuals attended a Camp informational program. 18 children attended camp
* **25** individuals participated in regular Advocacy Committee meetings,
* **31** individuals attended the National Hemophilia Foundation annual meeting.
* **105** individuals and family members participated in the Family Education Weekend which included educational meetings and social networking.
* **15** Hispanic individuals attended an educational presentation and lunch accompanied by our social worker/health benefits specialist.

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. **908** individuals were a part of this programming which included Community Nights, Movie Night, Scholarship Awards Night, Yoga sessions, Annual Walk/Run, Mom to Mom's event, Bleeding Disorder Camp, Timber Rattler's Baseball Outing, Annual Picnic, Annual Holiday Event, Golf Outing, and Male Mentoring event.

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 2013, a total of **2** participated in the Joints in

2

FORM 990, PART IX-A

Motion Swim Class and we do have an onsite 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 **25** participated.

Hemophilia Outreach Center has established 2 new programs in 2013.

1. Starting January 2013 we started a Fitness Reimbursement Program recognizing the many benefits of physical activity for optimal joint health and obesity prevention. As our service area is large we understand the need to pursue a fitness program where they live. Up to $150 per year per patient can be reimbursed. This program is monitored by our social worker/health benefits specialist. **37** patients participated in this program.
2. Starting March 2013 we started a Patient Assistance Program with The Alliance Pharmacy as the administrator of this program. This is to provide assistance to those persons in financial need for items such as transportation to the Center for appointments or for medical appointments based on Center referrals, utility bill support, co-payments, co-insurance or deductibles on clotting factor prescriptions, or emergency room visit expenses. **18** patients have received support through this program.

PROGRAM TITLE: Hemophilia Outreach Center Fitness Reimbursement Program

WRITTEN December 2012
REVISED:
EFFECTIVE. January . 2013
REVIEWED

PROGRAM DESCRIPTION: H.O.C. recognizes the many benefits of physical activity for optimal health including joint health. As our service area is large we understand the need to pursue a fitness program where they live. H.O.C. will reimburse each bleeding disorder patient of ours up to $150 per year for a fitness membership or classes of their choosing and up to $300 per family. Our Health Benefit Specialist will help patients apply for this program, validate the chosen program is appropriate and monitor the usage per patient.

OBJECTIVES: To promote physical activity as part of achieving optimal health including joint health and obesity prevention.

TARGET AUDIENCE: Patients who have a bleeding disorder including women who are diagnosed carriers. (Family members, siblings, and caretakers who do **NOT** have a bleeding disorder are **NOT** eligible for this program.

PROGRAM PROCEDURE: The patient/guardian will do the following:

1. Contact the Health Benefit Specialist here at HOC for information regarding where the patient is interested in joining.
2. Come in to HOC and complete the fitness reimbursement agreement and release of liability form.
3. Sign up at the fitness center or program of their choice.
4. Pay for the program and HOC will reimburse the patient every 6 months (June/December).
5. The Health Benefit Specialist will monitor the patient's usage of their program to evaluate how it is being used.
6. If the patient is not utilizing their program, HOC will re-evaluate if reimbursement will be continued.

Fitness Reimbursement Program

2013 Statistics

January-June 2013 **$1015.90** used

July-December 2013 **$1193.20** used

37 Patients Applied throughout the year

24 Patients received a reimbursement check

5—Patients who signed up and did not respond

If patients had 0 usage, no reimbursement was made for that month.

Classes and facilities included: Dance, Karate, Soccer, YMCA, Bay Area Yoga, Park and Rec Dept., Planet Fitness, Xperience Fitness, Kroc Center, Health and Fitness Headquarter.

Feedback: 1 patient was hoping to get their whole family membership paid for however only she has a bleeding disorder. In addition, she was not happy with the fitness facility

1 other patient said they wished they had been reimbursed more (the whole cost of the fitness membership). This patient's membership cost $228.

PROGRAM TITLE: Counseling Services provided by HOC for patients, their caretakers and household family members

WRITTEN 6-01-2013
REVISED
EFFECTIVE 9-01-2013

PROGRAM DESCRIPTION: To provide counseling for individuals with a bleeding disorder. The basis for counseling is that there is a problem as a result of their bleeding disorder and its effects on the patient/family.

RATIONALE: Bleeding disorders are high risk diagnoses affecting a person physically, emotionally, financially, and socially. Being a comprehensive treatment center, HOC will provide short term counseling (up to 5 sessions in a rolling 12 month period) until the person is able to continue counseling through a provider under their insurance coverage.

OUTCOMES: Well-adjusted persons with bleeding disorders.

OBJECTIVES: To assist a person with a bleeding disorder in dealing with their psycho-social needs as a result of their disorder.

PROGRAM PROCEDURE:

1. If a patient requests counseling services and/or the HOC staff determines counseling would be beneficial for a particular patient, the HOC social worker will assess the situation with the patient and refer for counseling services as appropriate. Referrals will be made to Bonnie Lee Associates to include Bonnie Lee or Jody Larson.
2. HOC will pay for up to 5 sessions per rolling 12 months.
3. Upon initial assessment by the counselor, if it is determined that more than 5 sessions will most likely be needed, plans for transitioning the patient to an appropriate provider should be initiated at that time so interruption in counseling can be avoided. Bonnie Lee or Jody Larson may continue seeing a patient (once their HOC allotment has been exhausted using the patient's insurance coverage or on a cash basis at $100 per session.
4. If the counselor feels that the counseling sessions need to be extended through HOC they will discuss this with the Executive Director on a case by case basis.

5. Counseling sessions may be held here at HOC or at Bonnie Lee and Associates whichever is agreed upon by patient and counselor. The counselors will chart their sessions in HOC's Mosaiq EMR system.
6. HOC will be notified of all patient appointments at Bonnie Lee and Associates.

REQUISITES: Must be an active patient at Hemophilia Outreach Center whose needs/concerns have arisen as a result of their bleeding disorder.

PROGRAM TITLE: Male Mentoring Program

WRITTEN 6-2011
REVISED:
EFFECTIVE: 6-2011
REVIEWED

PROGRAM DESCRIPTION: To facilitate the interaction between adult men and young boys with bleeding disorders. To promote a positive role model for the children and allow the ages to unite in living with their bleeding disorder to the best of their ability.

RATIONALE: Living with a bleeding disorder has a definite impact on already difficult stages of growth and development on young men. Having a mentor who has lived it, who can share their experiences and who understands can make a definite impact on the life of a young man.

OUTCOMES: To develop a support group for men of all ages with a bleeding disorder.

TARGET AUDIENCE: Boys and men with bleeding disorders and their families.

PROCEDURE: This program and its events will be planned by the Male Mentoring committee and the Programs Coordinator.

The Alliance Pharmacy
Focused on Collaborative Patient Care

POLICY AND PROCEDURE MANUAL

POLICY TITLE: **Patient Assistance Program Policy**
INDEX TITLE: Fiscal

EFFECTIVE DATE:
REVISION DATE:

I. **Policy:**

The Hemophilia Alliance Foundation (HAF) administers patient assistance programs under contract and on behalf of 501(c)3 healthcare entities. Patients who demonstrate an inability to meet financial obligations related to health care services as defined in the contract may upon completion of the Patient Assistance Application qualify for financial support. The extent of financial support provided, will be based on current Poverty Income Guidelines established by the Federal Government that are in effect as of the day that health care services are rendered and based upon the availability of funds.

II **Scope:**

Patients will not receive financial assistance unless all other payment options have been exhausted

III. **Procedure:**

A Patient Assistance Application will be provided to any patient expressing an inability to pay for services as defined in the contract. Applications shall be processed in accordance with the procedures specified below and such further internal procedures that are established by HAF.

Third Party Requirements

1 Any patient applying for financial assistance is required to first apply for Medical Assistance in their state of residency.

a A notice of eligibility or non-eligibility for Medical Assistance must be received by HAF before a final determination of the individual's patient assistance application is made

b. Failure to comply with the Medical Assistance application process will preclude participation in the patient assistance program

2. All applicable insurance payments must be received prior to rendering a financial assistance eligibility determination.

3. Services which are the subject of worker's compensation or other litigation may not qualify for financial assistance until all reasonable attempts for receiving payment through the litigation process are exhausted

Income Requirements

1. Income is defined as total annual cash receipts before taxes

2. Internal procedures established by HAF shall specify the sources of income that are to be included in the determination of income. See Attachment A.

3 Income eligibility requirements for patients applying for financial assistance are based on 350% of the Federal Poverty Income Guidelines. HAF shall identify such guidelines in Attachment A

4 Income Documentation

a Income and cash resources will be verified in accordance with the internal procedures established by HAF Such procedures shall set forth the requirements as to documentation of income and cash resources that must accompany the application for financial assistance. If the applicant states that he or she receives no income, he or she is then required to obtain a signed, dated statement form the person supporting the applicant verifying such statement.

i. If the applicant is homeless, a signed dated statement from the agency or shelter attesting to the fact that the applicant is homeless will be accepted

Scope of Discount

If the above income requirements and third party requirements are met, HAF will review each case and determine, based on standards set forth in internal procedures, an appropriate discount to extend to the patient for services rendered based upon the sliding fee scale and contract provision. See Attachment B for Sliding Fee Scale

Attachment A

Guidelines

The following criteria must be met for patients to qualify for Patient Assistance through HAF administered Patient Assistance Program:

All patients requesting financial assistance must complete and return a HAF "Patient Assistance Application" and provide proof of income as noted on the application.

Failure to return the above stated information will result in denial of financial assistance.

Pre-requisites

- The patient's income must be at or below 3 5 times the Federal Poverty Level for the patient's family size as listed on Attachment B
- Financial assistance will be approved by the President of HAF or his/her designee and in accordance with all applicable laws and regulations

Definitions

Family - A family is a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family

Income - As defined by the Bureau of the Census, income includes total annual cash receipts before taxes from all sources. Income includes money from wages and salaries before any deductions, net receipts from non-farm self-employment (receipts from a business after deductions for business expenses), payments from social security, railroad retirement, unemployment compensation, strike benefits, workers' compensation, veterans' payments, public assistance, training stipends, alimony, child support and military family allotments or other regular support from an absent family member: private pensions, government pensions, and regular insurance or annuity payments: college or university scholarships, grants, fellowships, and assistantships: dividends, interest, net rental income, net

royalties, periodic receipts form estates or trusts, and net gambling or lottery winnings

44 Bond Street · Westbury · NY · 11590 · 516-876-0100 (Fax) 516-876-0200
www.thealliancepharmacy.org

PROGRAM NAME: Hemophilia Outreach Center's Patient Assistance Program
(replacing the former Compassionate Care Program no longer in existence)

WRITTEN: January 2013
REVISED:
EFFECTIVE: March 1, 2013
REVIEWED:

PROGRAM DESCRIPTION: This program is to provide assistance to those patients in financial need. The Center will provide cash donations to The Alliance Pharmacy (TAP), a non-profit corporation, who will administer this program for our bleeding disorder community.

RATIONALE: Patients who demonstrate an inability to meet financial obligations related to health care services may complete an application to see if they qualify for financial support. The extent of financial support provided will be based on current Poverty Income Guidelines established by the Federal Government.

REQUISITES: All patients requesting financial assistance must complete and return a patient assistance application and provide proof of income. The patient's income must be at or below 3.5 times the Federal Poverty Level for the patient's family size. Financial assistance will be approved by The Alliance Pharmacy. Patients will not receive financial assistance unless all other payment options have been exhausted.

PROGRAM PLAN/OUTLINE: The HOC Health Benefit Specialist will provide interested patients with the application for assistance, work with the patient on completing the application and then submit the application to TAP for approval. TAP will work with each applicant from submission of application to acceptance or denial of request to administering the funds to the patient.

DISCLAIMER: HOC is not the administrator of this program thus having no bias on who receives assistance or who does not.

HEMOPHILIA
OUTREACH
CENTER
The bridge to a better life

May 30, 2013

The Alliance Pharmacy

44 Bond Street

Westbury, NY 11590

To The Alliance Pharmacy and Pam Betz,

I am sending this amended letter today as the letter I sent on March 28, 2013 was inaccurate with the agreed upon admin fees.

Hemophilia Outreach Center has donated on 3-28-2013 $50,000 restricted for use to the patient assistance fund for which no more than 10% can be utilized in support of administration of the program. This means that $45,000 of the funds will be available to the patients who qualify for the program.

Again thank you for the opportunity to work with TAP on this venture,

Debbie Armbruster

Executive Director

2060 Bellevue Street • Green Bay, WI 54311 • Phone: 920-965-0606 • Toll Free: 800-992-6026 • Fax: 920-965-0607

The Alliance Pharmacy
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Memorandum of Understanding

This Memorandum of Understanding (MOU) is effective March 1, 2013, by and between The Hemophilia Outreach Center (Center), a non-profit corporation established in the State of Wisconsin and The Alliance Pharmacy (TAP), a non-profit corporation established in the State of New York.

Recitals:

WHEREAS, TAP receives monetary and other donations from variety of sources for the purpose of making charitable donations to organizations and programs servicing people with bleeding and clotting disorders; and

WHEREAS, the Center provides comprehensive care to persons with bleeding and clotting disorders, and wishes to provide assistance to those persons in financial need;

Now, therefore, in consideration of the mutual covenants contained herein and intending to be legally bound, hereby, the parties agree as follows:

1. Cash Donation. The Center shall provide cash donations to TAP as follows; $50,000 upon execution of the MOU with subsequent payments to replenish funds as they are utilized but not to exceed an annual amount of $100,000.
2. Reports on Expenditures. TAP shall provide an annual report to the Center on the type of assistance provided according to the categories provided in Appendix A. TAP shall report the number of patients serviced and the total dollars expended by category. TAP shall make available, upon written request, any accounting records to confirm and verify that the donation was utilized in accordance with this agreement.
3. Amendments. Any amendments to this MOU must be in writing and signed by both parties.
4. Term. This MOU shall commence as of the date above and shall continue for one year. The MOU will automatically renew annually unless terminated in accordance with the term below, or funds are depleted.
5. Termination. This MOU may be terminated by either party upon thirty (30) days' notice. If either party has breached the terms of this MOU, the other party shall be provided 15 days' notice to cure.
6. Governing Law. This MOU shall be governed by and construed in accordance with the laws of the state of New York.
7. Waiver. Either party may waive a requirement under this agreement if provided in writing and signed by both parties. Unless state otherwise, a waiver will not be deemed on ongoing waiver. An amendment executed for any permanent changes to this agreement. If one provision is waived, all other terms of this agreement remain binding.

The Alliance Pharmacy

8. Third Party Beneficiaries. No third parties, including the recipients of the financial assistance provided by TAP, have any enforceable rights under this agreement.
9. Relationship. The parties are independent and this MOU does not create a partnership, joint venture between the parties or any third party.
10. Assignment and Successors. A Party may not assign the MOU without written permission of the other Party.
11. Force Majeure. A Party will not be in breach or liable for any failure of delay of its performance of this contract caused by natural disasters or circumstances reasonably beyond its control.
12. Severability. If any provision of this contract is invalid or is unenforceable, the parties intend that the remainder of the contract will be unaffected.

In Witness whereof, the parties hereto have caused this MOU to be executed by their duly authorized representatives.

The Hemophilia Outreach Center

By Deborah E. Armbruster Date 3-1-2013
Printed Name Deborah E. Armbruster
Title Executive Director

The Alliance Pharmacy

By Joseph Pugliese Date 3/1/13
Printed Name Joseph N Pugliese
Title Chairman