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For calendar year 2016, or tax year beginning 01-01-2016, and ending 12-31-2016

Name of foundation Cascade Hemophilia Consortium		A Employer identification number 38-3199649	
Number and street (or P O box number if mail is not delivered to street address) 517 West William Street		B Telephone number (see instructions) (734) 996-3300	
City or town, state or province, country, and ZIP or foreign postal code Ann Arbor, MI 48103		C If exemption application is pending, check here ☐	
G Check all that apply ☐ Initial return ☐ Final return ☐ Address change ☐ Initial return of a former public charity ☐ Amended return ☐ 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) \$ 29,037,499		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐	
J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify) _____ (Part I, column (d) must be on cash basis)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)				
	2 Check ☒ if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	40,990	40,990	40,990	
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a _____				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances 52,134,696				
Operating and Administrative Expenses	b Less Cost of goods sold 45,274,307				
	c Gross profit or (loss) (attach schedule)	6,860,389		6,860,389	
	11 Other income (attach schedule)	181,979		181,979	
	12 Total. Add lines 1 through 11	7,083,358	40,990	7,083,358	
	13 Compensation of officers, directors, trustees, etc	147,501			147,501
	14 Other employee salaries and wages	462,956			462,956
	15 Pension plans, employee benefits	198,203			198,203
	16a Legal fees (attach schedule)	68,705			68,705
	b Accounting fees (attach schedule)	17,580			17,580
	c Other professional fees (attach schedule)	382,920			382,920
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	1,000			
	19 Depreciation (attach schedule) and depletion	8,121			
	20 Occupancy	62,464			62,464
	21 Travel, conferences, and meetings	27,708			27,708
	22 Printing and publications				
	23 Other expenses (attach schedule)	304,534			304,534
	24 Total operating and administrative expenses. Add lines 13 through 23	1,681,692	0		1,672,571
	25 Contributions, gifts, grants paid	3,944,647			3,944,647
	26 Total expenses and disbursements. Add lines 24 and 25	5,626,339	0		5,617,218
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	1,457,019			
	b Net investment income (if negative, enter -0-)		40,990		
				7,083,358	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)			Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash—non-interest-bearing					
	2	Savings and temporary cash investments	14,655,844	16,508,296		16,508,296	
	3	Accounts receivable ▶ <u>10,844,788</u>					
		Less allowance for doubtful accounts ▶ _____	7,557,439	10,844,788		10,844,788	
	4	Pledges receivable ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)					
	7	Other notes and loans receivable (attach schedule) ▶ _____					
		Less allowance for doubtful accounts ▶ _____					
	8	Inventories for sale or use	3,410,613	1,633,460		1,633,460	
	9	Prepaid expenses and deferred charges	36,917	40,337		40,337	
	10a	Investments—U S and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)					
	c	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment basis ▶ _____					
	Less accumulated depreciation (attach schedule) ▶ _____						
12	Investments—mortgage loans						
13	Investments—other (attach schedule)						
14	Land, buildings, and equipment basis ▶ <u>91,787</u>						
	Less accumulated depreciation (attach schedule) ▶ <u>81,169</u>	8,346	10,618		10,618		
15	Other assets (describe ▶ _____)						
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	25,669,159	29,037,499		29,037,499		
Liabilities	17	Accounts payable and accrued expenses	4,921,743	6,833,064			
	18	Grants payable	1,300,000	1,300,000			
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable (attach schedule)					
	22	Other liabilities (describe ▶ _____)					
	23	Total liabilities (add lines 17 through 22)	6,221,743	8,133,064			
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ ☒ and complete lines 24 through 26 and lines 30 and 31.						
	24	Unrestricted	19,447,416	20,904,435			
	25	Temporarily restricted					
	26	Permanently restricted					
	Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31.						
	27	Capital stock, trust principal, or current funds					
	28	Paid-in or capital surplus, or land, bldg , and equipment fund					
	29	Retained earnings, accumulated income, endowment, or other funds					
	30	Total net assets or fund balances (see instructions)	19,447,416	20,904,435			
	31	Total liabilities and net assets/fund balances (see instructions) .	25,669,159	29,037,499			

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	19,447,416
2	Enter amount from Part I, line 27a	2	1,457,019
3	Other increases not included in line 2 (itemize) ▶ _____	3	
4	Add lines 1, 2, and 3	4	20,904,435
5	Decreases not included in line 2 (itemize) ▶ _____	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .	6	20,904,435

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			

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

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	
a			
b			
c			
d			
e			

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

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

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

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

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

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

1 Enter the appropriate amount in each column for each year, see 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))
2015	47,570,226		
2014	38,691,116		
2013	36,692,319		
2012	34,942,052		
2011	29,741,528		

2 Total of line 1, column (d)	2	
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	
4 Enter the net value of noncharitable-use assets for 2016 from Part X, line 5	4	
5 Multiply line 4 by line 3	5	
6 Enter 1% of net investment income (1% of Part I, line 27b)	6	410
7 Add lines 5 and 6	7	410
8 Enter qualifying distributions from Part XII, line 4	8	50,891,525

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	410
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	410
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	410
6	Credits/Payments		
a	2016 estimated tax payments and 2015 overpayment credited to 2016	6a	1,169
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	1,169
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	759
11	Enter the amount of line 10 to be Credited to 2017 estimated tax ▶ 759 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	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for definition)? <i>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</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ _____ (2) On foundation managers ▶ \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers ▶ \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ▶ MI _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i> .	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	Yes
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions).	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address www.casecadehc.org	13	Yes	
14	The books are in care of Stephanie Raymond Telephone no (734) 996-3300			

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15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the year 15			
16	At any time during calendar year 2016, 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 instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes," enter the name of the foreign country ▶	16	Yes	No

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.

1a	During the year did the foundation (either directly or indirectly)		Yes	No
	(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		
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 2016? ☐	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? ☐ Yes ☒ No If "Yes," list the years ▶ 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions). ☐	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2016 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 2016). ☐	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b		No

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

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

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	Title, and average hours per week (b) devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Mike Altese 517 West William Street Ann Arbor, MI 48103	Pharmacy Manager 040 00	142,820	29,612	
Susan Carlini 517 West William Street Ann Arbor, MI 48103	Senior Accountant 040 00	43,726	28,710	
Colleen Joiner 517 West William Street Ann Arbor, MI 48103	Social Worker 028 50	58,673		
Chelsea Seal 517 West William Street Ann Arbor, MI 48103	Business Manager 040 00	44,509	14,683	
Deborah Whelan 517 West William Street Ann Arbor, MI 48103	Social Worker 025 00	51,240	5,124	
Total number of other employees paid over \$50,000.				

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Wachler & Associates 210 E Third Street Suite 204 Royal Oak, MI 48067	Consulting	68,705
Total number of others receiving over \$50,000 for professional services. ►		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 Makes products available to hemophilia patients, assists patients without adequate insurance, works with manufacturers to obtain drugs under compassionate use policies, provides allied health services and grant contracts to organizations to provide medical care and allied health services	50,891,525
2	
3	
4	

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

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

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities.	1a	0
b	Average of monthly cash balances.	1b	7,823,337
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	7,823,337
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	7,823,337
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	7,823,337
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5.	6	0

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

1	Minimum investment return from Part X, line 6.	1	
2a	Tax on investment income for 2016 from Part VI, line 5.	2a	
b	Income tax for 2016 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	0

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	5,617,218
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	45,274,307
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	50,891,525
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions).	5	410
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	50,891,115

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI, line 7				0
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.				
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2016				
a From 2011.				
b From 2012.				
c From 2013.				
d From 2014.				
e From 2015.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2016 from Part XII, line 4 ▶ \$ <u>50,891,525</u>				
a Applied to 2015, 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 2016 distributable amount.				
e Remaining amount distributed out of corpus	50,891,525			
5 Excess distributions carryover applied to 2016 (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:	50,891,525			
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 2015 Subtract line 4a from line 2a Taxable amount—see instructions				
f Undistributed income for 2016 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2017				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions).				
8 Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2017. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9				
a Excess from 2012.				
b Excess from 2013.				
c Excess from 2014.				
d Excess from 2015.				
e Excess from 2016.				

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

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2016, enter the date of the ruling. ▶

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

2a 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	Prior 3 years			(e) Total	
(a) 2016	(b) 2015	(c) 2014	(d) 2013		
0				0	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed	50,891,525	47,570,532	38,691,418	36,692,542	173,846,017
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	50,891,525	47,570,532	38,691,418	36,692,542	173,846,017

3 Complete 3a, b, or c for the alternative test relied upon

a "Assets" alternative test—enter

(1) Value of all assets 29,037,499 25,669,159 22,526,091 18,290,020 95,522,769

(2) Value of assets qualifying under section 4942(j)(3)(B)(i) 29,037,499 25,669,159 22,526,091 18,290,020 95,522,769

b "Endowment" alternative test— enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed.

c "Support" alternative test—enter

(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)

(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii).

(3) Largest amount of support from an exempt organization

(4) Gross investment income

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

1 Information Regarding Foundation Managers:

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

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

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

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

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

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

c Any submission deadlines

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

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	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
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				3,965,466
b <i>Approved for future payment</i> See Additional Data Table				
Total ▶ 3b				6,157,558

Enter gross amounts unless otherwise indicated

Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
1 Program service revenue						
a _____						
b _____						
c _____						
d _____						
e _____						
f _____						
g Fees and contracts from government agencies						
2 Membership dues and assessments. . . .						
3 Interest on savings and temporary cash investments	900099		14	40,990		
4 Dividends and interest from securities. . . .						
5 Net rental income or (loss) from real estate						
a Debt-financed property.						
b Not debt-financed property.						
6 Net rental income or (loss) from personal property						
7 Other investment income.						
8 Gain or (loss) from sales of assets other than inventory						
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory						6,860,389
11 Other revenue						
a Other income _____	900099					181,979
b _____						
c _____						
d _____						
e _____						
12 Subtotal Add columns (b), (d), and (e). .				40,990		7,042,368
13 Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations)			13			7,083,358

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

[illegible]

Part XVII

- | | Yes | No |
|-------|-----|----|
| 1a(1) | | No |
| 1a(2) | | No |
| 1b(1) | | No |
| 1b(2) | | No |
| 1b(3) | | No |
| 1b(4) | | No |
| 1b(5) | | No |
| 1b(6) | | No |
| 1c | | No |

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

- Sign
Here**

2017-04-19

* * * * *

Signature of officer or trustee

Date _____

Title

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

Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed ☐	PTIN
James H Bennett CPA		2017-04-19		
Firm's name ▶ Bennett & Associates CPAs PLLC				Firm's EIN ▶
Firm's address ▶ 100 Huronview Blvd Ann Arbor, MI 48103				Phone no (734) 622-8015

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
Amy Denton 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Steve Pokoj JD 517 West William Street Ann Arbor, MI 48103				
William Berk MD 517 West William Street Ann Arbor, MI 48103	Vice President 001 00	0		
William Sparrow 517 West William Street Ann Arbor, MI 48103				
Jeffrey Hord MD 517 West William Street Ann Arbor, MI 48103	President 001 00	0		
Susan Lerch 517 West William Street Ann Arbor, MI 48103				
Nancy Duffy RN 517 West William Street Ann Arbor, MI 48103	Secretary 001 00	0		
Stephanie Raymond 517 West William Street Ann Arbor, MI 48103				
Amy Hepper MD 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Rosanne Ososki MSN APRN 517 West William Street Ann Arbor, MI 48103				
Michelle Sumerix CRSP 517 West William Street Ann Arbor, MI 48103	Executive Director 040 00	147,501	35,099	
Judith Anderson 517 West William Street Ann Arbor, MI 48103				
Randy Clites 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		
Danna Merritt 517 West William Street Ann Arbor, MI 48103				
Megan Procario 517 West William Street Ann Arbor, MI 48103	Director 001 00	0		

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
Akron Children's Hospital One Perkins Square 5th Floor Akron, OH 443081062			Provision for medical services	203,367
Barbara Ann Karmanos Cancer Institute 4100 John R Detroit, MI 48201			Provision for medical services	250,203
Cincinnati Children's Hospital Medical Center 3333 Burnet Avenue ML 7015 Cincinnati, OH 45229			Provision for medical services	113,871
Helen DeVos Children's Coagulation Disorder's ProgramSpectrum Health 100 Michigan St NE MC 85 Grand Rapids, MI 49503			Provision for medical services	172,665
Henry Ford Hospital 2799 West Grand Boulevard Detroit, MI 48202			Provision for medical services	182,726
Hurley Medical Center One Hurley Plaza 6W Flint, MI 485035993			Provision for medical services	146,261
Michigan State University 2900 Hannah Blvd Suite 202 East Lansing, MI 48823			Provision for medical services	191,545
Nationwide Children's Hospital 700 Childrens Drive Columbus, OH 432052692			Provision for medical services	115,963
Northern Regional Bleeding Disorder Ctr 1105 Sixth Street Traverse City, MI 49684			Provision for medical services	233,074
Ohio State University Hemophilia Center 320 West 10th Avenue Room M414 Columbus, OH 43210			Provision for medical services	175,478
Toledo Children's Hospital Northwest Ohio Hemophilia Treatment Center 2150 W Central Avenue Toledo, OH 43606			Provision for medical services	123,952
University of Cincinnati 231 Albert Sabin Way ML 562 Cincinnati, OH 452670562			Provision for medical services	86,056
University Hospitals of ClevelandCase Western 11100 Euclid Avenue Cleveland, OH 44106			Provision for medical services	121,021
University of Michigan Hemophilia Treatment Center 1500 East Medical Center Drive Ann Arbor, MI 481090235			Provision for medical services	119,199
University Pediatricians 3901 Beaubien Blvd Detroit, MI 48201			Provision for medical services	217,952
Total ►				3,965,466
3a				

Form 990FP Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
a Paid during the year				
West Central Ohio Hemophilia Center at Dayton Children's One Childrens Plaza Dayton, OH 454041815			Provision for medical services	120,524
West Michigan Cancer Center 200 North Park Street Kalamazoo, MI 49007			Provision for medical services	114,021
Central Ohio Chapter of the National Hemophilia Foundation P O Box 345 Worthington, OH 430850345			Camperships to Camp Bold Eagle, support for educational programming, and medical needs fund	15,408
FAMOHIO Inc 2425 Roscoe Court Dublin, OH 43016			Lodging and meal support for FAMOHIO meeting	17,000
Hemophilia Foundation of Michigan 1921 W Michigan Avenue Ypsilanti, MI 48197			Support for SpringFest, Camp Bold Eagle, NHF annual meeting, Eagle Expedition, and other Regional Core Services	107,400
Hemophilia of Indiana 5170 E 65th St Suite 106 Indianapolis, IN 46220			Support for annual meeting, Camp Brave Eagle, Doug Thompson Teen Leadership Program, Medical Assistance Fund, and Delta Dental program	40,500
Northern Ohio Hemophilia Foundation Inc One Independence Place Independence, OH 44131			Support for dental program and educational newsletter printing, mailing, and postage costs	33,648
Tri-State Bleeding Disorder Foundation 635 W Seventh Street Suite 407 Cincinnati, OH 45203			Camperships, assistance to attend NHF annual meeting, and support for medical needs fund	15,000
World AIDS Day Detroit c/o HFM 1921 W Michigan Avenue Ypsilanti, MI 48197			Support of mission	5,900
Hemophilia Foundation of Michigan 1921 W Michigan Avenue Ypsilanti, MI 48197			HFM share of HTC Grants	887,484
Various 517 West William Street Ann Arbor, MI 48103			Support for dental programs	155,248
Total ► 3a				3,965,466

TY 2016 Accounting Fees Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Accounting and auditing fees	17,580			17,580

TY 2016 Cash Deemed Charitable Explanation Statement

Name: Cascade Hemophilia Consortium

EIN: 38-3199649

Software ID: 16000333

Software Version: 17.2.0.0

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

TY 2016 General Explanation Attachment

Name: Cascade Hemophilia Consortium

EIN: 38-3199649

Software ID: 16000333

Software Version: 17.2.0.0

**TY 2016 Land, Etc.
Schedule****Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
Equipment	91,787	81,169	10,618	10,618

TY 2016 Legal Fees Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Legal fees	68,705			68,705

TY 2016 Other Expenses Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Insurance	68,266			68,266
Office expenses	125,602			125,602
Factor shipping expense	105,959			105,959
Other	4,707			4,707

TY 2016 Other Income Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0**Other Income Schedule**

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
Other income	181,979		181,979

TY 2016 Other Professional Fees Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Other professional fees	382,920			382,920

TY 2016 Sales Of Inventory Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category	Gross Sales	Cost of Goods Sold	Net (Gross Sales Minus Cost of Goods Sold)
Reduced price factor sales	52,134,696	45,274,307	6,860,389

TY 2016 Taxes Schedule**Name:** Cascade Hemophilia Consortium**EIN:** 38-3199649**Software ID:** 16000333**Software Version:** 17.2.0.0

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
Taxes on investment income	1,000			