PUBLIC DISCLOSURE COPY

# \*\* PUBLIC DISCLOSURE COPY \*\*

**Return of Organization Exempt From Income Tax** 

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

Inspection

OMB No. 1545-0047

Α	For the	2016 calendar year, or tax year beginning OCT 1, 2016 and end	ding S	EP 30, 2017	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres change	Great Lakes Hemophilia Foundation, Inc.			
	Name change			23-7	367636
	Initial return	,	om/suite	E Telephone numbe	
	Final return/	638 N. 18th Street 10	8	414-	257-0200
_	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,778,202.
Ļ	Amend return	MIIWaukee, WI 33233-2121		H(a) Is this a group r	
	Applica tion pending			for subordinates	
_		same as C above		<b>H(b)</b> Are all subordinates i	
		mpt status: X 501(c)(3)	527		list. (see instructions)
		e:  WWW . GLHF . ORG  organization:  X Corporation  Trust  Association Other >	l Vaan	H(c) Group exemption	on number ► M State of legal domicile: WI
		Summary	L Year (	or formation: 1974 1	M State of legal domicile; M 1
	_	Briefly describe the organization's mission or most significant activities: Our mi	ssio	n is to edu	cate,
9		support and advocate for the bleeding disor			
Governance	2	Check this box  if the organization discontinued its operations or disposed			
Ver	1 8			3	13
Ğ	4 1	Number of independent voting members of the governing body (Part VI, line 1b)			13
8	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		5	13
Vitie V	6	Total number of volunteers (estimate if necessary)		6	88
Activities &	7a ⁻	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	1 d	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
Revenue	8 (	Contributions and grants (Part VIII, line 1h)		1,374,125.	1,477,380.
	9 1	Program service revenue (Part VIII, line 2g)		40,820.	46,704.
Be	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		50,206.	38,359.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>-16,009.</u>	-19,257. 1 543 196
_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,449,142. 651,373.	1,543,186.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		031,373.	0.
	45 6	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		425,454.	482,954.
ses	15 5	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	h -	Fotal fundraising expenses (Part IX, column (D), line 25)   125,673		•	· ·
Ä	17 (	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,383.	301,897.
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,424,210.	1,462,511.
	1	Revenue less expenses. Subtract line 18 from line 12		24,932.	80,675.
or of	í	•	Beg	ginning of Current Year	End of Year
Net Assets or	20	Fotal assets (Part X, line 16)		2,259,752.	2,419,227.
L Ass	21	Total liabilities (Part X, line 26)		332,264.	332,122.
<u>S</u>	22 1	Net assets or fund balances. Subtract line 21 from line 20		1,927,488.	2,087,105.
	art II	Signature Block			
		ties of perjury, I declare that I have examined this return, including accompanying schedules an			y knowledge and belief, it is
true	e, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which	preparer	has any knowledge.	
٠.		Signature of officer		I Date	
Sig		Peter Fisher, President		Date	
He	re	Type or print name and title			
		Print/Type preparer's name Preparer's signature	To	Date Check [	PTIN
Pai	d h	Leanne Buttke, CPA Leanne Buttke, CP.	1	8/08/18 self-emplo	
	parer	Firm's name Wipfli LLP		Firm's EIN	39-0758449
	Only	Firm's address 10000 Innovation Drive, Suite 250		Timi S Liiv	
		Milwaukee, WI 53226-4837		Phone no. 41	4.431.9300
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	<u></u>	,	X Yes No

(Code: Public Education:

patients & their families in providing public education about bleeding disorders. Health care professionals - through the federal grant supported regional network - educate teachers, coaches, emergency room personnel, dentists and other individuals who provide support to individuals with bleeding disorders to ensure safe and healthy outcomes for their patients. In addition, GLHF volunteers attend health fairs and other events to heighten the public's understanding of bleeding disorders and the symptoms to encourage women, in particular, to seek medical support for otherwise

4d	l Other	program	services	(Describe ir	i Schedule	: O.)
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192,222.) (Revenue \$ 40,500.) 234,152. including grants of \$

Total program service expenses

4a

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	in 100, complete concease 2,		7.7	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total		37	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١		, v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	١		
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	in 100, complete constant p, r are x	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		v	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-	х	
<b>L</b>	Schedule D, Parts XI and XII	12a	Λ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  1   1</del>		<del>  ^*</del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			_ <u></u>
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	_ <del></del>		<u></u>
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			<u></u>
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u> </u>		<u> </u>
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G. Part III	19		x
		_	200	_

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		$\vdash$
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			٠,
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			37
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	_	v	
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

# TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

## FOR THE YEAR ENDING

September 30, 2017

# **Prepared For:**

Great Lakes Hemophilia Foundation, Inc. 638 N. 18th Street No. 108 Milwaukee, WI 53233-2121

# Prepared By:

Wipfli LLP 10000 Innovation Drive, Suite 250 Milwaukee, WI 53226-4837

### **Amount Due or Refund:**

Not applicable

# Make Check Payable To:

Not applicable

# Mail Tax Return and Check (if applicable) To:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

### Return Must be Mailed On or Before:

# **Special Instructions:**

This copy of the return is provided for state filing purposes.

We recommend that returns be mailed certified mail, return receipt requested with the stamp validated at a postal station in order to have proof of timely mailing.

# Form 990 (2016) Great Lakes Hemophilia Foundation, Inc. Part V Statements Regarding Other IRS Filings and Tax Compliance

a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11b  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12a		Check if Schedule O contains a response or note to any line in this Part V					
be Enter the number of Forms W2G included in line 1a. Enter 4-01 not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gampling) winnings to pitze winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  It is all least one is reported on line 2a, did the organization file all required federal employment tax veturns?  30 Did the organization have unrelated business gross income of \$1,000 or more during the year?  31 A vary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account is foreign country! See instructions of the organization and an account, securities account, or enter financial account?  32 A ray time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country! See See instructions of filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  33 But Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  54 But Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  55 But Was the organization in a party to a prohibited tax shelter transaction or prohibited tax shelter transaction?  55 But Was the organization have not tax deductible as charitable contributions?  56 C If Yes, field the organization have that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  56 But Was a sequential to the organization have that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  57 But Was a sequential to the organization have not a sequent						Yes	No
be Enter the number of Forms W2G included in line 1a. Enter G-11 not applicable of Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  5 If at least one is reported on line 2a, did the organization life all required federal employment tax returns?  2 Note. If the sun of lines 1 and 2d as greater than 250, you may be required to e-#ige feel instructions?  3 Did the organization have unrelated business gross income of \$1,000 or more during the year?  3 The Yage Than 1 filed a Form 990 of Tor this year? If Yar, **O time 98, provide an explanation of Schedule 0  4 A rat y time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial Account is foreign country! №  5 Was the organization and provide tax shelter transaction at any time during the tax year?  5 Was the organization a partly to a prohibited tax shelter transaction at any time during the tax year?  5 B W3 bid any taxable party norify the organization that via wa or is a partly to a prohibited tax shelter transaction at any time during the tax year?  5 C If Yes, **to line 5a or 5b, did the organization file Form 888617  6 Dess the organization have always and years are promisely greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6 Dif Yes, **did the organization hist was or is a partly to a prohibited tax shelter transaction any contributions that were not tax deductible as charitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  8 Did the organization have receive a promiser in excess of \$75 made partly as a contribution of property for which it was required to the legal of the organizatio	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4			
(agambling) winnings to prize winners?  Ear Enter the number of emptyloses reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  It all teast one is reported on line 2a, did the organization field all required federal employment tax returns?  Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-field genistructions)  3a Did the organization have unrelated businesses gross income of \$1,000 or more during the year?  3b Lif Yea, I see this did a form 9900 Tor this year? If "Yea," I shire 3b, your way be required to e-field genistructions)  4c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bark account, securities account, or other financial accounts?  4c Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country.  5c If Yea, enter the name of the foreign country.  5c See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR).  5c Was the organization aparty to a prohibited tax shelter transaction?  5c Vas the properties of the financial accountry of the properties of the regarization that it was or is a party to a prohibited tax shelter transaction?  5c Vas If Yea, time face face find the organization that it was or is a party to a prohibited tax shelter transaction at your time face face financial that was or it as party to a prohibited tax shelter transaction at your time face face for the financial accountry of the decidence of the regarization shelt was only a promised to a provided to the pagnization shelt was only and provided the financial accountry.  5c If Yea, time face face financial that was or it as party to a prohibited tax shelter transaction foreign to the organization receive a payment in access of \$75 m	b		1b	0			
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  b If at least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e_file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If 'Yes,' has it filed a form 990-T for this year? If 'No,' to fine 8b, provide an explanation in Schedule O  3b A At any time during the calendary ear, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. ►  1 If 'Yes,' enter the name of the foreign country. ►  2 If 'Yes,' enter the name of the foreign country. ►  3 If 'Yes,' enter the name of the foreign country. ►  5 If 'Yes,' enter the name of the foreign country. ►  5 If 'Yes,' enter the name of the foreign country. ►  5 If 'Yes,' enter the name of the foreign country. ►  5 If 'Yes,' enter the name of the foreign country. ►  5 If 'Yes,' to line 6a of 5b, did the organization file form 8886-17  5 If 'Yes,' to line 6a of 5b, did the organization file form 8886-17  5 If 'Yes,' to line 6a of 5b, did the organization file form 8886-17  5 If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization state any receive deductible contributions under section 170(c).  8 If 'Yes,' did the organization include with every solicitation and partly for goods and services provided to the payor?  7 If 'Yes,' did the organization include with every solicitation and partly for goods and services provided to the payor?  8 If 'Yes,' did the organization endies payment in access of 5f made partly as combination and partly for goods and services provided to the payor?  9 If 'Yes,' end the organization endies payment in ac	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	le gaming			
field for the calendary year ending with or within the year covered by this return  If all sest one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to a-nip Gee instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a shark account, securities account, or other financial accounts?  4a. X  bif "Yes," enter the name of the foreign country. Experiments for FiniCEM Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a. Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b. If "Yes," to line 5a or 5b, old the organization that it was or is a party to a prohibited tax shefter transaction?  5c. If "Yes," old the organization have annual gross receipts that are normally greater than \$100,000, and did the organization society a prohibition that were not tax deductibles of a chartable contributions?  6c. If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles an chartable contributions.  6c. If "Yes," did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles.  6c. If "Yes," did the organization neceive a paiment in excass of \$5 made party as a centribution or quality for goods and services provided?  6c. If "Yes," indicate the number of Forms 8828? filed during the year.  6d. If "Yes," indicate the number of For		(gambling) winnings to prize winners?			1c	Х	
b If all least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to a_ning feee instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X  b If Yes, * riss If filed a Form 990-T for this year? # Yeo, * to line 3b, provide an explanation in Schedule O  3b 4 At any time during the calendary year, did the organization have uninterest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See it Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  Se If Yes, * to line 5a or 5b, did the organization file Form 8886-17  6c Boes the organization she amula gross receipts that are normally greater than \$100,000, and did the organization solid any contributions that the weny solicitation an express statement that such contributions or gifts were not tax deductible?  Organization she was receive deductible contributions?  bif Yes, * did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization she was precised eductible contributions under section 170c):  bif the organization sective a payment in excess of \$7 made party as a contribution and party for goods and services provided to the payor?  7a X  If If Yes, * did the organization notify the donor of the value of the goods or services provided?  7b Uit the organization sective a payment in excess of \$7 made party as a contribution of payment on a personal benefit contract?  7c X  fold the organization selved a payment in excess of \$7 made party as a contribution of payment on a personal benefit contract?  7c X  fol	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
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b If "Yes," enter the name of the foreign country:    See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  See instructions for thing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  So Was the organization to provide a provided for the search of the organization for Park 886-T?  Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  By If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  Did the organization neceived a payment in excess of \$75 made partly as a contribution of organization and express of \$75 made partly for goods and services provided?  To Call the separalization received a contribution of carb, to sale of the goods or services provided?  If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization received a contribution of organized property, did the organization file Form 899 as required?  To Did the	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
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d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e X  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f X  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Did b Gross income from members or shareholders  Gross income from members or shareholders  B Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  11a	C		s requ	iirea	70		x
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Form 990 (2016) Great Lakes Hemophilia Foundation, Inc. 23-7367636 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X							
Sec	tion A. Governing Body and Management										
			Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year 13	3									
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	3									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other										
	officer, director, trustee, or key employee?	2	Х								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision										
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х							
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	more members of the governing body?	7a		Х							
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or										
	persons other than the governing body?	7b		Х							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
а	The governing body?	8a	Х								
b	Each committee with authority to act on behalf of the governing body?	8b	Х								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the										
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х							
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b									
11a	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?										
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	Х								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent										
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
b	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a										
	taxable entity during the year?	16a		X							
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation										
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	exempt status with respect to such arrangements?	16b									
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed ▶WI										
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	vailable	Э								
	for public inspection. Indicate how you made these available. Check all that apply.										
	Own website Another's website X Upon request Other (explain in Schedule O)										
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial								
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's books and records:										
	Danielle Leitner Baxter - 414-257-0200										
	638 North 18th Street, Suite 108, Milwaukee, WI 53201-0704										

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((				(D)	(E)	(F)	
Name and Title	Average	(do		Posi neck i		l than c	ne	Reportable	Reportable	Estimated	
	hours per	box	, unles	s per	son i	s both	an	compensation	compensation	amount of	
	week (list any						/	from the	from related organizations	other compensation	
	hours for	direct				pa		organization	(W-2/1099-MISC)	from the	
	related	tee or	ıstee			ensate		(W-2/1099-MISC)		organization	
	organizations	al trus	nal tr		loyee	com p				and related	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
(1) Jeff Koopmeiners	line) 0 • 3 0	<u>=</u>	in In	J0	Ke	en Hi	요				
Vice President	0.30	Х		Х				0.	0.	0 .	
(2) Anne Nagy	0.30	Λ						0.	0.	0 .	
Director	0.30	Х						0.	0.	0 .	
(3) Peter Fisher	0.30								0.	0 (	
President	0.30	Х		Х				0.	0.	0 .	
(4) Renate M. Gray	0.30	-22							<b>.</b>		
Director	0.30	х						0.	0.	0.	
(5) Robert R. Montgomery	0.30								•		
Director		Х						0.	0.	0 .	
(6) Andy Barragry	0.30							-	-	-	
Secretary		Х		Х				0.	0.	0.	
(7) Gilbert White	0.30										
Director		Х						0.	0.	0.	
(8) Danielle Leitner Baxter	40.00										
Executive Director		Х		Х				114,550.	0.	575	
(9) Debra Weiner	0.30										
Director		Х						0.	0.	0 .	
(10) Robert Grehn	0.30										
Treasurer		Х		Х				0.	0.	0.	
(11) Joshua Welsh	0.30							_			
Director		Х						0.	0.	0 .	
(12) Tracie Fechter	0.30								_	•	
Director	0.20	Х						0.	0.	0 .	
(13) Tom Boudreau	0.30	37							_	0	
Director	0.20	Х	$\vdash$					0.	0.	0 .	
(14) Miguel A. Mireles	0.30	~							_	_	
Director		Х	$\vdash$					0.	0.	0 .	
		1									
		-									
			$\vdash$								
		1									

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		ces Hemo	ph	<u>i1</u>	ia	F	'ou	nó	lation, Inc.	23-736	763	5	Page <b>8</b>
Parl	Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hiç	ghes	t C	ompensated Employe	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	(do		Posi heck i		l than d	one	Reportable	Reportable		Estima	ated
		hours per	box	, unle	ss per	rson is	s both	n an	compensation	compensation	;	amoun	
		week (list any		l ai	lu a u	lecto	ii i us	(66)	from	from related		othe	
		hours for	lirecto						the organization	organizations (W-2/1099-MISC)	Co	mpens from t	
		related	e or c	tee			sated		(W-2/1099-MISC)	(00-2/1099-101130)		rganiz	
		organizations	truste	al trus		ee/	m per		(** 27 1000 141100)		I	nd rela	
		below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	Je.			or	ganiza	ations
		line)	Indiv	Insti	Officer	Key 6	High emp	Former					
			ļ										
			ŀ										
1b	Sub-total	•						<b></b>	114,550.	0	•	į	575.
С	Total from continuation sheets to Part VI							<b>&gt;</b>	0.	0	•		0.
d	Total (add lines 1b and 1c)							<b></b>	114,550.	0	•	Į	575.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization												<u> 1</u>
												Yes	s No
3	Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or l	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s										3		<u> </u>
4	For any individual listed on line 1a, is the su												ļ <u>.</u>
	and related organizations greater than \$150	,		,							. 4		X
5	Did any person listed on line 1a receive or a	=				-							37
Cool	rendered to the organization? If "Yes," comion B. Independent Contractors	plete Schedule	J fo	or st	ıch r	oers	on .				.   5		X
	· · · · · · · · · · · · · · · · · · ·	mnanastad ind	lono		ot oc				act received more than	1100 000 of compon	ootion :	fuana	
1	Complete this table for your five highest co										sation	irom	
	the organization. Report compensation for (A)	irie caleridar ye	ai e	riuii	ig w	ILIT C	) WI	<u> </u>	(B)	rear.		(C)	
	Name and business	address	NO	ONE	7				Description of s	services		ensati	ion
								_					
2	Total number of independent contractors (in	•	ot lin	nited	d to t	_		ted	above) who received m	ore than			
	\$100,000 of compensation from the organization	zation -				C	,						

#### Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (**D)** Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1b **b** Membership dues 148,009. c Fundraising events ..... 1c d Related organizations ..... 1d 895,862. **e** Government grants (contributions) f All other contributions, gifts, grants, and 433,509. similar amounts not included above ..... 23,115. **q** Noncash contributions included in lines 1a-1f: \$ $\triangleright$ 1,477,380. h Total. Add lines 1a-1f **Business Code** 40,500. 2 a Regional meeting 900099 40,500. Program Service Revenue ь Admissions to educatio 900099 6,204. 6,204. С f All other program service revenue ..... 46,704. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 32,142. 32,142. other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses c Rental income or (loss) ..... d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 153,427. assets other than inventory b Less: cost or other basis 144,710. 2,500. and sales expenses c Gain or (loss) 8,717. -2,500. 6,217. 6,217. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$148,009. ofcontributions reported on line 1c). See 62,849. Part IV, line 18 a 82,281. **b** Less: direct expenses -19,432.-19,432. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a **b** Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 5,700. and allowances 5,525. **b** Less: cost of goods sold ..... 175. 175. c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue

,543,186.

46,704.

e Total. Add lines 11a-11d

Total revenue. See instructions.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  Check if Schedule O contains a response or note to any line in this Part IX											
		(A)		(C)	(D)						
7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations	600 000	500 000								
	and domestic governments. See Part IV, line 21	629,093.	629,093.								
2	Grants and other assistance to domestic	40 - 6-	40 555								
	individuals. See Part IV, line 22	48,567.	48,567.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,	117 070	70 174	20 055	11 041						
	trustees, and key employees	117,070.	72,174.	32,955.	11,941.						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	202 224	141 576	F0 202	02 445						
7	Other salaries and wages	283,224.	141,576.	58,203.	83,445.						
8	Pension plan accruals and contributions (include	12 200	6 400	2 021	2 060						
_	section 401(k) and 403(b) employer contributions)	12,399. 36,574.	6,409. 16,195.	3,021. 6,346.	2,969. 14,033.						
9	Other employee benefits	36,574.	17,941.	8,131.	7,615.						
10	Payroll taxes	33,007.	11,541.	0,131.	7,013.						
11	Fees for services (non-employees):										
a	Management	20,538.	10,973.	9,565.							
D	Legal	39,555.	10,575.	39,555.							
	Accounting	37,333.		37,333.							
	Lobbying Professional fundraising services. See Part IV, line 17										
f	Investment management fees	15,458.	4,250.	11,208.							
g g		23,1331	1,2000	22,2001							
9	column (A) amount, list line 11g expenses on Sch O.)	11,415.	5,000.	6,415.							
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties	20 E44		20 544							
16	Occupancy	30,544. 14,030.	11 240	30,544.	2 222						
17	Travel	14,030.	11,249.	440.	2,333.						
18	Payments of travel or entertainment expenses for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	1,303.		1,303.							
23	Insurance										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	Other	105,417.	90,767.	12,814.	1,836.						
b	Patient care	41,481.	41,060.	130.	291.						
С	Supplies	17,719.	14,461.	2,529.	729.						
d	Communications	4,437.	2,854.	1,102.	481.						
е	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	1,462,511.	1,112,569.	224,269.	125,673.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				5 <b>000</b> (2010)						

Pai	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	/ line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			168,554.	1	107,839.
	2	Savings and temporary cash investments			188,888.	2	74,886.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			244,232.	4	406,772.
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqualif					
		section 4958(f)(1)), persons described in section	4958(c	)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 501	(c)(9) voluntary			
S		employees' beneficiary organizations (see instr).	Comple	ete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7		
ğ	8	Inventories for sale or use				8	
	9	B			1,920.	9	6,746.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	78,892. 77,142.			
	b	Less: accumulated depreciation	10b	77,142.	5,551.	10c	1,750.
	11	Investments - publicly traded securities		335,304.	11	1,750. 384,701. 1,436,533.	
	12	Investments - other securities. See Part IV, line 1			1,315,303.	12	1,436,533.
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must equa			2,259,752.	16	2,419,227. 332,122.
	17	Accounts payable and accrued expenses		332,264.	17	332,122.	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV	of Schedule D		21	
S	22	Loans and other payables to current and former					
≝		key employees, highest compensated employee	s, and o	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pages)					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D			220 064	25	220 100
	26	Total liabilities. Add lines 17 through 25			332,264.	26	332,122.
		Organizations that follow SFAS 117 (ASC 958		k here   X and			
es		complete lines 27 through 29, and lines 33 an			1 060 046		1 000 454
anc	27	Unrestricted net assets			1,868,246. 59,242.	27	1,992,454. 94,651.
Bal	28	Temporarily restricted net assets			59,242.	28	94,031.
b	29					29	
ß		Organizations that do not follow SFAS 117 (AS	SC 958	), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.				00	
set	30	Capital stock or trust principal, or current funds				30	
As	31	Paid-in or capital surplus, or land, building, or eq				31	
ét	32	Retained earnings, endowment, accumulated inc			1,927,488.	32	2,087,105.
	33	Total net assets or fund balances			2,259,752.	33	2,419,227.
	34	Total liabilities and net assets/fund balances			4,433,134.	34	<u> </u>

Both consolidated and separate basis

Х

за Х

Form 990 (2016)

**2**c

X Separate basis

Consolidated basis

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. **3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

review, or compilation of its financial statements and selection of an independent accountant?

Act and OMB Circular A-133?

#### SCHEDULE A

Department of the Treasury

Internal Revenue Service

Total

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** Great Lakes Hemophilia Foundation, 23-7367636 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

# Schedule A (Form 990 or 990-EZ) 2016 Great Lakes Hemophilia Foundation, Inc. 23-7367636 Page 2 | Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	<b>(b)</b> 2013	<b>(c)</b> 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1338078.	1383923.	1493298.	1374125.	1477380.	7066804.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1338078.	1383923.	1493298.	1374125.	1477380.	7066804.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						19,142.
	Public support. Subtract line 5 from line 4.						7047662.
Sec	ction B. Total Support	·			T		
	ndar year (or fiscal year beginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	1338078.	1383923.	1493298.	1374125.	1477380.	7066804.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	24,525.	25,484.	27,429.	29,282.	32,142.	138,862.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						5005666
11	<b>Total support.</b> Add lines 7 through 10						7205666.
12	Gross receipts from related activities,	•	,			12	499,761.
13	First five years. If the Form 990 is for	-			-		
80	organization, check this box and storection C. Computation of Publi	o here Der	centage				<b>P</b>
	-			- L (f))		44	97.81 %
	Public support percentage for 2016 (I					15	
15	Public support percentage from 2015 33 1/3% support test - 2016. If the control of the control o						
102	stop here. The organization qualifies						
r	33 1/3% support test - 2015. If the o						
~	and <b>stop here.</b> The organization qual						
17:	10% -facts-and-circumstances test						
170	and if the organization meets the "fac	_					
	meets the "facts-and-circumstances"			-	· · · · · · · · · · · · · · · · · · ·	_	
r	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•		•		•
18	Private foundation. If the organization			•	,		

# Schedule A (Form 990 or 990-EZ) 2016 Great Lakes Hemophilia Foundation, Inc. 23-7367636 Page 3 | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Sur	port	ow, piedoc comp	nete i art ii.j				
Calendar year (or fiscal year b	eginning in)	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contribut membership fees receinclude any "unusual g	ions, and ved. (Do not	• • • • • • • • • • • • • • • • • • • •	, ,				
2 Gross receipts from ac merchandise sold or so formed, or facilities fur any activity that is rela organization's tax-exer	ervices per- nished in ted to the						
3 Gross receipts from ac are not an unrelated trainess under section 51	ade or bus-						
4 Tax revenues levied fo ization's benefit and ei or expended on its ber	ther paid to						
5 The value of services of furnished by a government the organization without	or facilities nental unit to						
6 Total. Add lines 1 thro	ugh 5						
<b>7a</b> Amounts included on I 3 received from disqua	′′′						
<b>b</b> Amounts included on lines 2 are from other than disqualified pe exceed the greater of \$5,000 or amount on line 13 for the year	rsons that r 1% of the						
c Add lines 7a and 7b							
8 Public support. (Subtract Section B. Total Supp	line 7c from line 6.)						
Calendar year (or fiscal year b	T	(a) 2012	<b>(b)</b> 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
• • • • • •	· · · / F	(a) 2012	(b) 2013	(6) 2014	(u) 2013	(6) 2010	(i) Total
10a Gross income from interdividends, payments resecurities loans, rents, and income from similar	eceived on royalties						
<b>b</b> Unrelated business taxab							
(less section 511 taxes) for acquired after June 30, 19							
c Add lines 10a and 10b							
11 Net income from unrel activities not included whether or not the bus regularly carried on	ated business in line 10b,						
Other income. Do not in or loss from the sale of assets (Explain in Part	capital						
13 Total support. (Add lines 9,	10c, 11, and 12.)						
14 First five years. If the	Form 990 is for t	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiza	ation,
check this box and sto							<b>&gt;</b>
Section C. Computat							
15 Public support percent	tage for 2016 (lin	e 8, column (f) di	vided by line 13, c	olumn (f))		15	%
16 Public support percent			•			16	%
Section D. Computat	ion of Invest	ment Income	Percentage				
17 Investment income per	centage for 201	6 (line 10c, colur	mn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income per	centage from 20	<b>015</b> Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests						33 1/3%, and line 1	7 is not
more than 33 1/3%, ch	eck this box and	stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	<b>&gt;</b> □
b 33 1/3% support tests line 18 is not more tha		· ·				ore than 33 1/3%, a	and
20 Private foundation. If			· ·	•		-	

# Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?  b A family member of a person described in (p) active?  c A 35% controlled critic of a person described in (p) or (b) above? If "Yea" in a, b, or c, provide detail in Part VI.  11b		dule A (Form 990 or 990-EZ) 2016 Great Lakes Hemophilia Foundation, Inc. 23-73	6763	6 Ра	age 5
11 Has the organization accepted a gift or contribution from any of the following persons?  a A person who directly or inforticy controls, either abone or together with persons described in (b) and (c) below, the governing body of a supported organization?  11 De A strike controlled entitly of a person described in (ig) above? If "Yea" in a, b, or c, provide detail in Part VI.  11 De A strike controlled entitly of a person described in (ig) above? If "Yea" in a, b, or c, provide detail in Part VI.  12 Del the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organizations directors or trustees at all times during the tax year? If "No," describe in Part VI in ow the supported organization is directors or trustees at all times during the tax year? If "No," describe in Part VI in ow the supported organization of organization organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during that year, and organization and what conditions or restrictions, if any, applied to such powers during the tax year.  1	Pa	rt IV   Supporting Organizations (continued)			
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<ul> <li>a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i>.</li> <li>b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each</li> </ul>	-	· · · · · · · · · · · · · · · · · · ·	2b		
trustees of each of the supported organizations? <i>Provide details in Part VI</i> . <b>a b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а				
	L		3a		
THE ADDRESS OF THE PROPERTY OF	D	of its supported organizations? If "Ves." describe in Part VI, the role played by the organization in this regard	3b		

Sche <b>Pa</b> i	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. A
•	other Type III non-functionally integrated supporting organizations must co	•		are vi., coo moa doublior vi
Sect	on A - Adjusted Net Income	<u> </u>	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

	edule A (Form 990 or 990-EZ) 2016 Great Lakes				3-7367636	Page 7
Par	rt V Type III Non-Functionally Integrated 5	09(	a)(3) Supporting Orga	nizations <sub>(continued)</sub>		
Secti	tion D - Distributions				Current Yea	ar
1	Amounts paid to supported organizations to accomplish	exer	mpt purposes			
2	Amounts paid to perform activity that directly furthers exe	emp	t purposes of supported			
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purp	ose	s of supported organizations	3		
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions	;				
7	Total annual distributions. Add lines 1 through 6					
8	Distributions to attentive supported organizations to which	ch th	e organization is responsive			
	(provide details in Part VI). See instructions					
9	Distributable amount for 2016 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount					
Secti	tion E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributabl Amount for 2	
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016 (reason-	.				
	able cause required- explain in Part VI). See instructions					
3	Excess distributions carryover, if any, to 2016:					
a						
b						
	From 2013					
	From 2014					
	From 2015					
	Total of lines 3a through e					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
ï	Carryover from 2011 not applied (see instructions)					
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2016 from Section D,					
•	line 7: \$					
	Applied to underdistributions of prior years					
	Applied to 2016 distributable amount					
	Remainder. Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2016, if					
•	any. Subtract lines 3g and 4a from line 2. For result great	er				
	than zero, explain in Part VI. See instructions					
6	Remaining underdistributions for 2016. Subtract lines 3h					
Ū	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions	.				
7	Excess distributions carryover to 2017. Add lines 3					
•	and 4c					
8	Breakdown of line 7:					
a						
	Excess from 2013					
	Excess from 2014					
	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2016

e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 2016	Great Lakes	Hemophilia	Foundation,	Inc. 23-	7367636 Page 8
Part VI	Part IV, Section A, lines 1, 2 line 1; Part IV, Section D, lin	, 3b, 3c, 4b, 4c, 5a, 6 es 2 and 3; Part IV, S	i, 9a, 9b, 9c, 11a, 11b, ection E, lines 1c, 2a, 2	and 11c; Part IV, Sectio 2b, 3a, and 3b; Part V, lii	n B, lines 1 and 2; F ne 1; Part V, Sectior	art IV, Section C, B, line 1e; Part V,
	Section D, lines 5, 6, and 8; (See instructions.)	and Part V, Section E	=, lines ∠, 5, and 6. Also	complete this part for a	any additional inform	nation.

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

Name of the organization

**Employer identification number** 

Great Lakes Hemophilia Foundation, Inc. 23-7367636

Organization type (check one):						
Filers of	<del>!</del> :	Section:				
Form 99	0 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: O	nly a section 501(c)(	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1. Complete Parts I and II.				
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2016) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

# Great Lakes Hemophilia Foundation, Inc.

23-7367636

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 100,726.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$2,950.	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	\$ 34,500.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

# Great Lakes Hemophilia Foundation, Inc.

23-7367636

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			
		\$				

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2016) Name of organization Employer identification number Great Lakes Hemophilia Foundation, Inc.

Part III

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

16 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Great Lakes Hemophilia Foundation, Inc. **Employer identification number** 23-7367636

Pa	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lir		S OF ACCOUNTS. Complete if the
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of		
<u> </u>	impermissible private benefit?		Yes No
Pa			, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а			
b			
С	Number of conservation easements on a certified historic str		
d	Number of conservation easements included in (c) acquired	•	l l
	listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ear		-
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	nservation easements during the year
_	<u> </u>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easements during the year
_	<b>&gt;</b> \$		2(1)/4//D)(2)
8	Does each conservation easement reported on line 2(d) above	•	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati	·	· · · · · · · · · · · · · · · · · · ·
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organization's accounting for
Pai	conservation easements.  † III   Organizations Maintaining Collections or	f Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form		anor ommar 7.000tor
1a	If the organization elected, as permitted under SFAS 116 (AS		ment and balance sheet works of art
·u	historical treasures, or other similar assets held for public ext	•	
	the text of the footnote to its financial statements that descri		and of public service, provide, in Fait Ain,
b	If the organization elected, as permitted under SFAS 116 (AS		at and halance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	relating to these items:	ducation, or research in furtherance of pe	able service, provide the following amounts
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
2	If the organization received or held works of art, historical tre	pasures or other similar assets for financi	
~	the following amounts required to be reported under SFAS 1		ai gaili, piovide
9	Revenue included on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	<b>&gt;</b> \$
a	Assets included in Form 990, Part X		s
· ·			

		akes Hemoph						67636		ige Z
	organizations maintaining s							,		
3	Using the organization's acquisition, accessi	on, and other records	s, check any of t	ne following that	t are a sign	ificant use	of its co	ollection i	ems	
	(check all that apply):									
а	Public exhibition	d		exchange progra						
b	Scholarly research	е	Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co						in Part I	XIII.		
5	During the year, did the organization solicit of							,		,
	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arran		ete if the organiz	ation answered	"Yes" on F	orm 990, P	art IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi		•					1		1
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					_		
								Amount		
	Beginning balance					1c				
d	Additions during the year					1d				
е	Distributions during the year					1e				
f	Ending balance					1f		1.,	$\overline{}$	1
2a	Did the organization include an amount on F				-	?	∟	Yes	$\vdash$	No
Par	If "Yes," explain the arrangement in Part XIII.									
ı aı	t V Endowment Funds. Complete							(-) Farm		
4.	Designation of consultations	(a) Current year	(b) Prior year	(c) Two yea	rs dack (c	I) Three year	'S DACK	(e) Four y	<u>rears t</u>	раск
	Beginning of year balance									—
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, columr	ı (a)) held as:						
	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held	l and administe	red for the	organizatio	n	_	—	
	by:							\	Yes	No
	(i) unrelated organizations							3a(i)	$\dashv$	
								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Schedule	₹?				3b	Ш	
4_	Describe in Part XIII the intended uses of the		wment funds.							
Par	t VI Land, Buildings, and Equipm	ent.								
	Complete if the organization answere	d "Yes" on Form 990	<u> </u>		, Part X, lin	ne 10.				
	Description of property	(a) Cost or o basis (investn		ost or other sis (other)	, ,	cumulated eciation		(d) Book	value	;
1a	Land									
b	Buildings									
С	Leasehold improvements									
	Equipment			78,892.	-	77,142	2.	1	,75	0.
	Other									
Total	. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	X. column (B), lin	e 10c.)			<b>&gt;</b>	1	,75	<u>.</u> 0

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Great Lakes Part VII Investments - Other Securities.	Hemophilia Fo	oundation, Inc. 2	23-7367636 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) T. Rowe Price Short Term			
(B) Bond Fund	252,560.	End-of-Year Marke	t Value
(C) Vanguard TOT Bond Mkt			
(D) Index Signal	293,830.	End-of-Year Marke	t Value
(E) Vanguard Fixed Inc Short			
(F) Term Corp Admiral Shares	479,353.	End-of-Year Marke	t Value
(G) Vanguard Index TR 500			
(H) Admiral Series	305,786.	End-of-Year Marke	t Value
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,436,533.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or e	end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line    Part X   Other Liabilities.	e 15.)		<b>&gt;</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line	25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

-82,281.

Cost of goods sold

Direct Expenses of Special Events

Schedule D (Form 990) 2016 Great Lakes Hemophilia Foundation, Inc.  Part XIII   Supplemental Information (continued)	23-7367636 Page 5
In-kind donations	23,115.
Total to Schedule D, Part XI, Line 4b	-64,691.
Part XII, Line 2d - Other Adjustments:	
Direct Expenses of Special Events	82,281.
Cost of good sold	5,525.
In-kind donations	-23,115.
Total to Schedule D, Part XII, Line 2d	64,691.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.							
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value					
Goldman Sachs Prime Obligation Inst Money							
Market Fund	105,004.	FMV					
	·						

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number Great Lakes Hemophilia Foundation, 23-7367636 Inc. Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 Great Lakes Hemophilia Foundation, Inc. 23-7367636 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Hemophilia (add col. (a) through Walks Best Bloody col. (c)) (event type) (event type) (total number) 82,121. 84,463. 44,274. 210,858. 1 Gross receipts 73,581. 54,606. 19,822. 148,009. 2 Less: Contributions 8,540. 24,452. 3 Gross income (line 1 minus line 2) 29,857. 62,849. 4 Cash prizes 8,115. 1,600. 9,715. 5 Noncash prizes Direct Expenses 9,720. 6 Rent/facility costs 1,604. 5,029. 16,353. 32,895. 1,000. 28,030. 3,865. 7 Food and beverages 8 Entertainment 9,633. 6,906. 6,779. 23,318. 9 Other direct expenses ..... 82,281. **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) -19,432.Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) ...... **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: \_ 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

Sch	edule G (Form 990 or 990 EZ) 2016 Great Lakes Hemophilia Foundation, Inc. 23-7	136763	6 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	Yes	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	s No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	90
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	s No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Gaining manager compensation 🚩 🧳		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	•		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	S L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
_	organization's own exempt activities during the tax year > \$		
Pa	<b>TIV</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	nes 9, 9b, <sup>.</sup>	10b, 15b,
	. 55, 15, and 17 5, as approached, 7 100 provide any additional information. Occ molitotions		

Schedule G	i (Form 990 or 990-EZ)	Great	Lakes	Hemophilia	Foundation,	Inc.	23-7367636	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation <sub>(cc</sub>	ontinued)					

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

➤ Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Great Lak	es Hemoph	ilia Founda	tion, Inc.				23-7367636
Part I General Information on Grants a			•				
Does the organization maintain records or criteria used to award the grants or assis     Describe in Part IV the organization's property II Grants and Other Assistance to recipient that received more than S	stance? ocedures for monit Domestic Organia	coring the use of grant	funds in the United	States.			X Yes N
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BloodCenter of Wisconsin							To provide outreach and care through the
P.O. Box 2178							hemophilia treatment
Milwaukee, WI 53201	39-0807235	501(c)(3)	103,609.	0.			center network and
							To provide outreach and
Gundersen Clinic							care through the
1836 South Avenue							hemophilia treatment
La Crosse, WI 54301	39-1028657	501(c)(3)	27,796.	0.			center network and
							To provide outreach and
Hemophilia Outreach of Wisconsin							care through the
Foundation - 2060 Bellevue Street							hemophilia treatment
- Green Bay, WI 54311	39-1858104	501(c)(3)	41,208.	0.			center network and
							To provide outreach and
University of Wisconsin Hospitals							care through the
and Clinics - 600 Highland Avenue							hemophilia treatment
- Madison, WI 53792	39-1835630	501(c)(3)	39,053.	0.			center network and
							To provide outreach and
Sanford Research							care through the
1305 W 18th Street							hemophilia treatment
Sioux Falls, SD 57117	46-0450378	501(c)(3)	51,131.	0.			center network and
							To provide outreach and
John H. Stroger, Jr. Hospital							care through the
627 South Wood Street							hemophilia treatment
Chicago, IL 60612	36-6006541	501(c)(3)	26,411.	0.			center network and
2 Enter total number of section 501(c)(3) a	nd government or	ganizations listed in th	ne line 1 table				<b></b>
3 Enter total number of other organization	s listed in the line	1 table					<u> </u>

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Scho	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
							To provide outreach and
Comprehensive Bleeding Disorders							care through the
Center - 6811 Knoxville Suite -							hemophilia treatment
Peoria, IL 61614	37-1361264	501(c)(3)	49,241.	0.			center network and
							To provide outreach and
Rush University Medical Center							care through the
1653 West Congress Pkwy							hemophilia treatment
Chicago, IL 60612	36-2174823	501(c)(3)	64,775.	0.			center network and
·							To provide outreach and
Northwestern University							care through the
750 N Lakeshore Drive							hemophilia treatment
Chicago, IL 60611	36-2167817	501(c)(3)	43,442.	0.			center network and
,			,				To provide outreach and
Children's Hospitals & Clinics of							care through the
Minnesota - 2525 Chicago Avenue							hemophilia treatment
South - Minneapolis, MN 55404	41-1754276	501(c)(3)	48,029.	0.			center network and
- ,			,				To provide outreach and
Mayo Clinic Rochester							care through the
200 First Street SW							hemophilia treatment
Rochester, MN 55905	41-6011702	501(c)(3)	42,766.	0.			center network and
,			== /				To provide outreach and
University of Minnesota, Fairview							care through the
2200 Riverside Avenue							hemophilia treatment
Minneapolis, MN 55454	41-0991680	501(c)(3)	46,145.	0.			center network and
,							To provide outreach and
Lurie's Children's Hospital							care through the
2300 Children's Plaza Box 205							hemophilia treatment
Chicago, IL 60614	36-2170833	501(c)(3)	45,485.	0.			center network and
m104g0, 11 00011	30 2170033	301(0)(3)	13,103.	•			CONCOL NOUNCEN UNG

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Medical bills	19	10,471.	0.		
Basic living support	128	11,429.	0.		
nsurance	12	16,667.	0.		
cholarships	11	10,000.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

# Part I, Line 2:

assistance to offset medical bills, insurance costs and travel to medical
appointments and clinics. Individuals are categorized by federal poverty

level based on income statements. Grant amounts are adjusted based on the

poverty level of the individual. Invoices are required for payment. Most

payments are made directly to the healthcare provider or insurance company
on behalf of the individual. Travel expenses are supported through small

gas cards and taxi vouchers and distributed by the treatment centers when

individuals have appointments.

Educational scholarships and camp scholarships require application by individuals. Educational scholarship recipients must send verification of acceptance by the educational institution. Scholarship awards are sent directly to the institution. Recipients are required to submit semester-end grades to complete the process and be considered for future assistance. Camp scholarship requests are submitted prior to camp. GLHF offers a WI camp for kids in Camp Klotty Pine. The camp submits invoices directly to GLHF. GLHF makes payments directly to the camp on behalf of the individuals.

Financial support is provided to individuals to assist with basic living

needs in extraordinary circumstances. GLHF requires household income

statements and verification of outstanding bills to consider assistance

appropriateness and assistance level. In most instances payments are made

directly to a service provider or support is provided through gift cards to

grocery stores.

The federal grants are administered to the specifications and requirements of HRSA and the CDC. Staff has frequent contact with grantees and reports are required. Payments are made when invoices are submitted by the grantees. A full accounting of the grant is submitted with the required level of detail to the governmental agencies at the end of the year.

## Part II, line 1, Column (h):

Name of Organization or Government: BloodCenter of Wisconsin

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

research to prevent complications.

Comprehensive Bleeding Disorders Center

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

Name of Organization or Government: Rush University Medical Center

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

Name of Organization or Government: Northwestern University

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

Name of Organization or Government:

Children's Hospitals & Clinics of Minnesota

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

Name of Organization or Government: Mayo Clinic Rochester

(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

Name of Organization or Government: University of Minnesota, Fairview

(h) Purpose of Grant or Assistance: To provide outreach and care through

Schedule I (Form 990) Great Lakes Hemophilia Foundation, Inc. 23-7367636 Page 2  Part IV Supplemental Information
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.
Name of Organization or Government: Lurie's Children's Hospital
(h) Purpose of Grant or Assistance: To provide outreach and care through
the hemophilia treatment center network and conduct surveillance and
research to prevent complications.

### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

OMB No. 1545-0047

Inspection

Name of the organization

Great Lakes Hemophilia Foundation, Inc. **Employer identification number** 23-7367636

Form 990, Part I, Line 1, Description of Organization Mission:
Wisconsin.
Form 990, Part III, Line 4a, Program Service Accomplishments:
in-patient-days, increased numbers of patients with third-party
coverage, lower cost of care, and decreased health care resource
utilization. More importantly, studies indicate that persons receiving
care through the hemophilia treatment center network have a 40%
reduction in risk of death despite having more severe clinical symptoms
compared to those receiving non-treatment-center care.
Form 000 Pout III line As Duomon Gourise Assemblishments.
Form 990, Part III, Line 4c, Program Service Accomplishments:
potentially undiagnosed conditions.
GLHF also supports a strong volunteer advocacy program which educates
legislators and other public officials on the interests and challenges
related to public policy issues.
Form 990, Part III, Line 4d, Other Program Services:
Community Services and Professional Education and Training:
GLHF provides a variety of opportunities for individuals with bleeding
disorders. Family education and fun weekend, men's groups, and youth
programs provide individuals with bleeding disorders an opportunity to
network with other families experiencing similar issues. Camp
scholarships are provided to youth - where they often learn to infuse  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

**Employer identification number** 

Great Lakes Hemophilia Foundation, Inc. 23-7367636

and therefore gain independence and where they can be among other kids

with bleeding disorders. Educational scholarships are also made

available to assist individuals with bleeding disorders gain meaningful

education which in turn leads to job skills that will allow them to

gain employment with health insurance benefits.

Individuals with challenging financial situations may apply for

financial assistance through GLHF. Many individuals with bleeding

disorders are at or just above the federal poverty levels. GLHF

provides assistance to ensure individuals with bleeding disorders can

retain health insurance coverage by assisting with COBRA payments,

application fees to state high risk insurance plan options and

insurance premiums. In addition, funds are available to assist with

medical bills and basic living needs.

GLHF is committed to assessing regional training needs and provide

training opportunities in its role as the regional core center. As the

regional core center, staff provides technical assistance with

hemophilia treatment center staff training using a variety of

techniques. New personnel training is carried out: 1) by staff

exchange; 2) through on-the-job training by other team members during

team meetings and clinic using a defined set of demonstrated skills and

knowledge; 3) at professional meetings; 4) at the CDC sponsored

Partners Program and/or Provider Shadow Program; and 5) through contact

with other professionals on a state, regional, and national level. For

new staff, documentation of achieved knowledge and skills is carried

out at the local level for all disciplines except physical therapy.

Physical therapists are tested-out on their range of motion measurement

skills at the regional meeting.

Name of the organization

Great Lakes Hemophilia Foundation, Inc.

Employer identification number
23-7367636

As the regional core center, GLHF is also committed to helping

experienced staff update their knowledge and skills by providing

ongoing opportunities for professional training and growth. These

opportunities include, but are not limited to, sponsoring staff

attendance at the annual NHF meeting, providing disciple-specific

symposia, and biennial regional meetings.

Expenses \$ 234,152. including grants of \$ 192,222. Revenue \$ 40,500.

Form 990, Part VI, Section A, line 2:

Dr. Robert Montgomery and Dr. Gilbert White have a business relationship.

Form 990, Part VI, Section B, line 11b:

All board members will have an opportunity to review the document prior to filing. The Form 990 will be reviewed by the executive director and electronically distributed to the finance committee and board of directors in draft form for review. If filing deadlines permit, the Form 990 will be approved at a board meeting.

Form 990, Part VI, Section B, Line 12c:

The organization implements an annual certification. Compliance is self-monitored and board members have consistently held themselves, and each other, to high standards of abstaining during discussion and voting on issues with which they either have, or may be perceived to have, a conflict.

Form 990, Part VI, Section B, Line 15a:

Name of the organization  Great Lakes Hemophilia Foundation, Inc.	Employer identification number 23-7367636
Yes. Salary range information for executive directors by	organization size
and area of focus was obtained from the Nonprofit Center of	of Milwaukee. The
salary range information was reviewed with the Executive C	ommittee and
after discussion and deliberation, an appropriate salary r	ange was defined.
The salary of the Executive Director meets the range as de	fined.
Form 990, Part VI, Section C, Line 19:	
Governing documents, conflict of interest policy and finan	cial statements
are available to the public upon request.	
Form 990, Part XI, line 9, Changes in Net Assets:	
Rounding	-2.