

Form **990****Return of Organization Exempt From Income Tax**

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

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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

<b>A</b> For the 2014 calendar year, or tax year beginning <u>                    </u> and ending <u>                    </u>		<b>D</b> Employer identification number	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Information <input type="checkbox"/> First return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>HAITI MEDICAL MISSION OF WISCONSIN</b>		<b>03-0527084</b>
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite		<b>608-356-8927</b>
	<b>125 15TH AVENUE</b>		
	City or town, state or province, country, and ZIP or foreign postal code		<b>252,383</b>
<b>BARABOO WI 53913-1321</b>		<b>g</b> Gross receipts <b>252,383</b>	
<b>F</b> Name and address of principal officer <b>KATHY ROBERG</b> <b>125 15TH AVENUE</b> <b>BARABOO WI 53913</b>		<b>f</b> Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>g</b> Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>1</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) <input type="checkbox"/> 527 (insert no.) <input type="checkbox"/> 4947(a)(1) <input type="checkbox"/> 527		<b>h</b> Group exemption number <b>                    </b>	
<b>2</b> Website: <b>HAITIMEDICALMISSION.COM</b>		<b>i</b> Year of formation <b>2002</b> <b>m</b> State of legal domicile <b>WI</b>	
<b>3</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>                    </b>			

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>MEDICAL CARE FOR HAITI</b>	
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	<b>3</b> Number of voting members of the governing body (Part VII, line 1a)	<b>11</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>11</b>
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>2</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>39</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>0</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>0</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VII, line 1h)	Prior Year <b>147,166</b> Current Year <b>251,956</b>
	<b>9</b> Program service revenue (Part VII, line 2g)	<b>0</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>657</b> <b>427</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 8d, 8c, 9c, 10c, and 11e)	<b>0</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12)	<b>147,823</b> <b>252,383</b>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>20,691</b> <b>29,456</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>58,161</b> <b>61,844</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11a)	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <b>12,528</b>	
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11c, 11f-24e)	<b>71,381</b> <b>159,660</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>150,233</b> <b>250,960</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-2,410</b> <b>1,423</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 18)	Beginning of Current Year <b>250,942</b> End of Year <b>253,054</b>
	<b>21</b> Total liabilities (Part X, line 20)	<b>1,278</b> <b>1,967</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>249,664</b> <b>251,087</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date		
	<b>KATHY ROBERG</b> Type or print name and title	<b>VICE PRESIDENT</b>		
<b>Preparer</b>	Print preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if PPS
<b>Use Only</b>	<b>JULIE KOLLATH</b>		<b>08/13/15</b>	<input type="checkbox"/> self-employed <input type="checkbox"/> not self-employed
	Firm name <b>KOLLATH &amp; ASSOCIATES, CPA LLC</b>	Firm EIN <b>26-2064862</b>		
	421 WATER ST., STE. 111			
	Post address <b>PRAIRIE DU SAC, WI 53562</b>	Phone no. <b>608-644-0206</b>		

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)