

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.

OMB No. 1545-0047

2014

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

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| A For the 2014 calendar year, or tax year beginning <u> </u> and ending <u> </u> | | D Employer identification number |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | C Name of organization HAITI MEDICAL MISSION OF WISCONSIN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 125 15TH AVENUE City or town, state or province, country, and ZIP or foreign postal code BARABOO WI 53913-1321 | E Telephone number 608-356-8927 G Gross receipts 252,383 |
| F Name and address of principal officer KATHY ROBERG 125 15TH AVENUE BARABOO WI 53913 | | H Is this a group return for subsidiaries? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> I Are all subsidiaries included? Yes <input type="checkbox"/> No <input type="checkbox"/> (If "No," attach a list. (see instructions)) |
| J Website HAITIMEDICALMISSION.COM | | K Group exemption number |
| L Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/> | | M Year of formation 2002 N State of legal domicile WI |

Part I Summary

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

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.

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|--|---|-------------------------------|----------------------------------|--|--------------------------|
| Sign Here | Signature of officer KATHY ROBERG | Date | | | |
| | Type or print name and title VICE PRESIDENT | | | | |
| Preparer | Print preparer's name JULIE KOLLATH | Preparer's signature | Date 08/13/15 | Check <input checked="" type="checkbox"/> PPS self-employed | PTIN 903388780 |
| Use Only | Firm name KOLLATH & ASSOCIATES, CPA LLC | Firm EIN 26-2064862 | Phone no. 608-644-0206 | | |
| May the IRS discuss this return with the preparer shown above? (see instructions) <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |

For Paperwork Reduction Act Notice, see the separate instructions.
GAAForm **990** (2014)