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60482

Form **990-PF**

Department of the Treasury
Internal Revenue Service

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

2009

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return ☐ Amended return ☐ Address change ☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.

Name of foundation
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC

Number and street (or P O. box number if mail is not delivered to street address) | Room/suite
2060 BELLEVUE STREET

City or town, state, and ZIP code
GREEN BAY WI 54311

A Employer identification number
39-1858104

B Telephone number (see page 10 of the instructions)
920-965-0606

C If exemption application is pending, check here ▶ ☐

D 1. Foreign organizations, check here ▶ ☐
2. Foreign organizations meeting the 85% test, check here and attach computation ▶ ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ ☐

H Check type of organization: ☒ Section 501(c)(3) exempt private foundation ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col (c), line 16) ▶ $ 11,259,227

J Accounting method: ☐ Cash ☒ Accrual ☐ Other (specify) (Part I, column (d) must be on cash basis.)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received (attach schedule)	25,609			
2	Check ▶ ☐ if the foundation is not required to attach Sch B				
3	Interest on savings and temporary cash investments	43,156	43,156	43,156	
4	Dividends and interest from securities	15,184	15,184	15,184	
5a	Gross rents				
b	Net rental income or (loss)				
6a	Net gain or (loss) from sale of assets not on line 10				
b	Gross sales price for all assets on line 6a				
7	Capital gain net income (from Part IV, line 2)		0		
8	Net short-term capital gain			0	
9	Income modifications				
10a	Gross sales less returns & allowances 6,447,292				
b	Less: Cost of goods sold 4,863,999				
c	Gross profit or (loss) (attach schedule) STMT 1	1,583,293		1,583,293	
11	Other income (attach schedule) STMT 2	8,544		8,544	
12	**Total.** Add lines 1 through 11	1,675,786	58,340	1,650,177	
13	Compensation of officers, directors, trustees, etc.	85,349		85,349	
14	Other employee salaries and wages	366,733		127,850	238,883
15	Pension plans, employee benefits	98,022		46,555	51,467
16a	Legal fees (attach schedule)				
b	Accounting fees (attach schedule)				
c	Other professional fees (attach schedule) STMT 3	22,945	7,541	13,863	1,540
17	Interest				
18	Taxes (attach schedule) (see page 14 of the instructions) STMT 4	2,921		2,921	
19	Depreciation (attach schedule) and depletion STMT 5	65,734		64,926	
20	Occupancy	19,178		15,151	4,027
21	Travel, conferences, and meetings				
22	Printing and publications				
23	Other expenses (att. sch) STMT 6	200,511		124,349	72,228
24	**Total operating and administrative expenses.** Add lines 13 through 23	861,393	7,541	480,964	368,145
25	Contributions, gifts, grants paid	71,600			71,600
26	**Total expenses and disbursements.** Add lines 24 and 25	932,993	7,541	480,964	439,745
27	Subtract line 26 from line 12:				
a	**Excess of revenue over expenses and disbursements**	742,793			
b	**Net investment income** (if negative, enter -0-)		50,799		
c	**Adjusted net income** (if negative, enter -0-)			1,169,213	

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)

			Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing	164	297	297
	2	Savings and temporary cash investments	1,352,403	2,771,761	2,771,761
	3	Accounts receivable ▶ 1,001,267 Less: allowance for doubtful accounts ▶ 130,165	1,516,613	871,102	871,102
	4	Pledges receivable ▶ Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 16 of the instructions)			
	7	Other notes and loans receivable (att. schedule) ▶ Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use	604,916	847,936	847,936
	9	Prepaid expenses and deferred charges	15,766	14,124	14,124
	10a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule) SEE STMT 7	3,778,862	4,616,094	4,616,094
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach sch) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment basis ▶ 2,137,913 Less accumulated depreciation (attach sch) ▶ STMT 8 160,942	2,023,977	1,976,971	2,137,913
	15	Other assets (describe ▶)			
	16	**Total assets** (to be completed by all filers—see the instructions Also, see page 1, item I)	9,292,701	11,098,285	11,259,227
Liabilities	17	Accounts payable and accrued expenses	366,829	602,864	
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶ SEE STATEMENT 9)	8,568	5,731	
	23	**Total liabilities** (add lines 17 through 22)	375,397	608,595	
Net Assets or Fund Balances		**Foundations that follow SFAS 117, check here ▶ [X] and complete lines 24 through 26 and lines 30 and 31.**			
	24	Unrestricted	8,917,304	10,489,690	
	25	Temporarily restricted			
	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here ▶ [ ] and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
	30	**Total net assets or fund balances** (see page 17 of the instructions)	8,917,304	10,489,690	
	31	**Total liabilities and net assets/fund balances** (see page 17 of the instructions)	9,292,701	11,098,285	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	8,917,304
2	Enter amount from Part I, line 27a	2	742,793
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 10	3	829,593
4	Add lines 1, 2, and 3	4	10,489,690
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	10,489,690

Part IV Capital Gains and Losses for Tax on Investment Income

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

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

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

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

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions). If (loss), enter -0- in Part I, line 8	3	

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

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

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

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

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

1 Enter the appropriate amount in each column for each year; see page 18 of the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	205,945	6,152,282	0.033475
2007	2,239,188	5,328,724	0.420211
2006	799,553	5,471,689	0.146125
2005	482,563	4,802,333	0.100485
2004	521,394	4,708,938	0.110724

2	Total of line 1, column (d)	2	0.811020
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.162204
4	Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	4	6,021,152
5	Multiply line 4 by line 3	5	976,655
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	508
7	Add lines 5 and 6	7	977,163
8	Enter qualifying distributions from Part XII, line 4	8	458,473

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions on page 18.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the Instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b		1	1,016
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0
3	Add lines 1 and 2		3	1,016
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	1,016
6	Credits/Payments.			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a 1,600		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d		7	1,600
8	Enter any **penalty** for underpayment of estimated tax. Check here ☒ if Form 2220 is attached		8	8
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed** ▶		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid** ▶		10	576
11	Enter the amount of line 10 to be: **Credited to 2010 estimated tax** ▶ 576 **Refunded** ▶		11	

Part VII-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ $ (2) On foundation managers. ▶ $			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ $			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ▶ WI			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9	X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address ▶ WWW.HEMOPHILIAOUTREACH.ORG

14 The books are in care of ▶ KATHLEEN AMMERMAN Telephone no ▶ 920-965-0606

2060 BELLEVUE STREET

Located at ▶ GREEN BAY, WI ZIP+4 ▶ 54311-6281

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the year ▶ 15

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

			Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? ☐ Yes ☒ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? ☒ Yes ☐ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☒ Yes ☐ No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☒ Yes ☐ No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? ☐ Yes ☒ No			
	(6) Agree to pay money or property to a government official? **(Exception.** Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) ☐ Yes ☒ No			
b	If any answer is "Yes" to 1a(1)-(6), did **any** of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009? ☐ Yes ☒ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is **not** applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to **all** years listed, answer "No" and attach statement—see page 20 of the instructions) N/A	2b		
c	If the provisions of section 4942(a)(2) are being applied to **any** of the years listed in 2a, list the years here ▶ 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? ☐ Yes ☒ No			
b	If "Yes," did it have excess business holdings in 2009 as a result of **(1)** any purchase by the foundation or disqualified persons after May 26, 1969, **(2)** the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or **(3)** the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		X

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

5a	During the year did the foundation pay or incur any amount to:				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	☐ Yes	☒ No		
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	☐ Yes	☒ No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	☐ Yes	☒ No		
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)	☐ Yes	☒ No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	☐ Yes	☒ No		
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? N/A Organizations relying on a current notice regarding disaster assistance check here ▶ ☐			5b	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	☐ Yes	☐ No		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	☐ Yes	☒ No		
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	X
	If "Yes" to 6b, file Form 8870.				
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	☐ Yes	☒ No		
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction? N/A			7b	

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

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11				

2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
KAY STREET 1279 POND VIEW CIRCLE DE PERE WI 54115	MEDICAL CARE 40.00	59,014	11,895	0
KATHLEEN AMMERMAN 241 SAVAGE ST GREEN BAY WI 54311	MEDICAL DIR 40.00	51,578	10,316	0

Total number of other employees paid over $50,000 ▶ 0

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

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over $50,000 for professional services ▶		

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1 SEE ATTACHED SUMMARY	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see page 24 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 N/A	
2	
All other program-related investments See page 24 of the instructions 3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	3,916,497
b	Average of monthly cash balances	1b	2,196,348
c	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	**Total** (add lines 1a, b, and c)	1d	6,112,845
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) — 1e: 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	6,112,845
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of the instructions)	4	91,693
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,021,152
6	**Minimum investment return.** Enter 5% of line 5	6	301,058

Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ [X] and do not complete this part.)

1	Minimum investment return from Part X, line 6		1	
2a	Tax on investment income for 2009 from Part VI, line 5	2a		
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b		
c	Add lines 2a and 2b		2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	
4	Recoveries of amounts treated as qualifying distributions		4	
5	Add lines 3 and 4		5	
6	Deduction from distributable amount (see page 25 of the instructions)		6	
7	**Distributable amount** as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1		7	

Part XII Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	439,745
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	18,728
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	**Qualifying distributions.** Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	458,473
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	0
6	**Adjusted qualifying distributions.** Subtract line 5 from line 4	6	458,473

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

Part XIII Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only				
b Total for prior years 20 ____ , 20 ____ , 20 ____				
3 Excess distributions carryover, if any, to 2009				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f **Total** of lines 3a through e				
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ $ _____				
a Applied to 2008, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)				
c Treated as distributions out of corpus (Election required—see page 26 of the instructions)				
d Applied to 2009 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))				
6 **Enter the net total of each column as indicated below:**				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions				
e Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions				
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)				
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)				
9 **Excess distributions carryover to 2010.** Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009				

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling ▶ N/A

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

	Tax year	Prior 3 years			
	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	301,058	307,614	266,436	273,584	1,148,692
b 85% of line 2a	255,899	261,472	226,471	232,546	976,388
c Qualifying distributions from Part XII, line 4 for each year listed	458,473	205,945	2,240,220	800,253	3,704,891
d Amounts included in line 2c not used directly for active conduct of exempt activities				37,500	37,500
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	458,473	205,945	2,240,220	762,753	3,667,391
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	200,705	205,076	177,624	182,389	765,794
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year—see page 28 of the instructions.)

1 **Information Regarding Foundation Managers:**

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

NONE

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

NONE

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

Check here ▶ [ ] if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

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

HEMOPHILIA OUTREACH CENTRE 920-965-0606
2060 BELLEVUE STREET GREEN BAY WI 54311

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

SEE ATTACHED APPLICANT INFORMATION FORM

c Any submission deadlines:

SEE ATTACHED APPLICANT INFORMATION FORM

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

SEE ATTACHED APPLICANT INFORMATION FORM

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
GREAT LAKES P.O. BOX 704 MILWAUKEE WI 53201		501(C)3	FINANCIAL ASSISTANC	25,000
SCHOLARSHIPS, INC P.O. BOX 1873 GREEN BAY WI 54305		501(C)3	EDUCATIONAL SCHOLARSHIP	26,600
PATIENT SERVICES INC PO BOX 1602 MIDLOTHIAN VA 23113		501(C)3	PREMIUM ASSISTANCE	20,000
Total			▶ 3a	71,600
b Approved for future payment N/A				
Total			▶ 3b	

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See page 28 of the instructions)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	
1 Program service revenue					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	43,156	
4 Dividends and interest from securities			14	15,184	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory					
9 Net income or (loss) from special events			1	6,788	
10 Gross profit or (loss) from sales of inventory					1,583,293
11 Other revenue a					
b MISC REVENUE			1	736	
c MISC INCOME			1	1,020	
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0		66,884	1,583,293
13 Total. Add line 12, columns (b), (d), and (e)				13	1,650,177

(See worksheet in line 13 instructions on page 28 to verify calculations)

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

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See page 29 of the instructions)
1A 10	PROVIDING MEDICAL CARE AND GUIDANCE TO THOSE LIVING WITH A BLEEDING DISORDER. COMPREHENSIVE SERVICES MAY INCLUDE MEDICAL CARE, EDUCATION, COUNSELING, TREATMENT AND AT TIMES CLOTTING FACTOR. IN ADDITION SOCIAL OUTREACH, FITNESS AND SUPPORT SERVICES ARE PART OF THE PROGRAM SERVICES PROVIDED TO THE BLEEDING DISORDER COMMUNITY.

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of.			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

(a) Line no	(b) Amount involved	(c) Name of nonchantable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
N/A			

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

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

▶ [signature] Signature of officer or trustee — 5/13/10 Date — ▶ Board President Title

Paid Preparer's Use Only

Preparer's signature ▶ [signature] SL AIL CPA — Date 05/04/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see Signature on page 30 of the instructions) P00163485

Firm's name (or yours if self-employed), address, and ZIP code ▶ ANDERSON, TACKMAN & COMPANY, PLC
306 CHERRY STREET
GREEN BAY, WI 54301

EIN ▶ 38-1977929

Phone no 920-432-6661

60482

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of the organization
HEMOPHILIA OUTREACH OF WISCONSIN FOUNDATION INC

Employer identification number
39-1858104

Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☒ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc , purposes, but these contributions did not aggregate to more than $1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc , purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc , contributions of $5,000 or more during the year ▶ $

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009) Page 1 of 1 of Part I

Name of organization: HEMOPHILIA OUTREACH OF WISCONSIN

Employer identification number: 39-1858104

Part I **Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GREAT LAKES HEMOPHILIA FOUNDATION P.O. BOX 704 MILWAUKEE WI 53201-0704	$ 18,390	Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution)

Federal Statements

Form 990-PF - General Footnote

Description

FORM 990-PF, PART II, LINE 6

RECEIVABLES FROM OFFICERS AND DIRECTORS ARE FROM MEDICAL SERVICES PROVIDED AS AN ACTIVITY FUNCTIONALLY RELATED TO THE FOUNDATIONS CHARITABLE PURPOSE AND ARE SUBJECT TO THE SAME TERMS AND CONDITIONS AS RECEIVABLES FROM THE GENERAL PUBLIC.

FORM 990-PF, PART VII-B, QUESTION 1A(2)-(4)

MEDICAL CARE AND PRODUCT ARE FURNISHED TO DIRECTORS AND OFFICERS OR THEIR FAMILY MEMBERS AND CREDIT IS EXTENDED TO THEM ON THE SAME BASIS AS ANY OTHER PATIENT OF THE CENTER. MILEAGE AND OTHER EXPENSES OF THE DIRECTORS AND OFFICERS ARE REIMBURSED WHEN REASONABLE AND NECESSARY TO CARRY OUT THE EXEMPT PURPOSE OF THE FOUNDATION AND UPON SUBMISSION OF ADEQUATE DOCUMENTATION.

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 10c - Gross Sales less Cost of Goods Sold

Description	Gross Sales	COGS	Gross Profit
MEDISOFT INCOME	$ 6,447,292	$ 4,863,999	$ 1,583,293
TOTAL	$ 6,447,292	$ 4,863,999	$ 1,583,293

Federal Statements

Statement 2 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
FUND RAISERS	$ 6,788	$	$ 6,788
MISC REVENUE	736		736
MISC INCOME	1,020		1,020
TOTAL	$ 8,544	$ 0	$ 8,544

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
OTHER PROFESSIONAL FEES	$ 15,404	$	$ 13,863	$ 1,540
INVESTMENT MANAGEMENT FEE'S	7,541	7,541		
TOTAL	$ 22,945	$ 7,541	$ 13,863	$ 1,540

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
PROPERTY TAXES	$ 190	$	$ 190	$
FEDERAL INV INCOME TAX	2,731		2,731	
TOTAL	$ 2,921	$ 0	$ 2,921	$ 0

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

Description	Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
OFFICE EQUIPMENT	$#45219497943	$#33518092288		CLASS LIFE		$ 65,734	$	$ 64,926
PROGRAM EQUIPMENT	#00963219469	#33518004224		CLASS LIFE				

Federal Statements

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation (continued)

Description							
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income
LEASEHOLD IMPROVMENTS							
	$#92360732959	$#33518174208	CLASS LIFE		$	$	$
TOTAL	$#38543450371	$#36854775808			$ 65,734	$ 0	$ 64,926

Federal Statements

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	$	$	$	$
EXPENSES				
FUND RAISING	3,934			
ADVERTISING	1,902			1,902
AUTO EXPENSE	1,084		1,084	
BOARD EXPENSE	3,523		3,523	
BUSINESS INSURANCE	22,543		22,543	
REPAIRS	19,473		15,384	4,089
LICENSES & PERMITS	313		313	
COMPUTER EXPENSES	1,736		1,736	
EQUIPMENT RENTAL	1,694		1,694	
FURNITURE & FIXTURES	1,410		1,410	
INDEPENDENT CONTRACTORS	37,000		37,000	
LAB FEES	2,921		2,921	
SUPPLIES	16,565		16,565	
OFFICE EXPENSE	6,064		5,458	606
PROGRAM EQUIPMENT EXP	212			212
SHIPPING	3,882		3,882	
PROGRAM EXPENSE	47,823			47,823
TRAINING & EDUCATION	15,433			15,433
STAFFING EXPENSE	1,378		1,378	
DUES SUBSCRIPTIONS	5,499		5,499	
BANK SERVICE CHARGE	24		24	
BUSINESS OUTREACH	1,726			1,726
TELEPHONE	4,372		3,935	437
TOTAL	$ 200,511	$ 0	$ 124,349	$ 72,228

Federal Statements

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
AXA SAM STRATEGIC ASSET MGMT	$ 763,659	$ 900,020	MARKET	$ 900,020
PRINCIPAL PROTECTION ANNUITY 278		1,104,536	MARKET	1,104,536
GUARANTEED ANNUITY AXA 847		480,635	MARKET	480,635
GUARANTEED ANNUITY AXA 936		1,416,223	MARKET	1,416,223
AXA EQUITABLE	2,416,459		MARKET	
AXA GUARANTEED ANNUITY	598,744	714,680	MARKET	714,680
TOTAL	$ 3,778,862	$ 4,616,094		$ 4,616,094

Federal Statements

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
EQUIPMENT	$ 131,060	$ 190,388	$ 76,391	$ 190,388
BUILDINGS	1,400,246	1,443,626	77,449	1,443,626
LAND IMPROVEMENTS	57,588	66,217	7,102	66,217
LAND	435,083	437,682		437,682
TOTAL	$ 2,023,977	$ 2,137,913	$ 160,942	$ 2,137,913

Federal Statements

Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	End of Year
CREDIT CARD DEBT	$ 87	$ 365
PAYROLL LIABILITIES	8,481	5,366
TOTAL	$ 8,568	$ 5,731

Statement 10 - Form 990-PF, Part III, Line 3 - Other Increases

Description	Amount
UNREALIZED GAIN ON SECURITIES	$ 829,593
TOTAL	$ 829,593

Federal Statements

Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
JEANNE DEGROOT 2265 SAMANTHA ST APT 95 DE PERE WI 54115	SEC/TREAS	1.00	0	0	0
BRIAN CHARLIER 1236 BENJAMIN CT GREEN BAY WI 54311	MEMBER	1.00	0	0	0
GEORGE MOTQUIN 1107 N WEBSTER AVE GREEN BAY WI 54302	MEMBER	1.00	0	0	0
LINDA ROETHLE 1515 WESTMEATH AVE GREEN BAY WI 54313	MEMBER	1.00	0	0	0
MATT BRAULT 3014 SAYBROOK CIRCLE GREEN BAY WI 54311	PRESIDENT	1.00	0	0	0
DOUG LARSON 1512 REED ST MANITOWOC WI 54220	MEMBER	1.00	0	0	0
ROBYN DAVIS 618 E MISSION RD GREEN BAY WI 54301	MEMBER	1.00	0	0	0
KEN ZEHREN 217 PAUL DRIVE KIMBERLY WI 54136	MEMBER	1.00	0	0	0
KATIE BISCHOFF 1158 S ERIE ST DEPERE WI 54115	EXEC DIR	40.00	85,349	7,574	0

60482 HEMOPHILIA OUTREACH OF WISCONSIN
39-1858104
FYE: 12/31/2009

Federal Statements

Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or $5,000

Name of Manager	Amount
NONE	$
TOTAL	$ 0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
NONE	$
TOTAL	$ 0

Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description
SEE ATTACHED APPLICANT INFORMATION FORM

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description
SEE ATTACHED APPLICANT INFORMATION FORM

Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description
SEE ATTACHED APPLICANT INFORMATION FORM

60482 HEMOPHILIA OUTREACH OF WISCONSIN
39-1858104
FYE: 12/31/2009

Federal Statements

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
CONTRIBUTIONS	4,305	
DONATIONS	2,914	
TOTAL	7,219	0

60482 HEMOPHILIA OUTREACH OF WISCONSIN
39-1858104
FYE: 12/31/2009

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
INTEREST	$ 43,156		14	
TOTAL	$ 43,156			

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code
AXA	$ 15,184		14	
TOTAL	$ 15,184			

FORM 990, PART IX-A

2009 PROGRAM SERVICE ACCOMPLISHMENTS

MEDICAL SERVICES: Hemophilia Outreach Center physicians and nurses are experts in the management and treatment of bleeding disorders. Our patients, from infancy to elder, receive the most comprehensive, individualized care available. We know our patients and they have trusted us with their care for over three decades. In 2009, 5020 patient/clinical encounters took place at or through the Hemophilia Outreach Center. The variety of medical encounters offered included receiving comprehensive medical care, coordination of medical care in person or by phone, physical therapy, psychosocial assessment, massage therapy, medical treatment/procedures, education, financial advocacy, and/or support services. An additional 130 (approximate) medical encounters took place by phone during our 24 hour emergency on call coverage.

EDUCATION: We believe that education is vital to making a difference. We provide education to healthcare students and providers, teachers, community members and persons living with a bleeding disorder. Our goals are to improve clinical care and outcomes, increase public awareness and improve the quality of life for persons living with a bleeding disorder. In 2008 we focused our educational resources on the following:

- Our website continues to be a source of information for the bleeding disorder community. The content remains focused on healthcare, wellness, nutrition, education and outreach.
- 10 scholarships were awarded to students for furthering their secondary education; and 4 adults were presented with a scholarship from our Adult Learner Program for pursuing a college degree.
- 20 individuals attended a College Prep Night
- 19 individuals attended two Hispanic educational programs.
- 16 individuals attended financial wellness programs.
- 31 individuals participated in regular Advocacy Committee meetings, training and attending meeting with State legislators at the State Capitol, and local community meetings regarding health care.
- 14 individuals attended the National Hemophilia Foundation annual meeting.
- 13 individuals and family members participated in the Family Education Weekend which included educational meetings and social networking.

SOCIAL OUTREACH: Our care tradition is built on the foundation that no one is alone. We foster a community of inclusion and fellowship. Our center is open to all without reservation. 437 individuals were a part of this programming which included Community Nights, Partner's Brunch, Mom to Mom Dinner, Valentine's Day Out, Bleeding Disorder Camp, Timber Rattlers Baseball Outing, Annual Picnic, Food Basket distribution and our Annual Holiday Event.

FITNESS: We at the Center acknowledge the importance of fitness and how proper fitness aids in the quality of life with a bleeding disorder. Fitness programs offered at the Center help broaden the knowledge of fitness and allow each individual to attain their own fitness goals. In 2009, the total equaled 182 of participation in fitness programming and events that included:

- On site Fitness Center
- Fit Kids Gym Classes
- Joints in Motion Swim Class

TITLE: The Hemophilia Outreach Center Memorial Scholarship
WRITTEN: May 1998
REVISED: October 22, 2008
BOARD APPROVAL: November 10, 2008
EFFECTIVE: November 11, 2008
REVIEWED: December 6, 2005

PURPOSE: To support young adults, living with or affected by a bleeding disorder, obtain continued and/or advanced education.

REQUISITES:

- Be diagnosed with hemophilia or von Willebrand disease or
- Be the child or sibling of a person with hemophilia or von Willebrand disease * and
- Be less than 24 years of age and
- Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago and
- Enroll full time (12 or more credits per semester) in
    - an undergraduate course of study at a college or university.
    - a course of study at a vocational/technical college.
    - post-graduate studies.

*The child or sibling of a person with hemophilia or von Willebrand disease who is now deceased is still eligible to apply for a scholarship as per this policy.

POLICY:

- The Hemophilia Outreach Center (HOC) acknowledges the financial impact that a bleeding disorder can have on affected individuals. We support these individuals by providing funding for educational scholarships.
- The Hemophilia Outreach Center, to comply with applicable government regulations, does not administer this program.
- The Hemophilia Outreach Center staff or HOW Board of Directors are not involved in any way in the selection process of scholarship recipients.
- Scholarships Inc. (SI) will administer all aspects of this program.
- The goal will be to increase the numbers of students who benefit from these scholarships while maintaining the competitive selection process.
- The selection process will be based solely on the information provided in the application. It is the final decision of SI as to the winners of each yearly scholarship.
- The scholarships will be awarded for the September to June academic year.
- Previous scholarship recipients may reapply each year that they continue to meet the requisites. Previous winners are considered at no advantage or disadvantage with other applicants.

- Students are encouraged to reapply every year that they continue to be eligible, even if they were not awarded a scholarship the previous year.
- Up to 10 scholarships may be awarded.
- Scholarships will be paid as follows:

  College students: $1000 per semester
  Technical college: $500 per semester
- Scholarship monetary amounts may vary and will be based on the academic, financial and bleeding disorder information provided by the applicant to Scholarships Inc.
- The full value of the scholarship fund will be distributed among the recipients for the academic year; half in September and half in January.
- Scholarship awards will be mailed directly to the college.
- Scholarships will be awarded only if all criteria continue to be met.
- Scholarship funds are to be returned if the student fails to remain in school for the full semester.
- Failure to provide requested supporting documentation of semester enrollment/completion will result in loss of the scholarship.
- HOC reserves the right to limit the number of scholarships and the amount of funding for this program.
- The HOC will sponsor, up to $1000, the parents/adult representative of recipients, HOC staff and Board members to attend the annual SI Award Banquet.
- The Hemophilia Outreach Center Executive Director will meet once a year with Scholarships Inc. representative to discuss and amend program as appropriate.

PROCEDURE

- December: SI mails cover letter and application to applicable high schools and any individuals requesting applications. Individuals may pick up a copy at HOC or call 430-1363 to have a copy mailed.
- February 15: Deadline for Guidance Counselors to complete their portions of application (transcripts)
- March 1: Deadline for traditional applications and FAFFSA (Free Application for Federal Student Aid) to be received at SI.
- April 1: HOC funds scholarship program through SI.
- May 1: renewal letter, sent by HOC, to previous recipients
- June 1: Renewal applications due to SI.
- June 2nd to 10th: Final selection from all applicants.
- June15: Notification of winners and rejection letters sent.
- Aug 5: SI award banquet for scholarship recipients and parent(s) or adult representative
- Aug 15: Scholarship recipients to attend HOC picnic with parent(s) or adult representative

The Hemophilia Outreach Centre Memorial Scholarship

Presented by Hemophilia Outreach of Wisconsin
Administered by Scholarships, Inc.

Congratulations on your decision to continue your education. Please read the criteria and application carefully. ***Applications must be received at Scholarships, Inc. by March 2, 2009.*** Only complete applications will be considered. Winners will be notified by Scholarships, Inc. by July 1, 2009.

To be eligible for this scholarship, the student must:

- Be diagnosed with hemophilia or von Willebrand disease or be the child or sibling of a person with hemophilia or von Willebrand disease and
- Be less than 24 years of age and
- Reside in one of the following counties: Brown, Calumet, Door, Florence, Fond du Lac, Forest, Kewaunee, Langlade, Manitowoc, Marinette, Menominee, Oconto, Oneida, Outagamie, Shawano, Waupaca or Winnebago and
- Enroll full time in:
  - an undergraduate course of study at a college or university.
  - a course of study at a vocational/technical college.
  - post-graduate studies.

- *The child or sibling of a person with hemophilia or von Willebrand disease who is now deceased is still eligible to apply for a scholarship as per this policy.*
- *Previous recipients of this award are eligible to reapply.*

APPLICANT INFORMATION

Name: _____ Social Security# _____ (Required)

Permanent Address _____ _____ _____ _____
Street City State Zip

Telephone ( ) Date of birth _____ Age _____

Marital Status (circle one) Single Married Divorced Separated

What type of bleeding disorder do you (or does your parent or sibling) have? _____

_____

FAMILY INFORMATION

Who do you live with? _____

Father's name _____ Mother's name _____

Employer _____ Employer _____

Occupation _____ Occupation _____

Number of children living at home Older _____ Younger _____

Number of siblings attending college/technical school next year _____

ACADEMICS

I am currently a: *high school:* senior *college:* freshman sophomore junior senior
(Circle one)

Grade point average

Do you feel your grades are an accurate index of your ability? Yes No

Explain any factors that may have negatively influenced your grades_____

College or technical school you will attend_____

Major, degree or course of study_____

ACTIVITIES AND AWARDS

Honors or Awards: _____

Extra-curricular Activities:_____

Community and Leadership Activities: _____

Hobbies and Interests: _____

FINANCIAL INFORMATION

Please estimate the percentage of your college expenses to be covered by the following categories:

Parents_____% Loans_____% Self_____% Grants_____% Scholarships_____%

List other scholarship awards or assistance you will be receiving: _____

Have you or a relative received this scholarship in the past? Yes No
If so, please list who, and when: _____

Where will you live while in college? home dorm with friends other relative other_____

Other financial issues you wish to explain: _____

MEDICAL RELEASE

I understand that it may be necessary to contact my/my parent's/my sibling's healthcare provider to verify having a bleeding disorder. The contacting person will only request verification of the bleeding disorder diagnosis. I hereby give my permission to contact _____
(Fill in Physician Name or Treatment Center) at the following phone number: (____) _____

Name (Please print):_____

Signature_____ Date: _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please print): _____

Signature: _____ Date: _____

PUBLIC RELATIONS RELEASE

We would like to be able to promote the accomplishments of the scholarship winners. This may be in both general and hemophilia related media including but not necessarily limited to publications, newspapers, online services and/or television. ***Please sign either paragraph #1 or #2.***

PARAGRAPH #1

I, _____, authorize the Hemophilia Outreach Centre (HOC)
(Print name legibly)
and/or Scholarships, Inc. (SI) to utilize any information submitted with this application with regard to any HOC or SI sponsored publicity for the Hemophilia Outreach Centre Memorial Scholarship Program. This includes, but is not limited to, my name, where I live, that I have a bleeding disorder or that there is a bleeding disorder in my family, the school I attend, my extracurricular activities, the amount of the scholarship I received, and any statements contained in my essay. I understand I will receive no compensation for use of any of the above information.

Name (Please print):_____

Signature_____ Date: _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please print):_____

Signature:_____ Date:_____

PARAGRAPH #2

I, _____, would prefer that the Hemophilia Outreach Centre
(Print name legibly)
and/or Scholarships, Inc. not utilize any of the information provided in my application. I understand that by signing this paragraph it in no way affects my chances of being chosen for the scholarship.

Name (Please print):_____

Signature_____ Date: _____

If applicant is under age 18, please provide parent or lawful guardian's name and signature.

Parent or Guardian Name (Please print):_____

Signature: _____ Date: _____

PERSONAL STATEMENT

In 1,000 words or less share any information about yourself which you would like the Selection Committee to consider in evaluating your application. **This statement is used as one of the MAJOR criteria in the selection process.** You may wish to include any of the following:

- Life goals
- Future aspirations
- Who or what motivates you
- Circumstances that have limited your participation in extracurricular activities or community service
- Greatest talents, gifts, or accomplishments
- Impact of living with a chronic disorder
- What you have learned about yourself, life, etc.
- How you will make an impact on the world around you

APPLICATION MATERIALS

Please include the following with this application:

1. The above mentioned Personal Statement

2. A complete copy of your 2008 FAFSA form (Free Application for Federal Student Aid)

3. Most recent high school or college transcript. If you are currently in your freshman or sophomore year of college, please also include a copy of your high school transcript.

4. A recent photo, which will not be returned.

Only completed applications will be accepted. If you have any questions you can call Scholarships, Inc. at (920) 430-1363 or email at info@scholarshipsinc.org.

Mail your completed application and all materials to:

Scholarships, Inc.
Attn: HOC Scholarship
P.O. Box 1873
Green Bay, WI 54305