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OMB No 1545-0052

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

Do not enter social security numbers on this form as it may be made public. Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2014 or tax year beginning and ending A Employer identification number Name of foundation HEMOPHILIA OUTREACH OF WISCONSIN 39-1858104 FOUNDATION INC. Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 2060 BELLEVUE STREET 920-965-0606

		own, state or province, country, and ZIP or foreign po EN BAY, WI 54311-5622	ostal code	<u> </u>	C If exemption application is p	ending, check here
		all that apply: Initial return	D 1. Foreign organizations	, check here		
•		Final return	Amended return	ormer public charity		
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test
H C	heck	type of organization: X Section 501(c)(3) ex			E If private foundation sta	
	_		Other taxable private found	ation	under section 507(b)(1)	
I Fa		arket value of all assets at end of year J Accounting		X Accrual	F If the foundation is in a	• • •
		· I —	her (specify)		under section 507(b)(1)	
,,,,		14,393,250 . (Part I, colui		basis)		(2), 6.1.661.1.1616
	rt I		(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	income	(cash basis only)
	1	Contributions, gifts, grants, etc., received	45,230.			
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	66,095.			STATEMENT 1
	4	Dividends and interest from securities	<u>7,533.</u>	7,533.	7,533.	STATEMENT 2
	5a	Gross rents				
	b	Net rental income or (loss)				
a	6a	Net gain or (loss) from sale of assets not on line 10	1,227.			
Revenue	b	Gross sales price for all assets on line 6a 1,227.				
eve	7	Capital gain net income (from Part IV, line 2)		1,227.		
Œ	8	Net short-term capital gain		I KECEIV	0.	
	9	Income modifications		8	-0	
ഗ	10a	Gross sales less returns and allowances 8,379,259.		窗 MAY 2 0 20		STATEMENT 3
Õ	b	Less Cost of goods sold 6,173,769.		图 WAY 2020		
2	C	Gross profit or (loss)	2,205,490	000	2/2/05,490.	
Z	11	Other income	7,196	UGDEN 0		STATEMENT 4
SCANNED	12	Total Add lines 1 through 11	2,332,771.	74,855		
7	13	Compensation of officers directors trustees etc	43,956.	0.	4,396.	39,560.
MAY	14	Other employee salaries and wages	632,893.	0.	94,618.	538,275.
		Pension plans, employee benefits	132,603.	0.	19,824.	112,779.
Series penses		Legal fees STMT 5	5,582.	0.	5,024.	558.
per		Accounting fees STMT 6	16,279.	0.	14,651.	1,628.
		Other professional fees STMT 7	47,873.	19,633.	25,416.	2,824.
<u>ج</u>		Interest	64.5			
tra		Taxes STMT 8	617.	0.	617.	0.
C) ninistrative	19	Depreciation and depletion	85,824.	0.	85,824.	
퉏	20	Occupancy	43,244.	0.	0.	
Operating and Adm	21	Travel, conferences, and meetings	9,147.	0.	9,147.	0.
ä	22	Printing and publications	220 000		252 254	77.016
ing	23	Other expenses STMT 9	330,090.	0.	253,074.	77,016.
rat	24	· •	1 240 100	10 600	F10 F01	770 640
adc		expenses Add lines 13 through 23	1,348,108.	19,633.	512,591.	772,640.
		Contributions, gifts, grants paid	78,668.			78,668.
		Total expenses and disbursements		10 622	512,591.	851,308.
	26	-	1 496 776			. **! (X
		Add lines 24 and 25	1,426,776.	19,633.	312,331.	651,500.
_	27	Add lines 24 and 25 Subtract line 26 from line 12:	-	19,633.	312,391.	031,300.
	27 a	Add lines 24 and 25 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements	1,426,776. 905,995.		512, 591.	031,300.
	27 a b	Add lines 24 and 25 Subtract line 26 from line 12:	-	55,222.	1,773,723.	031,300.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2014)

		0-PF (2 0 74) · FOUNDATION INC.	D		1858104 Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	
\equiv			(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	335.	238.	238.
	2	Savings and temporary cash investments	3,571,062.	3,945,303.	3,945,303.
	3	Accounts receivable ► 2,489,657.			
		Less: allowance for doubtful accounts ► 369,064.	2,142,446.	2,120,593.	2,120,593.
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶	i		
	5	Grants receivable			
	_	Receivables due from officers, directors, trustees, and other			
	٠	disqualified persons			
	7	Other notes and loans receivable			
	'	Less: allowance for doubtful accounts			
			610 100	716 252	716 252
Assets	-	Inventories for sale or use	618,180.	716,252.	716,252.
\ss		Prepaid expenses and deferred charges	46,531.	22,632.	22,632.
1		Investments - U S and state government obligations			
	b	Investments - corporate stock STMT 11	5,796,464.	5,803,011.	5,803,011.
	C	Investments - corporate bonds			
	11	Investments - land buildings and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ► 2,322,172.			
		Less accumulated depreciation 536,951.	1,834,693.	1,785,221.	1,785,221.
	15	Other assets (describe >		-1.1.2.4 / === 1	
		Total assets (to be completed by all filers - see the			.,
	10	Instructions. Also, see page 1, item I)	14,009,711.	14,393,250.	14,393,250.
	47		418,570.	72,392.	14,333,230.
		Accounts payable and accrued expenses	410,570.	12,332.	
	18	Grants payable			
ies	19	Deferred revenue		-	
ij	20	Loans from officers, directors trustees and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	25 225	25 685	
_	22	Other liabilities (describe STATEMENT 12)	37,397.	35,675.	
	23		455,967.	108,067.	
		Foundations that follow SFAS 117, check here			
s		and complete lines 24 through 26 and lines 30 and 31		44 00 - 400	
or Fund Balances	24	Unrestricted	13,553,744.	14,285,183.	
<u>la</u>	25	Temporarily restricted			
Ba	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31			
ō	27	Capital stock, trust principal, or current funds			
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
Ass	29	Retained earnings, accumulated income, endowment, or other funds			
ē	30	Total net assets or fund balances	13,553,744.	14,285,183.	
Z					
	31	Total liabilities and net assets/fund balances	14,009,711.	14,393,250.	
<u> </u>	aπ	III Analysis of Changes in Net Assets or Fund Ba			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	(mu:	st agree with end-of-year figure reported on prior year's return)		1	13,553,744.
2	Ente	r amount from Part I, line 27a	•	2	905,995.
3	Othe	r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	14,459,739.
5	Decr	reases not included in line 2 (itemize)	SEE STA	ATEMENT 10 5	174,556.
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	14,285,183.
					Form 990-PF (2014)

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Page 3

= 5.5., 5.100 00	ribe the kind(arehouse: or (s) of property sold (e.g. common stock, 200 shs	., real estate, s. MLC Co.)		(b) H	low ac - Purc - Dona	cquired hase		acquired lay, yr.)	(d) Date sold (mo, day, yr.)
a CAPITAL GAINS					0	DOIL	allon	<u> </u>		
(e) Gross sales price		oreciation allowed or allowable)		t or other basis xpense of sale					ain or (loss s (f) minus	
1,227.										1,22
				-	-					
Complete only for assets showing							(1)) Gains ((Col. (h) gain	i minus
(i) F.M.V. as of 12/31/69		Adjusted basis of 12/31/69		cess of col. (1) col. (1), if any			COI	Losses	not less tha (from col.	(h))
										1,22
		<u></u>					1			
Capital gain net income or (net ca	apıtal loss)	If gain, also enter If (loss), enter -0			$\} $	2				1,22
Net short-term capital gain or (los	ss) as defined				$\langle [$				-	
If gain, also enter in Part I, line 8,	, column (c)		. (-) -		}	_				
If (loss), enter -0- in Part I, line 8	Inder Sec	ction 4940(e) for	Paducad	Tau an Nai	Inv	3 estn	nent Ind	ome		
			neuuceu	i ax on Net				,01110		
or optional use by domestic private	e foundations				_					
or optional use by domestic private		subject to the section			_					
or optional use by domestic private section 4940(d)(2) applies, leave t		subject to the section			_					
section 4940(d)(2) applies, leave the section 4940(d)(2) applies.	this part blank	s subject to the section 4 c. c on the distributable an	4940(a) tax on nount of any ye	net investment in	icome			<u></u>		Yes X
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section 4940(d)(2) applies, leave the section 4940(d) appropriate amount in (a) Base period years Calendar year (or tax year beginning 2013 2012 2011 2010 2009 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitate Multiply line 4 by line 3	tion 4942 tax dify under sec each column ing in) 5-year base pence if less the	s subject to the section of the distributable amoration 4940(e). Do not confor each year; see the interpretation of the distributable amoration and the distributable amoration of the dis	nount of any yearn productions before tributions 3,740. 3,228. 6,467. 7,944. 8,473.	net investment in ear in the base per rt. fore making any e Net value of no	ntries (c) inchar 8 8 8	itable, 62, 53, 19, 62, 02	use assets	2 3 4 5	Distri (col. (b) dr	(d) button ratio vided by col. (c)) . 0978 . 1069 . 0898 . 0600 . 0761 . 4308 . 0861 9,646,25

Part VII Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4946 see instructions)		990-PF (2014) · FOUNDATION INC. 39-18	5810	4	Page 4
Date of fulling or determination letter:			e msu	uctio	115)
b Domestic foundations that meet the section 4947(a) (aquarements in Part V, check here ► X and enter 1% of Part I, line 12 27b All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, rol. (h) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 sind 2 4 Subtlie 4 (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3, It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3, It zero or less, enter -0- 6 Credis/Payments: 2 2 4014 estimated tax payments and 2013 overpayment credited to 2014 6 Enter any particular transport organizations - tax withheld at source 6 Tax pad with application for exteriors of time to like (from 8965) 6 Enter any particular than 2 size of the size for more than 100 to like 5 and 8 is more than line 7, enter amount owned 8 Enter any particular liter 3 size of the liter of 100 to like 5 and 8 is more than line 7, enter amount owned 9 Tax to liter the amount of line 10 to live 5 credited to 2015 estimated tax 1 Enter the amount of line 10 to live 5 credited to 2015 estimated tax 1 Enter the amount of line 10 to live 5 credited to 2015 estimated tax 1 Enter the amount of line 10 to live 5 credited to 2015 estimated tax 1 If the enter is -1 size 1	1a				
of Part Line 12, col. (b) 2 Tax under domestic foundations enter 2% of lane 27b. Exempt foreign organizations enter 4% of Part Line 12, col. (b) 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 Add lines 1 and 2 5 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3.1 taze or less, enter -0- 5 Tax based on investment income. Subtract line 6 for line 5 for lin				_	5 2
e. All other domestic foundations enter 2% of the 27b Exempt foreign organizations enter 4% of Part I, line 12, cel. (b) 2 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 552.4 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 Tax based on investment income. Subtract line 4 from line 3. It zero or less, enter -0- 5 CedistriPayments: 5 204 estimated tax payments and 2013 overpayment credied to 2014 6 Exampt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 6 Exit and year paid for underpayment of estimated tax. Check here □ If Form 2220 is attached 7 Total credits and payments. Add lines 5 air brough 6d 7 Total credits and payments. Add lines 5 air brough 6d 7 Total credits and payments. Add lines 5 air brough 6d 7 Total credits and payments. Add lines 5 air brough 6d 7 Total credits and payments. Add lines 5 air brough 6d 8 2.4 9 Tax use If the folial of lines 5 and 8 is more than line 7, enter amount over paid 9 1 S54. 9 Tax taxe If the folial of lines 5 and 8 is more than line 7, enter amount overpaid 1 Inter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 10 1 Inter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11 1 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11 1 Part VII-A Statements Regarding Activities 1 a During the laxyear, od the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any policical carpinagin? 1 Broth Viii and the foundation of the activates and copies of any materials published or distributed by the foundation of the carcinotes of the changes of the foundation file of the 10 to 10	D				54.
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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 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 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filed a tax return on Form 990-T for this year? 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 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? 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 instructions) ■ WI ■ 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 9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(i)(3) or 4942(i)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? 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	е				
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10 Did any persons become substantial contributors during the tax year? If "Yes " attach a schedule listing their names and addresses 10 X	9				
			-		V
	10	DIG ANY DELOCITE SUBSTAINIAL CONTINUATION OF THE LAX YEAR A STREET Attach a schedule listing their names and addresses			

423531 11-24-14

	n 990-PF (2014) • FOUNDATION INC. 39-185	8104	Page	5
Pa	art VII-A Statements Regarding Activities (continued)			_
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	X	_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12	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 ► KRISTIN SIOLKA Telephone no. ► 920-9	<u>65-06</u>	06	_
	Located at ► 2060 BELLEVUE STREET, GREEN BAY, WI ZIP+4 ►5	<u>4311</u>		_
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			J
	and enter the amount of tax-exempt interest received or accrued during the year	N/		_
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	, Y	∕es No	
	securities, or other financial account in a foreign country?	16	X	_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
_	foreign country			_
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			_
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\\ `	es No	<u>)</u>
18	a 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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? (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)?			
	(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 X No			
	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	x	
	Organizations relying on a current notice regarding disaster assistance check here	1.5		_
	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 2014?	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)).			
á	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years 🕨,,,,			
ŀ	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) 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.			
	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38				
	during the year? Yes X No			
ı	b If "Yes," did it have excess business holdings in 2014 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,			
4.	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A N/A	3b	X	-
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a	- ^	-
,	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	x	
_		orm 990-		_
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HEMOPHILIA OUTREACH OF WISCONSIN Form 990-PF (2014) FOUNDATION INC. 39-1858104 Page 6 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 Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? 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 Yes X No a personal benefit contract? X b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (b) Title, and average hours per week devoted (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (e) Expense account, other (If not paid, enter -0-) (a) Name and address to position allowances 0. SEE STATEMENT 13 43,956. 8,155

2 Compensation of five highest-paid employees (other than those inc	luded on line 1). 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
LISA PALMER	CHIEF MEDICAL	OFFICER		
825 SPOONER COURT, DE PERE, WI 54115	40.00	99,559.	2,240.	0.
KAY STREET - 1279 POND VIEW CIRCLE,	NURSING COORD	INATOR		
DE PERE, WI 54115	40.00	68,124.	19,527.	0.
JAY CHARLES - 3267 EASTWAY DRIVE,	NURSING COORD	INATOR		
GREEN BAY, WI 54311	40.00	75,734.	11,045.	0.
JANE SEIDL - 713 EAU CLAIRE PLACE,	PHARMACIST			
DE PERE, WI 54115	40.00	69,821.	10,407.	0.
DAVID HUDSON - 819 S. ROOSEVELT	MEDICAL PRACT	ICE MANAG	ER	
STREET, GREEN BAY, WI 54301	40.00	59,602.	11,711.	0.
Total number of other employees paid over \$50,000		•	•	0

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Form 990-PF (2014) FOUNDATION INC.		85 810<u>4</u> Page 7
Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		> 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u> </u>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 SEE ATTACHED SUMMARY		
		_
		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lir	nes 1 and 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total, Add lines 1 through 3	<u> </u>	0 . Form 990-PF (2014)
		FULLE 330-FF (2014)

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FOUNDATION INC.

39-1858104

Page 8

Р	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	5,780,858.
b	Average of monthly cash balances	1b	4,012,289.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,793,147.
е	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	9,793,147.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	146,897.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,646,250.
6	Minimum investment return Enter 5% of line 5	6	482,313.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here ► X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		051 200
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	851,308.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	36,351.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	005 650
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	887,659.
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	5	552.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	887,107.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation.	amalifies foi	r the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see I	nstructions)	N/A		
	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	·			
2 Undistributed income if any, as of the end of 2014				
a Enter amount for 2013 only				
b Total for prior years.				
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e				
4 Qualifying distributions for 2014 from				
Part XII, line 4 > \$				
a Applied to 2013, but not more than line 2a				
b Applied to undistributed income of prior				
years (Election required - see instructions)				
c Treated as distributions out of corpus				
(Election required - see instructions)				Ì
d Applied to 2014 distributable amount				
e Remaining amount distributed out of corpus				
·				
Excess distributions carryover applied to 2014 (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 instructions				
e Undistributed income for 2013 Subtract line				
4a from line 2a. Taxable amount - see instr.				
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015		-		
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	.			
8 Excess distributions carryover from 2009 not applied on line 5 or line 7				
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014				
423581 11-24-14		· · · · · · · · ·	·	Form 990-PF (2014

Form 990-PF (2014) • FOUNDAT	ION INC.			39-18	58104 Page 10
Part XIV Private Operating Fo	 	·	A, question 9)		
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for		_	▶		
b Check box to indicate whether the found		g foundation described in		1942(j)(3) or	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.10040	Prior 3 years	411 0044	4.3.7.4.4
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed	482,313.	431,360.	426,894.		1,750,272.
b 85% of line 2a	409,966.	366,656.	362,860.	348,249.	1,487,731.
c Qualifying distributions from Part XII,					
line 4 for each year listed	887,659.	848,485.	913,228.	736,467.	3,385,839.
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities	0.	0.	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the	887,659.	848,485.	913,228.	736,467.	3,385,839.
alternative test relied upon; a "Assets" alternative test - enter; (1) Value of all assets					0.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter				· · · · · · · · · · · · · · · · · · ·	
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed	321,542.	287,573.	284,596.	273 137.	1,166,848.
c "Support" alternative test - enter:	321/342.	20113131	201,3300	27371376	1,100,010.
(1) Total support other than gross					
investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					0.
(2) Support from general public					
and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m	o have contributed more t		ributions received by the f	oundation before the clo	se of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation has		. ,	or an equally large portion	of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribute	on Grant Gift Loan	Scholarshin etc. Pr.	ograms:		
Check here ► if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions to	o preselected charitable o	organizations and does no		
a The name, address, and telephone number HEMOPHILIA OUTREACH			cations should be address	ed:	
2060 BELLEVUE STREET					
b The form in which applications should b			nould include:	•	
SEE ATTACHED APPLICA		•	nona monao.		
c Any submission deadlines:	NIM TNIDODNAM:	TON BODY			
SEE ATTACHED APPLICA		•	kinds of institutions as as	hor factors	
d Any restrictions or limitations on awards SEE ATTACHED APPLICA			KINGS OF HISHIGHOUS, OF OU	HET TAULUTS.	

Form 990-PF (2014) FOUNDATION INC.

39-1858104 Page 11

Part XV Supplementary Information	(continued)	<u>. </u>		
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment	- 	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year				
GREAT LAKES HEMOPHILIA FOUNDATION		501(C)3	FINANCIAL ASSISTANCE	
P.O. BOX 704 MILWAUKEE, WI 53201				22,750.
SCHOLARSHIPS, INC.		501(C)3	EDUCATIONAL	
P.O. BOX 1873			SCHOLARSHIP	
GREEN BAY, WI 54305				27,000.
THE ALLIANCE PHARMACY 44 BOND STREET		501(C)3	PATIENT ASSISTANCE	
WESTBURY, NY 11590				28,918,
Total	<u> </u>	<u> </u>	> 3a	78,668,
b Approved for future payment				
NONE				
		,		
****	7.7.7.			
T-1-1		<u> </u>	N 21	-
Total			<u>▶ 3b</u>	0.

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Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income		section 512 513 or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	741100111	code	Amount	TOTICCION INCOMIC
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agen	cies				
2 Membership dues and assessments	<u></u>				
3 Interest on savings and temporary cash					
investments			14	66,095.	
4 Dividends and interest from securities			14	7,533.	
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			14	1,227.	
9 Net income or (loss) from special events			01	5,658.	
10 Gross profit or (loss) from sales of inventory					2,205,490
1 Other revenue:					2,200,100
a MISCELLANEOUS INCOM	Æ L				591
b					
C					
d					<u>-</u>
e			. 	80 513	2,206,081
13 Total Add line 12, columns (b), (d), and (e)			7 • 1	13	2,286,594
(See worksheet in line 13 instructions to verify ca	daulations \			13 <u>—</u>	2,200,374
					·
Part XVI-B Relationship of A	ctivities to the Accon	nplishment of	Exempt Pu	ırposes	
Line No Explain below how each activity for the foundation's exempt purpose			I-A contributed	importantly to the accomp	lishment of
the foundation's exempt purpose 10 PROVIDING MEDICAL			DE T	א עדשים אודיים	DI PENTNO
	EHENSIVE SERVI				
COUNSELING, TREAT	IMENT AND AT T.	IMES CLOT	LING FA	TUK. IN AL	DILION,

V	the foundation's exempt purposes (other than by providing funds for such purposes)
10	PROVIDING MEDICAL CARE AND GUIDANCE TO THOSE LIVING WITH A BLEEDING
12	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.

423821 11-24-14

Form **990-PF** (2014)

39-1858104

Part			ATTON INC		and Transactions	and Palations		oboritoble		ige 13
rant.	VAII	Exempt Organ		sters to a	and Transactions	and Relations	snips with Non	cnaritable	е	
1 Dic	the ord			of the followin	g with any other organizati	ion described in sec	tion 501(c) of		Yes	No
					?7, relating to political orga					
		from the reporting found								
	Cash	, , , , , , , , , , , , , , , , , , ,		,	5-			1a(1)		Х
٠,	Other	assets						1a(2)		Х
		sactions:							ļ	
(1)	Sales	of assets to a noncharita	ble exempt organizat	tion				1b(1)		х
(2)	Purch	ases of assets from a no	ncharitable exempt o	organization				1b(2)		Х
(3)	Renta	l of facilities, equipment,	or other assets					1b(3)		Х
(4)	Reimt	oursement arrangements	;					1b(4)		Х
(5)	Loans	or loan guarantees						1b(5)		Х
(6)	Perfo	mance of services or me	embership or fundrai	sing solicitatio	ons			1b(6)		Х
c Sh	aring of	facilities, equipment, ma	iling lists, other asse	ts, or paid em	ployees			1c	L	X
d If t	he answ	er to any of the above is	"Yes," complete the	following sche	dule Column (b) should a	lways show the fair	market value of the go	ods, other as:	sets,	
or	services	given by the reporting f	oundation. If the four	ndation receive	ed less than fair market val	lue in any transactio	n or sharing arrangen	ient, show in		
col	<u>`</u>) the value of the goods,								
(a) Line n	0	(b) Amount involved	(c) Name of		e exempt organization	(d) Descriptio	n of transfers transaction	s and sharing ar	rangeme	ints
				N/A	-					
								•		
	-									
	_									
						-				
	-					-		 -		
						-				
	+									
		 								
2a Is i	he four	idation directly or indirec	tly affiliated with, or i	related to, one	or more tax-exempt organ	uzations described				
		501(c) of the Code (othe	•					Yes	X] No
		mplete the following sch		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
	,	(a) Name of org			(b) Type of organization		(c) Description of rela	ationship		
		N/A	_							
	,									
٥.	Under and be				ig accompanying schedules and n taxpayer) is based on all infori			May the IRS		
Sign		JIR.	. 41	operation the				return with the shown below		
Here		pay to 10	orch		05.13.15		IVE DIRECTOR	X Yes	;	∐ No
	Sign	ature of officer or trustee		Dane : 1:	Date	Title	Chask T .t I	OTINI		
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		PTIN		
Paid		701017000	TROU		DD GIEST		self- employed	201000	24.0	
Prepare	arer	JENNIFER Z			ER ZIECH	04/14/15		P01290		
Use (rirm's name PIN	MACLE CON	IOUTIN	G GROUP, LLC	-	Firm's EIN ► 56	-43081	. 5 5	
	,	Firm's address ► 1 Q	00 DECKNE	ואים עז ע	מודיים א					
	Firm's address ► 1809 DECKNER AVENUE, SUITE A									

Form **990-PF** (2014)

Phone no. 920-406-9628

GREEN BAY, WI 54302

Schedule B

(Form 990; 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

HEMOPHILIA OUTREACH OF WISCONSIN

OMB No 1545-0047

Employer identification number

2014

	FC	OUNDATION INC.	39-1858104
Organız	ation type (check o	ne)	
Filers of	:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization	
Form 99	0-PF	X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
	nly a section 501(c)	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le See instructions
	For an organization	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special	Rules		
	sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amour, line 1 Complete Parts I and II	or 16b, and that received from
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educ cruelty to children or animals. Complete Parts I, II, and III	
	year, contributions is checked, enter the purpose. Do not contributions	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a section section section section of the religious, charitable, etc., purposes, but no such contributions totaled manere the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because it e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,
but it mi	ust answer "No" on	hat is not covered by the General Rule and/or the Special Rules does not file Schedule E i Part IV, line 2, of its Form 990, or check the box on line H of its Form 990 EZ or on its Fo t the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization
HEMOPHILIA OUTREACH OF WISCONSIN
FOUNDATION INC.

Employer identification number

39-1858104

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional additional copies of Part I if additional copie	tional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GREAT LAKES HEMOPHILIA FOUNDATION P.O. BOX 704 MILWAUKEE, WI 53201-0704	\$\$	Person X Payroll
(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
<u>.</u>			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)
(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 Complete Part II for noncash contributions.)

Name of organization
HEMOPHILIA OUTREACH OF WISCONSIN
FOUNDATION INC.

Employer identification number

39-1858104

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
		-	
		- - - \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)	F
Name of organization	Employer identification number
	l

	IA OUTREACH OF WISCO	ONSIN		39-1858104
irt III E	xclusively religious, charitable, etc., conline year from any one contributor. Complete ompleting Part III enter the total of exclusively religion	columns (a) through (e) and the follows, charitable etc., contributions of \$1,000 of	owing line entry. For organization	r (10) that total more than \$1,000 fo
	Ise duplicate copies of Part III if addition	nai space is needed		
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	nsferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
_ _				
		(e) Transfer of g	ft	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	insferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held
		(e) Transfer of g	ift	
-	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gıft ıs held
_ _				
		(e) Transfer of g	ift	
	Transferee's name, address, a	and ZIP + 4	Relationship of tra	Insferor to transferee

FORM 990-PF INTERE	ST ON SAVING	GS AND	TEMPORA	ARY (CASH IN	VESTMENTS	ST	ATEMENT	1
SOURCE			(A) REVENUE ER BOOKS	5		(B) VESTMENT COME		(C) ADJUSTED ET INCOME	6
BAYLAKE BANK BAYLAKE BANK TRUST & ASSET MGMT COMMON GROUND HEALTHCARE			3,13	30.		3,130.		3,13	30.
			3,57	71.		3,571.		3,57	71.
COMMON GROUND HEADT COOPERATIVE EAGLE STRATEGIES UNITED STATES TREAS			1,63 57,75			1,638. 57,755. 1.		1,63 57,75	
TOTAL TO PART I, LI	NE 3		66,09	95.		66,095.		66,09	95.
FORM 990-PF	DIVIDENDS	AND IN	NTEREST	FROI	M SECUR	ITIES	ST	ATEMENT	2
SOURCE	GROSS AMOUNT	GA I	ITAL INS DENDS	REV	(A) VENUE BOOKS	(B) NET INVES MENT INCC		(C) ADJUSTE NET INCO	
EAGLE STRATEGIES	8,760.	1	L,227.		7,533.	7,53	3.	7,53	33.
TO PART I, LINE 4	8,760.	1	L,227.		7,533.	7,53	3.	7,53	33.

FORM 990-PF INCOME AND COST OF GOODS SOLD INCLUDED ON PART I, LINE 10	STATEMENT 3
INCOME	
1. GROSS RECEIPTS	9 8,379,259
4. COST OF GOODS SOLD (LINE 15) 6,173,769 5. GROSS PROFIT (LINE 3 LESS LINE 4)	
6. OTHER INCOME	2 225 422
7. GROSS INCOME (ADD LINES 5 AND 6) COST OF GOODS SOLD	2,205,490
8. INVENTORY AT BEGINNING OF YEAR)
13. ADD LINES 8 THROUGH 12	6,173,769
14. INVENTORY AT END OF YEAR	6,173,769

DESCRIPTION	FORM 990-PF	OTHER	INCOME	<u> </u>	TATEMENT 4
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS TOTAL TO FORM 990-PF, PART I, LINE 11 TOTAL TO FORM 990-PF, PART I, LINE 11 CAN (A) (B) (C) (C) (D) CHARITY PER BOOKS MENT INVEST- PER BOOKS FORM 990-PF, PG 1, LN 16A CAN (A) (B) (C) (C) (D) CHARITY PER BOOKS MENT INCOME PURPOS FORM 990-PF, PG 1, LN 16A CAN (A) (B) (C) (C) (D) CHARITY PURPOS FORM 990-PF, PG 1, LN 16A CHARITY ADJUSTED CHARITY ADJUSTED CHARITY ADJUSTED CHARITY ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B CHARITY ACCOUNTING FEES TO FORM 990-PF, PG 1, LN 16B CHARITY FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT CAN (A) (B) (C) (D) CHARITY ADJUSTED CHARITY PURPOS ACCOUNTING FEES STATEMENT CHARITY PORM 990-PF OTHER PROFESSIONAL FEES STATEMENT CAN (A) (B) (C) (C) (D) CHARITY ADJUSTED CHARITY PORM 990-PF OTHER PROFESSIONAL FEES STATEMENT CHARITY PER BOOKS MENT INVEST- ADJUSTED CHARITY ADJUSTED CHARITY ADJUSTED CHARITY PER BOOKS MENT INVEST- ADJUSTED CHARITY ADJUSTED CHARITY PER BOOKS MENT INVEST- ADJUSTED CHARITY ADJUSTED CHARITY PER BOOKS MENT INCOME PURPOS ADJUSTED CHARITY PER BOOKS MENT INCOME PURPOS ADJUSTED CHARITY ADJUSTED CHARITY PER BOOKS MENT INCOME PURPOS ADJUSTED CHARITY ADJUSTED CHARITY ADJUSTED CHARITY ADJUSTED CHARITY ADJUSTED CHARITY PER BOOKS MENT INCOME PURPOS ADJUSTED CHARITY ADJUST	DESCRIPTION		REVENUE	NET INVEST-	(C) ADJUSTED NET INCOME
TOTAL TO FORM 990-PF, PART I, LINE 11 7,196. 0. 7,7 FORM 990-PF LEGAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITY DESCRIPTION PER BOOKS MENT INCOME NET INCOME PURPOS LEGAL FEES 5,582. 0. 5,024. 9 FORM 990-PF, PG 1, LN 16A 5,582. 0. 5,024. 9 FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS ACCOUNTING FEES 16,279. 0. 14,651. 1,6 FORM 990-PF, PG 1, LN 16B 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) ACCOUNTING FEES 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,6		_	591.	0.	591.
DESCRIPTION	FUNDRAISING EVENTS		6,605.	0.	6,605.
C	TOTAL TO FORM 990-PF, PART I,	, LINE 11 =	7,196.	0.	7,196.
EXPENSES NET INVEST- ADJUSTED CHARITY	FORM 990-PF	LEGA	L FEES	S	TATEMENT 5
TO FM 990-PF, PG 1, LN 16A 5,582. 0. 5,024. 9 FORM 990-PF ACCOUNTING FEES STATEMENT (A) (B) (C) (D) ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS ACCOUNTING FEES 16,279. 0. 14,651. 1,6 TO FORM 990-PF, PG 1, LN 16B 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	
FORM 990-PF ACCOUNTING FEES (A) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS ACCOUNTING FEES 16,279. 0. 14,651. 1,6 TO FORM 990-PF, PG 1, LN 16B 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	LEGAL FEES	5,582	. 0	5,024.	558.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS ACCOUNTING FEES 16,279. 0. 14,651. 1,6 TO FORM 990-PF, PG 1, LN 16B 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	TO FM 990-PF, PG 1, LN 16A	5,582	. 0	5,024.	558.
DESCRIPTION EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS ACCOUNTING FEES 16,279. 0. 14,651. 1,6 TO FORM 990-PF, PG 1, LN 16B 16,279. OTHER PROFESSIONAL FEES STATEMENT (A) EXPENSES NET INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,6	FORM 990-PF	ACCOUNT	ING FEES	S	TATEMENT 6
TO FORM 990-PF, PG 1, LN 16B 16,279. 0. 14,651. 1,6 FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT (A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	
FORM 990-PF OTHER PROFESSIONAL FEES (A) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	ACCOUNTING FEES	16,279	. 0	. 14,651.	1,628.
(A) (B) (C) (D) EXPENSES NET INVEST- ADJUSTED CHARITA PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	TO FORM 990-PF, PG 1, LN 16B	16,279	. 0	14,651.	1,628.
DESCRIPTION PER BOOKS MENT INVEST- ADJUSTED CHARITY PER BOOKS MENT INCOME NET INCOME PURPOS INVESTMENT MANAGEMENT FEES 19,633. 19,633. 0. MEDIATION SERVICES 28,240. 0. 25,416. 2,8	FORM 990-PF (OTHER PROFE	SSIONAL FEES	s	TATEMENT 7
MEDIATION SERVICES 28,240. 0. 25,416. 2,8	DESCRIPTION	EXPENSES	NET INVEST-	ADJUSTED	(D) CHARITABLE PURPOSES
TO FORM 990-PF, PG 1, LN 16C 47.873, 19.633, 25.416, 2.8		•			
10 10:01 330 11, 10 1, 20 17,000 23,000 20,110	TO FORM 990-PF, PG 1, LN 16C	47,873	. 19,633	. 25,416.	2,824.

FORM 990-PF	TAX	ES	รา	ATEMENT 8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FEDERAL INVESTMENT INCOME TAX PROPERTY TAXES	357. 260.	0.	357. 260.	0.
TO FORM 990-PF, PG 1, LN 18	617.	0.	617.	0.
FORM 990-PF	OTHER E	XPENSES	ST	ATEMENT 9
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVERTISING OFFICE EXPENSE PHYSICIAN CONTRACT SERVICES MEDICAL SUPPLIES WELLNESS SUPPORT	3,920. 8,370. 162,857. 11,115. 608.	0. 0. 0. 0.	0. 8,370. 162,857. 11,115. 0.	3,920. 0. 0. 0. 608.
PSYCHOSOCIAL SERVICES PROGRAM POSTAGE & SHIPPING INSURANCE BUSINESS OUTREACH	2,170. 3,609. 14,234. 225.	0. 0. 0.	0. 3,609. 14,234. 0.	2,170. 0. 0. 225.
ADVANCED EDUCATION FOR CONSUMER STAFF PROGRAM EDUCATION STAFF OTHER EDUCATION CONSUMER EDUCATION MASSAGE PROGRAM NUTRITION EDUCATION FITNESS PROGRAM DENTAL PROGRAM EQUIPMENT EXPENSES MEMBERSHIPS EQUIPMENT RENTAL TELEPHONE LICENSES & PERMITS COMMUNITY NIGHT	6,998. 22,967. 5,167. 3,045. 586. 2,590. 3,765. 674. 2,709. 6,339. 2,316. 5,523. 139. 983.	0. 0. 0. 0. 0. 0. 0. 0.	0. 0. 0. 0. 0. 0. 2,709. 6,339. 2,316. 5,523. 139. 0.	6,998. 22,967. 5,167. 3,045. 586. 2,590. 3,765. 674. 0. 0. 983.
CLINIC STAFFING RECRUITMENT COMPUTER NETWORK CHRISTMAS CELEBRATION COMMUNITY PICNIC OTHER SOCIAL OUTREACH	1,776. 14,919. 20,340. 183. 1,804. 991.	0. 0. 0. 0. 0.	1,776. 14,919. 0. 0. 0.	20,340. 183. 1,804. 991.

HEMOPHILIA OUTREACH OF WISCO	NSIN FOUNDAT		39-1858104
LAB BILL COURIER MILEAGE MEDICAL BILLING FUNDRAISING SUPPLIES PROFESSIONAL LICENSES DUES & SUBSCRIPTIONS BANK CHARGES TO FORM 990-PF, PG 1, LN 23	4,973. 4,494. 3,173. 947. 3,807. 94. 1,680. 330,090.	0. 4, 0. 3, 0. 0. 3,	973. 0. 494. 0. 173. 0. 947. 0. 807. 0. 94. 0. 680. 0.
FORM 990-PF OTHER DECREASES	IN NET ASSETS OR I	FUND BALANCES	STATEMENT 10
DESCRIPTION			AMOUNT
UNREALIZED GAIN ON SECURITIES PRIOR PERIOD ADJUSTMENT			40,336. 134,220.
TOTAL TO FORM 990-PF, PART III	, LINE 5		174,556.
FORM 990-PF	CORPORATE STOCK		STATEMENT 11
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
GUARANTEED ANNUITY AXA 170 RETIREMENT CORNERSTONE GUARANTEED ANNUITY AXA 847 GUARANTEED ANNUITY AXA 936 EAGLE STRATEGIES 351 EAGLE STRATEGIES 365 EAGLE STRATEGIES 366 EAGLE STRATEGIES 367 TOTAL TO FORM 990-PF, PART II,	LINE 10B	915,301 1,035,553 637,543 1,803,535 289,886 442,862 442,974 235,357	1,035,553. 637,543. 1,803,535. 289,886. 442,862. 442,974. 235,357.
FORM 990-PF	OTHER LIABILITIES		STATEMENT 12
DESCRIPTION		BOY AMOUNT	EOY AMOUNT
PAYROLL LIABILITIES ACCRUED RETIREE MEDICAL CREDIT CARDS PAYABLE INVESTMENT INCOME TAX		28,683 1,719 2,450 4,545	. 0. . 63.
TOTAL TO FORM 990-PF, PART II,	LINE 22	37,397	35,675.

	LIST OF OFFICERS, DI	STATEMENT 13			
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE	
KRISTIN SIOLKA 2453 ROBIN LANE GREEN BAY, WI 54303	TREASURER 1.00	0.	0.	0	
STEVE ROSEK 1569 BELLE PLANE CIRCLE GREEN BAY, WI 54313	PRESIDENT 1.00	0.	0.	0	
KEVIN VERHAGEN 5516 BROWN ROAD LITTLE SUAMICO, WI 54141	MEMBER 1.00	0.	0.	0 .	
AUDREY NUSKIEWICZ 3741 FERNWOOD AVENUE GREEN BAY, WI 54301	MEMBER 1.00	0.	0.	0 .	
JOHN HEUGEL 105 STONEBRIDGE COURT GREEN BAY, WI 54313	MEMBER 1.00	0.	0.	0	
MARK WADE 2158 DORSET DRIVE GREEN BAY, WI 54311	MEMBER 1.00	0.	0.	0	
JAMISON BUXTON 1705 N. UNION STREET APPLETON, WI 54911	VICE PRESIDENT 1.00	0.	0.	0	
DOUG STANGEL N6450 SEMINARY ROAD DE PERE, WI 54115	SECRETARY 1.00	0.	0.	0	
CHRISTY FAYMONVILLE 1107 REED STREET GREEN BAY, WI 54303	MEMBER 1.00	0.	0.	0	
DEBORAH ARMBRUSTER 229 OAK HILL DRIVE GREEN BAY, WI 54301	EXECUTIVE DIREC		8,155.	0	
TOTALS INCLUDED ON 990-PF, PAG	E 6, PART VIII		8,155.		

Depreciation and Amortization (Including Information on Listed Property) 990PF

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates

Sequence No 179 Identifying number

HEMOPHILIA OUTREACH OF V	VISCONS	IN	707			- D14-	1	20 1050104
FOUNDATION INC.	- 4 0 1' 4'	70 No. 16				F PAGE		39-1858104
Part I Election To Expense Certain Property U	nder Section 1	79 Note: If you h	ave any lis	tea prope	erty, c	omplete Part	V before y	
1 Maximum amount (see instructions)								500,000.
2 Total cost of section 179 property placed in service (see instructions)							2	0 000 000
3 Threshold cost of section 179 property before reduction in limitation							3	2,000,000.
4 Reduction in limitation Subtract line 3 from	line 2 If zero	or less, enter -C)-	-			4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions							5	
6 (a) Description of property	6 (a) Description of property (b) Cost (business use only) (c) Elected cost						d cost	
					_			
					_			
							-	
7 Listed property Enter the amount from line					'			
8 Total elected cost of section 179 property		s in column (c), li	nes 6 and	7			9	
9 Tentative deduction Enter the smaller of line 5 or line 8								
10 Carryover of disallowed deduction from line	•				_		10	
11 Business income limitation. Enter the small		•		•	5		11	
12 Section 179 expense deduction Add lines							12	
13 Carryover of disallowed deduction to 2015				<u>▶</u> 1	3			
Note: Do not use Part II or Part III below for list								
Part II Special Depreciation Allowance								
14 Special depreciation allowance for qualified	property (oth	ner than listed p	roperty) pla	aced in se	ervice	during		
the tax year						14		
15 Property subject to section 168(f)(1) election						15	01 000	
16 Other depreciation (including ACRS)							16	81,982.
Part III MACRS Depreciation (Do not inc	ciuae iistea pr	·· · · · · · · · · · · · · · · · · · ·)				· · · · · · · · · · · · · · · · · · ·
		Section					4=	
17 MACRS deductions for assets placed in se	•					. ┌	17	
18 If you are electing to group any assets placed in service d		•				aral Dansası		
Section B - Assets Pla	(b) Month and	(c) Basis for dep				erai Deprecia	ation Syste	em
(a) Classification of property	year placed in service	(business/investing) only - see insti	ment use	(d) Reco	overy	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property				-				
b 5-year property		32	,935.	5.0		MM	SL	3,598.
c 7-year property			,417.	7.0		MM	SL	244.
d 10-year property								
e 15 year property								
f 20-year property								
g 25-year property				25 y	rs.		S/L	· · · · · · · · · · · · · · · · · · ·
	/			27 5 y	/rs	ММ	S/L	
h Residential rental property	/			27 5	yrs	MM	S/L	
	/			39 y		MM	S/L	
i Nonresidential real property	/					MM	S/L	
Section C - Assets Place	ed in Service	During 2014 Ta	x Year Us	sing the	Alterr	ative Depre	ation Sys	stem
20a Class life							S/L	
b 12-year				12 yrs			S/L	
c 40-year	/			40 yrs		MM	S/L	
Part IV Summary (See instructions)						<u> </u>		
21 Listed property Enter amount from line 28				-			21	
22 Total. Add amounts from line 12, lines 14 ti	hrough 17, lin	es 19 and 20 in	column (a'), and line	21			-
Enter here and on the appropriate lines of y	=						22	85,824.
23 For assets shown above and placed in serv					T			
portion of the basis attributable to section 2	-	. ,	-	2	3			
416251 01-08-15 LHA For Paperwork Reduction Ac		separate instru	ictions.					Form 4562 (2014)

39-1858104 Page 2 FOUNDATION INC. Form 4562 (2014) Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, Part V i recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No Yes 24b If "Yes." is the evidence written? Yes No (i) (b) (C) (e) (q) (d) Date Business/ Elected Basis for depreciation Type of property Cost or Recovery Method/ Depreciation section 179 placed in investment (business/investment (list vehicles first) period Convention deduction other basis use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use % % % Property used 50% or less in a qualified business use % S/L S/L. % % S/L 28 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 29 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes Yes Νo Yes No Yes Yes No Yes No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI | Amortization **(f)** (b) (c) (d) (e) (a) Date amortization Description of costs Amortizable Code Amortization Amortization for this year begins od or percentag 42 Amortization of costs that begins during your 2014 tax year: 43

Form 4562 (2014)

44

44 Total. Add amounts in column (f) See the instructions for where to report

43 Amortization of costs that began before your 2014 tax year

28