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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

**A For the 2009 calendar year, or tax year beginning** , 2009, and ending , 20

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> F.A.M.O.H.I.O., Inc. Number and street (or P O box, if mail is not delivered to street address) Room/suite 770 Windward Lane City or town, state or country, and ZIP + 4 Gahanna, OH 43230-6845	<b>D Employer identification number</b> 31-1353807 <b>E Telephone number</b> 614-939-1701 <b>F Group Exemption Number</b> ▶
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• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G Accounting Method:**  Cash  Accrual  
Other (specify) ▶

**I Website:** ▶ [www.famohio.org](http://www.famohio.org)

**H Check**  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**J Tax-exempt status** (check only one) —  501(c) ( 3 ) ◀ (insert no.)  4947(a)(1) or  527

**K Check**  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ** ▶ \$ **106,747.67**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)**

	1 Contributions, gifts, grants, and similar amounts received . . . . .		103,194.75
	2 Program service revenue including government fees and contracts . . . . .		
	3 Membership dues and assessments . . . . .		
	4 Investment income . . . . .		3,552.92
	5a Gross amount from sale of assets other than inventory . . . . .	5a	
	b Less: cost or other basis and sales expenses . . . . .	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ <input checked="" type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1) . . . . .	6a	
	b Less: direct expenses other than fundraising expenses . . . . .	6b	
	Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	6c	
	7a Gross sales of inventory, less returns and allowances . . . . .	7a	
	b Less: cost of goods sold . . . . .	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	
	8 Other revenue (describe ▶ _____ ) . . . . .	8	
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	9	106,747.67
	10 Grants and similar amounts paid (attach schedule) . . . . .	10	10,000.00
	11 Benefits paid to or for members . . . . .	11	
	12 Salaries, other compensation, and employee benefits . . . . .	12	
	13 Professional fees and other payments to independent contractors . . . . .	13	7,200.00
	14 Occupancy, rent, utilities, and maintenance . . . . .	14	
	15 Printing, publications, postage, and shipping . . . . .	15	
	16 Other expenses (describe ▶ <u>planning, organizing and effectuating the annual event</u> ) . . . . .	16	94,642.09
	<b>17 Total expenses.</b> Add lines 10 through 16 . . . . .	17	111,842.09
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(5,094.42)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	19	118,147.33
	20 Other changes in net assets or fund balances (attach explanation) . . . . .	20	
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21	113,052.91

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . . . . .		117,788.53	22	112,646.05
23	Land and buildings . . . . .			23	
24	Other assets (describe ▶ <u>Accounts Receivable</u> ) . . . . .		358.80	24	406.86
25	<b>Total assets</b> . . . . .		118,147.33	25	113,052.91
26	<b>Total liabilities</b> (describe ▶ _____ ) . . . . .			26	
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .		118,147.33	27	113,052.91

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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		✓
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		✓
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? . . . . .		✓
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b> <u>0.00</u>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		✓
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . . . .		✓
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b>	Section 501(c)(7) organizations. Enter:		
<b>a</b>	Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b>	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>0.00</u> ; section 4912 ▶ <u>0.00</u> ; section 4955 ▶ <u>0.00</u>		
<b>b</b>	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		✓
<b>c</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . ▶ <u>0.00</u>		
<b>d</b>	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶ <u>0.00</u>		
<b>e</b>	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T. . . . .		✓
<b>41</b>	List the states with which a copy of this return is filed. ▶ <b>Ohio</b>		
<b>42a</b>	The organization's books are in care of ▶ <b>Leslie S. Gutter</b> Telephone no. ▶ <b>614-939-1701</b> Located at ▶ <b>770 Windward Lane, Gahanna, OH</b> ZIP + 4 ▶ <b>43230-6845</b>		
<b>b</b>	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	Yes	No
	If "Yes," enter the name of the foreign country: ▶ _____		✓
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b> <input type="checkbox"/>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		✓

**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- |  | Yes | No                                  |
|--|-----|-------------------------------------|
| <b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . . |     | <input checked="" type="checkbox"/> |
| <b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II . . . . .   |     | <input checked="" type="checkbox"/> |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .   |     | <input checked="" type="checkbox"/> |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization? . . . . .   |     | <input checked="" type="checkbox"/> |
| <b>b</b> If "Yes," was the related organization a section 527 organization? . . . . .  |     |                                     |
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None		0.00	0.00	0.00

**f** Total number of other employees paid over \$100,000 . . . . . **0**

**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		0.00

**d** Total number of other independent contractors each receiving over \$100,000 . . . . . **0**

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

**Sign Here**

Signature of officer: *Leslie S. Gutter* Date: **Aug 3, 2010**

**Leslie S. Gutter, Treasurer**  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_ Preparer's identifying number (See instructions): \_\_\_\_\_

EIN: \_\_\_\_\_ Phone no: \_\_\_\_\_

May the IRS discuss this return with the preparer shown above? See instructions . . . . .  Yes  No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**  
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047  
**2009**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**F.A.M.O.H.I.O., Inc.**

Employer identification number

**31 1353807**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III—Functionally integrated      d  Type III—Other
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .	11g(i)	
(ii) A family member of a person described in (i) above? . . . . .	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .	11g(iii)	
  - h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	112,374	103,680	96,535	97,310	102,302	512,201
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
4 <b>Total.</b> Add lines 1 through 3 . . . . .	112,374	103,680	96,535	97,310	102,302	512,201
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						168,915
6 <b>Public support.</b> Subtract line 5 from line 4. . . . .						343,286

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4 . . . . .	112,374	103,680	96,535	97,310	102,301	512,201
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,379	4,095	5,841	4,009	3,553	18,877
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .	312	404	860	922	893	3,391
11 <b>Total support.</b> Add lines 7 through 10 . . . . .						534,469
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	3,391
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	64.23 %
15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	15	64.75 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		



2009 BOARD OF TRUSTEES  
FAMOHIO.INC.

**President**

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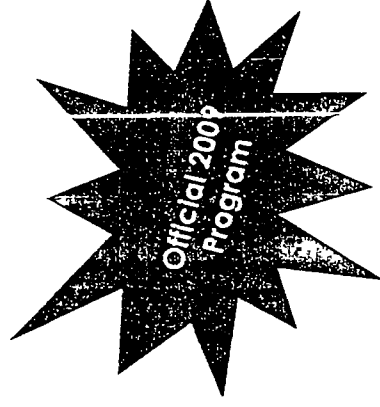
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Revised January 20, 2009

# **Fitness and Fun at FAMOHO**

**August 7-9, 2009**

**Columbus Crowne Plaza North  
Columbus, Ohio**



**Friday, August 7th**

3:00-9:00 p.m.  
 4:00 p.m.  
 5:30-7:30 p.m.  
 6:15 p.m.  
 6:30-7:30 p.m.

**Registration**  
**Hotel Check-In**  
**Buffet Dinner Served**  
**Opening Remarks**  
 FAMOHIO President, Josh Crossgrove  
**Programming for the Entire Family**  
 Motivational speaker, Bruce Boguski  
**Achieving the Impossible**

**Capital Room**  
**Front Desk**  
**Main Ballroom**  
**Main Ballroom**  
**Main Ballroom**

An enlightening and entertaining insight into a 4-step method when implemented, can produce dramatic results in people's lives. When adhered to, the technique can alter a person's belief system so they really can accomplish those items previously thought to be impossible.

8:00 p.m.  
 8:00 p.m.

**"Bad Blood" video viewing**  
**Chapter Roundtable**

**Pavilion**  
**Salons B&C**

For Chapter Executive Directors and Board Members: New to FAMOHIO, this is meant to give chapter leadership and staff the opportunity to communicate about current issues in the community as well as network with other chapter Board Members and leadership.

**Pool Open**

**Pool Area**

**Saturday, August 8th**

7:00-9:00 a.m.  
 8:00-9:30 a.m.  
 9:00 a.m.-3:00 p.m.  
 8:30-9:00 a.m.

**Breakfast**  
 Welcome Remarks at 8:00 a.m.  
**Saturday Registration**  
**Women's Comfort Room**  
**Child Care Registration**-Please note new childcare group breakdown  
 Infants 6 mos. to 35 mos.  
 Children 36 months-6 yrs.  
 Youth 7-9  
 Youth 10-12  
 Teen 13-17

**Main Ballroom**  
**Capital Room**  
**Cardinal Room**

**Suites 325&340**  
**Salons D, E, F & Executive**  
**Boardroom**  
**Salons A, B, C**  
**Buckeye Room**  
**Room 225**

9:00  
 9:30-10:30 a.m.  
 10:30-11:00 a.m.

**Exhibits Open**  
**Plenary: Bleeding Disorders and Joint Health**  
 Jeff Kallberg, Bayer Healthcare  
**Break with Vendors**

**Foyers 1&2**  
**Main Ballroom**

Bronze Level continued

Novo Nordisk  
 [Novo Seven, rFV11a]  
 30146 Washington Way  
 Westlake, OH 44145  
 440.899.0377

Walgreens / Optoncare  
 Full Service Home Infusion Pharmacy  
 7933 Windsor  
 Prairie Village KS 66208  
 614.293-2273 800.243.1090

Wyeth Hemophilia  
 [Refacto \ Benefix]  
 555 E Lancaster Ave  
 St Davids, PA 19087  
 888.440.8100

Friends Category:

Akron Children's Factor Program  
 [Home Care Factor Delivery service]  
 One Perkins Square  
 Akron, OH 44308  
 330.543.3513

Children's Medical Center of Dayton Factor Infusion Program  
 [Factor Products]  
 One Children's Plaza  
 Dayton, OH 45404  
 937.641.5428



As the new President of FAMOHIO I want to extend a warm welcome to all the families attending our 17th annual meeting

My first year as FAMOHIO President has been very rewarding so far. When the board meets, I look forward to getting together with others that face the same challenges in their walk with a bleeding disorder as I do. This is also FAMOHIO's goal: getting families together once a year that face similar challenges in life, to know you are not alone out there.

This has been a tough economic year for us all. It seems that when we get the answer to one question, then another problem arises. Medical conditions such as ours can cause us many financial woes, so it pays for us to be educated. Every year we try to offer the best educational sessions that we can to try to answer these questions. Our planning committee has once again done a wonderful job of planning these sessions and booking knowledgeable people to bring their message to our families. They have also done a wonderful job of planning a little fun for all of us this weekend. They HIT A GRAND SLAM for Saturday night's programming! More details on that later.

PAY ATTENTION AND GET INVOLVED!

This weekend will be fun, but more importantly it is for all families to share their thoughts, feelings, emotions and obstacles with one another, whether you are a first year attendee or a seasoned veteran. Pay close attention in the educational classes because there is something in every class for all of us; to learn. If you have a question, someone else might have the same question. It will benefit everyone in the class. Be aware of new families. Get involved with the new families, as they might have just had a brand new baby and not know what this is all about. You might just be the one to be their personal support group.

If you get to know me at all this weekend or in the years to come you will find out I am a huge sports fan and loved to play them in high school. This was possible with the help of my late mother, who was an RN, my family, coaches, Doctors, Nurses and Social Worker at the Toledo HFC. We were all a team and they all looked out for me, as a Mild Hemophiliac. At FAMOHIO, are a team working together to look out for one another, help one another, and be a support system to one another. This year on Saturday night we will all go to the brand new Huntington Park for the Columbus Clippers, a Triple A team of the Cleveland Indian's, vs the Buffalo Bison. The Clippers will be working together as a team to beat the Buffalo Bison, just as we all should be working together. Let's all root for a Clippers victory. Pay attention as we might see a baseball flying our way, and trust me, you don't want to miss that!

If you are interested in getting further involved in any way with FAMOHIO please feel free to contact myself at 419-796-9166 or Carrie Baker & Heidi Welch at Baker Non-profit Management at 614-222-8501. You can also visit [www.famohio.org](http://www.famohio.org)

Josh Crossgrove  
 President, FAMOHIO

Accredo/HHS  
[Factor Care Services with all Coagulation Products  
Supplies, Therapy management and community support]  
201 Great Circle Road  
Nashville, TN 37228  
800 800 6606

Affinity Biotech  
Specialty Pharmacy/Homecare  
1001 E 101st Terrace  
Suite 240

AHF, Inc  
Homecare Pharmacy specializing in  
Bleeding Disorders  
PO Box 985  
Enfield, CT 06083  
800 243 4621  
AHF@ahfinfo.com

BioRx  
[Specialty Pharmacy Home Care Provider]  
10828 Kenwood Road  
Cincinnati, OH 45242  
866 4481ORX

Cincinnati Children's Hospital Medical Center  
[Home Care including Factor Concentrate and  
Supplies with 24 hour on-call pharmacist]  
3333 Burnet Ave  
Cincinnati, OH 45229  
513 636 5341 fax

Coram Specialty Infusion  
[Home care and Pharmacy Services  
For Hemophilia and related bleeding disorders]  
6 Spring Mill Drive  
Malvern, PA 19355  
888 436 6789 or fax 610 578 1698



**Wheelchair Accessibility**

The hotel is wheelchair accessible. FAMOHIO has made all wheelchair accessible sleeping rooms available on a first come, first serve basis. If you require a special room or have any other special needs, please speak with the hotel staff directly. There are wheelchairs available during the FAMOHIO weekend

**No Smoking**

FAMOHIO adheres to the hotel's strict no smoking policy

**Treatment Suite/Sharps Disposal**

FAMOHIO will not provide a treatment suite or sharps container during the weekend.

**Children's Programming**

See Children's Programming section for detailed information

Infants 3 months to 35 months

Children's 36 months to 6 years

Youth 7 years to 9 years

Youth 10 years to 12 years

Teen 13 years to 17 years

**Meeting Rooms**

All FAMOHIO meeting sessions will be held at the Columbus Crowne Plaza North Hotel. Each room's activities for August 7-9 will be noted in this program

**Exhibits**

Visit FAMOHIO's exhibit area in the hotel foyer areas to speak with product manufacturers, service and nonprofit organizations.

**Hotel Pools**

The hotel pools with lifeguards present will be open for FAMOHIO attendees: Friday, August 7th from 3-9p.m. and Saturday, August 8th from 8:30 a.m. to 4:30 p.m. the pools will be reserved for a structured aquatic program, for the Teen and Youth program participants only.

**Fitness Room**

The fitness room will be closed for the duration of the FAMOHIO event.

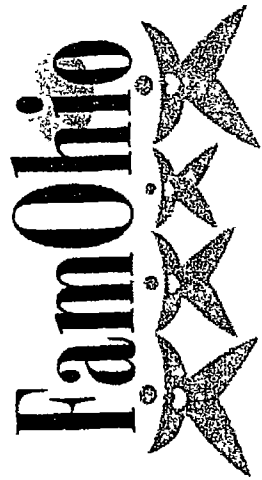
**Social Events**

See the Clippers game procedures Insert for Saturday Night activities.

**CHILDREN'S PROGRAMMING**

**INFANTS' PROGRAM**

The Infant's Program for children 3 to 35 months will be provided in the Columbus Crowne Plaza North Hotel Suites 325 and 340.



Monica Snider, Occupational Therapist at the Nisonger Early Childhood Education Program and long time FAMOHIO Board member will coordinate the child care staff of child life volunteers and child care specialists from Cincinnati Children's Hospital. The Infants Program begins on Saturday, August 8th at 8:30 a.m. and close at 4:00 p.m. Parents will be responsible for the care and feeding of their children during 12:00 noon to 1:00 p.m. Check with registration for morning only drop-off times to make the transition easier for the babies and toddlers.

**CHILDREN'S PROGRAM**

The Children's Program for children 36 months through 6 years old will be provided in the Columbus Crowne Plaza North Hotel. The Children's Program begins Saturday, August 8th at 8:30 a.m. and closes at 4:00 p.m. Care will be provided by volunteers working with professional child care staff. A wide variety of activities will be provided during the day. This year the children will remain in the program and be served lunch. Menu information was given on registration form. Katie Stentz coordinates the Children's Program.

**YOUTH PROGRAM**

The Youth Program on Saturday, August 8th is for children 7 years through 12 years old. This year the group has been separated into 7-9 year olds and 10-12 year olds. The programs will be provided at the Columbus Crowne Plaza North Hotel. The program begins at 8:30 a.m. with parent and child sign in. The Youth Program Coordinators, Hemophilia Treatment Center Nurse Charmaine Biega, and Sandy Hibner and volunteers will provide educational and recreational programming for the children. The children will remain in the program and will be served lunch. If at any time on Saturday a child becomes ill, his/her behavior becomes unruly, the program staff will notify the parent and it will be their responsibility to assume responsibility. The youth will be participating in a structured aquatic program Saturday morning beginning immediately after registration and they are asked to come to the program with bathing suits on.

**TEEN PROGRAM**

Adolescent program for teens 13-17 will feature The Cruise Nest and other activities with adolescent child life specialists, peer counselors, and psychosocial professionals in Room 225. The program strives to promote the development of supportive relationships among peers within the bleeding disorders community. The Cruise Nest is a room for teens to hangout with their peers, listen to music, socialize and have fun. This year the teen program will include lunch and a structured aquatic program Saturday afternoon in the hotel pool for the teens, please dress accordingly. If you have any questions regarding the Teen Program at FAMOHIO, please contact the Teen Program Coordinator Michele Robben.



Platinum Level

Baxter Bioscience  
 [ADVATE, Recombinate, FEIBA, Hemofil-M]  
 One Baxter Parkway  
 Deerfield, IL 60015  
 800.241.9360

Cascade Hemophilia Consortium  
 [Provider of Hemophilia/HIV/Hepatitis Medications & Services]  
 210 East Huron, Suite D  
 Ann Arbor, MI 48104  
 800.996.2575 & fax 734.996.5566

Gold Level

Bayer Healthcare  
 [Kogenate with Bio Set]  
 2313 Highland Ave  
 Allison Park, PA 15101  
 412.487.3948

Silver Level

University of Cincinnati Factor Program  
 [A provider of factor clotting concentrates and supplies]  
 231 Albert Sabin Way  
 Cincinnati, OH 45267  
 513.584.7639



Six men founded FAMOHIO, Inc. in the spring of 1992. That year, "FAMOHIO" was the acronym for "First Annual meeting of Hemophiliacs in Ohio" but it has since meant "Family Annual Meeting of Hemophiliacs in Ohio."

FAMOHIO, Inc. was grown out of the frustration of these adult men and their colleagues who had been infected by HIV in part because of the failure of government, product manufacturers, hemophilia organizations and others to adequately manage the quality of factor and communicate in a timely manner the risks of treatment. These men believed that an annual meeting of hemophiliacs and their families would provide an opportunity to share information, educate themselves, and work together for their common good. It was hoped that such a symposium would minimize the likelihood of a recurrence of such a calamity.

Of the six men who organized FAMOHIO, Inc., Tommy Burr, Tom Drake, Ira Gaffin and Darrell Hairston have died. All four were active in and strong advocates of the hemophilic community, and left behind loved ones as well as many friends who have ensured the continuation of FAMOHIO, Inc.



**Registration**

All attendees MUST be registered by Saturday, August 8th by 9:30 a.m. in order to participate in all FAMOHIO activities Saturday morning, afternoon and evening and Sunday morning. The registration area is located in the Capital Room, see below for hours. All attendees must also register with the hotel registration.

**Registration Hours**

Friday, August 7th	3:00 p.m. to 9:00 p.m.
Saturday, August 8th	8:00 a.m. to 9:30 a.m.

**Emergency Care**

FAMOHIO directs all medical emergencies to the front desk for assistance.

CSL Behring, L.L.C.,  
[Monoclate-P, Mononine, Humate-F,  
HelixateFS, Stimafe]  
6944 Pilar Ct  
Dublin, OH 43017  
614 989 5178

CVS/Caremark  
[Special Pharmacy providing a full array of blood clotting factors and medically necessary supplies]  
2211 Sanders Road  
Northbrook, IL 60062  
866 792 2731

Grifols USA  
[Alphanate, Alphanine, Proflimine]  
2410 Lillyvale Ave  
Los Angeles, CA 90032  
323 225 2221  
grifolsusa.com

Matrix Health Group  
[Healthcare Management providing Comprehensive Pharmacy Education, and Specialized support to the bleeding disorders community]  
3300 Corporate Ave  
Suite 104  
Weston, FL 33331  
877 337 3002

Medex Bio Care  
Specialty Pharmacy  
8024 Stage Hills Blvd  
Bartlett, TN 38133  
901 380 5899

Nationwide Children's Homecare Factor Program  
[IV Homecare Services, Skilled Nursing]  
255 Main St  
Columbus, OH 43215  
614 355 1100

**Thank You, 2009 FAMOHIO, Inc. Board Members!**

**Main Ballroom Sections**

- Ballroom 1
- Ballroom 2
- Ballroom 3
- Ballroom 4

**Adult Educational Sessions**

**Insurance Issues**- Rob Dash, Baxter Health Economic Division  
**Bleeding Disorders 101**- Dr Ralph Gruppo, Cincinnati Children's Hospital Medical Center  
**Hemophilia and Aging**- Carl Weikler, National Hemophilia Federation of America  
**Chronic Disease Management**- Stephanie Paval, Ohio Partnership to Fight Chronic Disease

**Pavilion**

12:00 p.m. **Pick Up Infants**  
 12:00-1:15 p.m. **Lunch**  
 12:30 p.m. **OBDC Award to State Senator Ray Miller**  
 1:00 p.m. **Infants Return to Program**

**Main Ballroom Sections**

- Ballroom 1
- Ballroom 2
- Ballroom 3
- Ballroom 4

**Adult Educational Sessions**

1:15-2:15p.m. **Genetics**-Dr. Ruth Flau, Children's Medical Center of Dayton  
**Power under pressure**-Bruce Boguski  
**About VWD**-Mary Dearmand  
**Insurance Issues Repeat**-Rob Dash, Baxter Health Economic Division

**Main Ballroom Sections**

- Ballroom 1
- Ballroom 2
- Ballroom 3
- Ballroom 4

**Break with Vendors**

2:15 p.m. **Adult Educational Sessions**  
**Political Advocacy**-Randi Clites  
**Learned Helplessness, Symptoms, Causes and Cures**-Bruce Boguski  
**Medical Identity Theft**-Liz Miller  
**How to recruit, manage, and motivate volunteers**-Dawn Rotellini

**Main Ballroom Sections**

- Ballroom 1
- Ballroom 2
- Ballroom 3
- Ballroom 4

**Wrap Sessions**

3:30-4:15 p.m. **Pick up Clippers tickets**  
**Men's**  
**Women's**  
**New Families**  
**Single Parents**

**Lobby**

4:30 p.m. **Busse depart for Clippers game**  
 (see Clippers game information sheet)

**Walking Path**

**Sunday, August 9th**  
 7:30-8:15 a.m. **Fitness Walk**  
 8:30-10:30 a.m. **Breakfast & Programming**  
 11:00 a.m. **Adjourn Weekend**

**Main Ballroom**

5:00 p.m. **Busse depart for Clippers game**  
 (see Clippers game information sheet)

Josh Crossgrove, President

Coy White, Past President,  
Vice President/Fundraising

Monica Snider, Secretary

Elizabeth Billow, L.I.S.W., Vice President/Planning

Rick Sites, J.D., M.S., Vice President/Legal

Les Gutter, C.P.A., Treasurer

Teresa Rutter

Charmaine Biega, R.N.

Linda Casto, MSW

Randi Clites

Marijorie Gaffin, L.I.S.W.

Gloria Gutter, R.N.

Liz Miller, R.N.

Pam Williams

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**Platinum Level**

Baxter Bioscience  
Cascade Hemophilia Consortium

**Gold Level**

Bayer Healthcare

**Silver Level**

University of Cincinnati Factor Program

**Bronze Level**

Accredo/HHS  
Affinity Biotech

AHF, Inc

BioRx

Cincinnati Children's Hospital Medical Center  
Coram Specialty Infusion

CSL Behring, L.L.C..

CVS/Caremark

Grifols USA

Matrix Health Group

Medex Bio Care

Nationwide Children's Homecare Factor Program

Novo Nordisk

Walgreens / Optoncare

Wyeth Hemophilia

**Friends Category:**

Akron Children's Factor Program  
Children's Medical Center of Dayton Factor Infusion Program