



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2009

Open to Public Inspection

Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**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.

Department of the Treasury
Internal Revenue Service**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****, 20****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization**Iowa Abortion Access Fund**

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P. O. Box 721

City or town, state or country, and ZIP + 4

Cedar Rapids, IA 52406-0721**D Employer identification number****42-1122157****E Telephone number****319-363-7138****F Group Exemption**

Number ▶

• 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) ▶**H Check** ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**I Website:** ▶ **www.laafund.org****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. ▶ \$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	171,871.56
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	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 type="checkbox"/>		
	6a	Gross revenue (not including \$ 2140 of contributions reported on line 1)	6a	10,825.00
	6b	Less: direct expenses other than fundraising expenses	6b	2190.88
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	8634.12	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶ bank fees, event fees)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	180,505.68	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	84,118.00
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	4601.11
	13	Professional fees and other payments to independent contractors	13	100.00
	14	Occupancy, rent, utilities, and maintenance	14	677.02
	15	Printing, publications, postage, and shipping	15	2668.30
	16	Other expenses (describe ▶ bank fees, event fees)	16	261.65
	17	Total expenses. Add lines 10 through 16	17	92,426.08
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	88,079.60
	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	44,945.00
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	133,024.60

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	44,945.00	22 133,024.60
23 Land and buildings		23
24 Other assets (describe ▶)		24
25 Total assets	44,945.00	25 133,024.60
26 Total liabilities (describe ▶)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	44,945.00	27 133,024.60

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2009)

G7

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose?

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	grants to women for unmet medical expenses		
	(Grants \$ 84,118.00) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	92,426.08
29			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)	32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
M. Finnegan Klein 513 2nd Ave. Iowa City, IA 52245	President, 4hrs/wk	0	0	0
Jill Vibhakar P.O.Box 649, Iowa City, IA 52244	Vice President, 2hrs/wk	0	0	0
Carol Moss 242 24th St. Dr. SE, Cedar Rapids, IA 52401	Secretary, 2hrs/wk	0	0	0
John Karn 1722 Chestnut Ln. NE, Cedar Rapids, IA 52402	Treasurer, 5hrs/wk	0	0	0
John Chalmov 1915 Grande Ave. SE, Cedar Rapids, IA 52403	Director, 1hr/wk	0	0	0
Cat Fribley 1725 F Street, Iowa City, IA 52240	Director/Developmt, 2hr/wk	0	0	0
Kathleen Lane 934 21st Street SE, Cedar Rapids, IA 52403	Director, 1hr/wk	0	0	0
Nancy Sauerman 1211 Memorial Dr SE, Cedar Rapids, IA 52403	Director, 1hr/wk	0	0	0
Sashi Solomon 110 34th St. SE, Cedar Rapids, IA 52403	Director, Auction, 5hrs/wk	0	0	0
Marcia Swift 4300 Cottage Grove Pkwy SE, Cedar Rapids, IA 52403	Director, 1hr/wk	0	0	0
Joan Thorson 2219 David Ct NE, Cedar Rapids, IA 52402	Director, 1hr/wk	0	0	0
Alena Vasquez 1134 East Jefferson, Iowa City, IA 52245	Director, Auction, 2hrs/wk	0	0	0
Jen Visser	Director, Commun, 3hrs/wk	0	0	0
Jessica Morton 810 Commons Circle, Mount Vernon, IA 52314	Client Liaison	2337.75	0	0
Kristi Lohmeier Law 580 August Circle #5, North Liberty, IA 52317	Client Liaison	1965.00	0	0

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	✓	
35 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		
a 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 If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 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		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a 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 If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
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		✓
c 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 ▶ 0		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e 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.		✓
41 List the states with which a copy of this return is filed. ▶		
42a The organization's books are in care of ▶ Nancy Sauerman Telephone no. ▶ 319-363-7138 Located at ▶ 1211 Memorial Dr. SE, Cedar Rapids, IA ZIP + 4 ▶ 52403-3543		
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)?		✓
If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c 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: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45 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
46 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	46	✓
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	✓
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	✓
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	✓
b If "Yes," was the related organization a section 527 organization?	49b	

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."

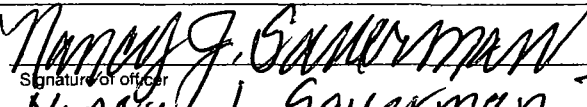
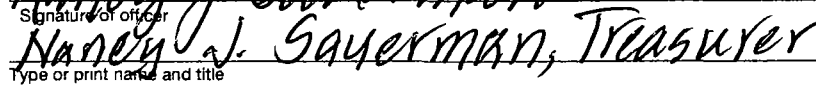
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
none				

f Total number of other employees paid over \$100,000 ▶

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

d Total number of other independent contractors each receiving over \$100,000 ▶

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date July 30, 2010	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN		Phone no

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

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

42

1122157

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 33⅓ % 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 33⅓ % 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?

(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? ☐

(ii) A family member of a person described in (i) above? ☐

(iii) A 35% controlled entity of a person described in (i) or (ii) above? ☐

h Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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.")	60,650	70,525	73,557	63,435	45,969	313,988
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 Total. Add lines 1 through 3	60,650	70,525	73,557	63,435	45,969	313,988
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)						170,000
6 Public support. Subtract line 5 from line 4.						143,988

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	60,650	70,525	73,557	63,435	45,969	313,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on	11,037	11,011	13,603	6,342	8,634	50,616
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						364,604
12 Gross receipts from related activities, etc. (see instructions)					12	62,773
13 First five years. 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 stop here ► <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	39.49 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	42.93 %
16a 33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b 33 1/3 % support test—2008. 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 stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. 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 stop here. 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 10%-facts-and-circumstances test—2008. 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 stop here. 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 Private foundation. 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"/>		

m3-4



No: W00646583
Date: 01/04/2010

SECRETARY OF STATE

504RDN-055309
IOWA MEDICAL AID FUND

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Change of Registered Office and/or Agent

The document was filed on Dec 28 2009 10:37AM, to be effective as of Dec 28 2009 10:37AM.

No filing fee was required.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE





MICHAEL A. MAURO
Secretary of State
State of Iowa

55309
**STATEMENT OF CHANGE
OF REGISTERED OFFICE
AND/OR
REGISTERED AGENT**

Pursuant to Iowa law, the undersigned submits this Statement to change the business entity's registered office and/or registered agent in Iowa. Read the **INSTRUCTIONS** on the back of this form before completing the information and signing below.

1. The **NAME** of the business entity is: Iowa Medical Aid Fund

2. The **street address** of the **CURRENT** registered **OFFICE** as indicated on the Secretary of State's records is:
4056 Glass Road NE Cedar Rapids IA 52402
street city state zip

3. The **street address** of the **NEW** registered **OFFICE** is:
1211 Memorial Drive SE, Cedar Rapids, IA 52403
street city state zip

4. The **name** of the **CURRENT** registered **AGENT** as indicated on the Secretary of State's records is:
Larry J. Thorson

(If more than one **AGENT** is registered, indicate which one is being replaced)

5. The **name** of the **NEW** registered **AGENT** is: Nancy J. Sauerman

6. If the **REGISTERED AGENT** has changed, the **NEW** Registered Agent must sign here, consenting to their appointment, or attach their written consent to this form.

Nancy J. Sauerman
Signature of NEW Registered Agent

Complete **ONLY** if the Registered Agent changes.

7. If the **REGISTERED AGENT** changes the **street address** of their business office on this form, the Re here indicating that **NOTICE** of the change has been given to the business entity.

Nancy J. Sauerman
Signature of Registered Agent

Complete **ONLY** if the Registered Agent changes the **street address** of their business office.

FILED
IOWA
SECRETARY OF STATE
12/28/09
10:37am
W646583



8. After any/all change(s) are made, the **street address** of the registered office and the **street address** of the business office of the registered agent will be identical.

9. Signature by authorized* representative: Joan A. Thorson Date: 12-22-09
*See instruction #9 on back

PRINT Name and Title: Joan A. Thorson, Director ()
Name and Title Telephone Number

55309

517196 AMEN \$10.00 KIM Z 1/4/10

AMENDMENT TO
ARTICLES OF INCORPORATION OF
IOWA MEDICAL AID FUND

TO THE IOWA SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to Sections 504A.35 and 504A.36 of the Iowa Non-Profit Business Corporation Act, the undersigned corporation adopts the following amendment to the corporation's Articles of Incorporation.

1. The name of the corporation is Iowa Medical Aid Fund.
2. The corporation has amended its Articles to change its name to Iowa Abortion Access Fund as set out in Article I. of its Articles of Incorporation as follows:

"ARTICLE I.

The name of the corporation shall be
Iowa Abortion Access Fund."

3. There are no members of the corporation entitled to vote on the Amendment.
4. The Amendment was adopted by the Board of Directors on December 19, 2009.

DATED this 19 day of December, 2009.

IOWA MEDICAL AID FUND

By: Finigan R. Meador

By: [Signature]

FILED
IOWA
SECRETARY OF STATE
12/28/09
10:37am
W646584



2009 DEC 28 AM 10:37

SECRETARY OF STATE
IOWA



No: W00646584
Date: 01/04/2010

SECRETARY OF STATE

504RDN-055309
IOWA ABORTION ACCESS FUND

ACKNOWLEDGEMENT OF DOCUMENT FILED

The Secretary of State acknowledges receipt of the following document:

Articles of Amendment

The document was filed on Dec 28 2009 10:37AM, to be effective as of Dec 28 2009 10:37AM.

The amount of \$10.00 was received in full payment of the filing fee.



Michael A. Mauro

MICHAEL A. MAURO SECRETARY OF STATE



Printed on
Recycled Paper