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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
InspectionDepartment 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

B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization	D Employer identification number
☐ Address change		HEMOPHILIA OF IOWA, INC.	42-1334948
☐ Name change		Number and street (or P O box, if mail is not delivered to street address)	E Telephone number
☐ Initial return		13018 378TH STREET	(563) 933-4469
☐ Termination		City or town, state or country, and ZIP + 4	F Group Exemption Number . . .
☐ Amended return		STRAWBERRY POINT, IA 52076-8215	
☐ Application pending			

• 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.HEMOPHILIAOFIOWA.COM

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 . . . ► \$ 148,517.

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	1	89,174.
2	Program service revenue including government fees and contracts	2	3,396.
3	Membership dues and assessments	3	1,680.
4	Investment income	4	255.
5 a	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		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	48,015.
b	Less: direct expenses other than fundraising expenses	6b	22,714.
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	25,301.
7 a	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 ► ATCH 2)	8	5,997.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	125,803.
10	Grants and similar amounts received (attach schedule)	10	20,050.
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	7,304.
13	Professional fees and other payments to independent contractors	13	265.
14	Occupancy, rent, utilities, and maintenance	14	2,012.
15	Printing, publications, postage, and shipping	15	14,439.
16	Other expenses (describe ► ATCH 3)	16	80,696.
17	Total expenses. Add lines 10 through 16	17	124,766.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,037.
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	84,485.
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	85,522.

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	84,485.	85,522.
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets	84,485.	85,522.
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	84,485.	85,522.

99 21

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

Expenses

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

What is the organization's primary exempt purpose? ATCH 5

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.

28 THIS ORGANIZATION PROVIDES RETREATS FOR CHILDREN & PARENTS
AFFECTED BY HEMOPHILIA.

(Grants \$ 0.) If this amount includes foreign grants, check here ►

28a	19,734.
-----	---------

29 ANNUAL MEETINGS ARE HELD AND SPEAKERS ARE BROUGHT IN TO EDUCATE
PEOPLE ABOUT HEMOPHILIA.

(Grants \$ 0.) If this amount includes foreign grants, check here ►

29a	34,726.
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30 THIS ORGANIZATION PROVIDES SCHOLARSHIPS TO HIGH SCHOOL STUDENTS
PURSUING A CAREER IN THE MEDICAL FIELD.

(Grants \$	20,050.	) If this amount includes foreign grants, check here	▶
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30a	20,050.
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31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)	32	74,510.
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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
KARI ATKINSON	PRESIDENT			
CENTRAL CITY, IA 52214	3.00	0.	0.	2,502.
ASHLEY DRUCKENMILLER	VICE PRESIDENT			
LUCAS, IA 50151	2.00	0.	0.	852.
BRIAN UNRUH	SECRETARY			
CEDAR FALLS, IA 50613	2.00	0.	0.	593.
RUTH ATKINSON	TREASURER			
STRAWBERRY POINT, IA 52076	3.00	0.	0.	542.
SHANE KELLEY	DIRECTOR			
FAIRBANK, IA 50629	1.00	0.	0.	646.
CATHY TREICHEL	DIRECTOR			
CORALVILLE, IA 52241	1.00	0.	0.	616.
JILL DIRKX	DIRECTOR			
WEST DES MOINES, IA 50266	1.00	0.	0.	0.
BEATE KEITH	DIRECTOR			
MUSCATINE, IA 52261	1.00	0.	0.	702.
DAVID BRUSTKERN	DIRECTOR			
DES MOINES, IA 50316	1.00	0.	0.	470.
LAURIE WHITE	DIRECTOR			
WEST DES MOINES, IA 50266	1.00	0.	0.	126.
RACHELLE NOLAN	DIRECTOR			
JESUP, IA 50648	1.00	0.	0.	63.
JENNIFER ADAMS	DIRECTOR			
RIVERSIDE, IA 52327	1.00	0.	0.	61.
JIM BROWN	DIRECTOR			
LINCOLN, NE 68507	1.00	0.	0.	0.
STEPHANIE LASISTER	DIRECTOR			
KANSAS CITY, MO 64154	1.00	0.	0.	0.
STACIE COWEN	DIRECTOR			
MAPLE GROVE, MN 55311	1.00	0.	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 <u>N/A</u>		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes <u>N/A</u>		X
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? <u>N/A</u>		
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. <u>N/A</u>		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u> 0.		
b Did the organization file Form 1120-POL for this year?		X
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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. <u>N/A</u> <u>38b</u>		
39 Section 501(c)(7) organizations Enter.		
a Initiation fees and capital contributions included on line 9 <u>N/A</u> <u>39a</u>		
b Gross receipts, included on line 9, for public use of club facilities <u>N/A</u> <u>39b</u>		
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 <u>N/A</u>		X
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		X
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ RUTH ATKINSON Telephone no ▶ (563) 933-4469 Located at ▶ 13018 378TH STREET STRAWBERRY POINT, IA ZIP + 4 ▶ 52076-8215		
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 ▶ <u>N/A</u>		X
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 ?		X
If "Yes," enter the name of the foreign country ▶ <u>N/A</u>		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. <u>N/A</u> ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year <u>N/A</u> ▶ <u>43</u>		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ <u>N/A</u>		X
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 <u>N/A</u>		X

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.

- 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. *NIA* **46** ☐ Yes ☒ No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. *NIA* **47** ☐ Yes ☒ No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. *NIA* **48** ☐ Yes ☒ No
- 49a Did the organization make any transfers to an exempt non-charitable related organization? *NIA* **49a** ☐ Yes ☒ No
- b If "Yes," was the related organization a section 527 organization? *NIA* **49b** ☐ Yes ☒ No
- 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."

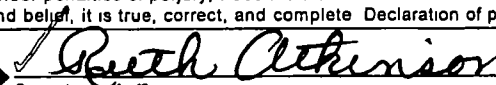
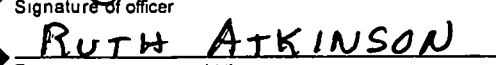
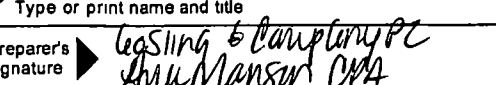
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000. **NONE**

- 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		

d Total number of other independent contractors receiving over \$100,000. **NONE**

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		4-28-10 Date	
Paid Preparer's Use Only	 Type or print name and title			
	Preparer's signature  Date APR 23 '10		Check if self-employed ☐	Preparer's identifying number (See Instructions) P00234015
	Firm's name (or yours if self-employed), address, and ZIP + 4 GOSLING & COMPANY, P.C. 217 NORTH FRANKLIN STREET MANCHESTER, IA 52057		EIN 42-1277818	Phone no 563 927-4810
	May the IRS discuss this return with the preparer shown above? See instructions. ☐ Yes ☒ No			

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

Name of the organization

HEMOPHILIA OF IOWA, INC.

Employer Identification number

42-1334948

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).

[illegible]

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

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")						
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						
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)						
6 Public support. Subtract line 5 from line 4						

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						
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						
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						
12 Gross receipts from related activities, etc. (see instructions)					12	
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						☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
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		☐
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		☐
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		☐
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		☐
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		☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 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")			78,892	142,651	90,854	312,397
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				1,435	3,396	4,831
3 Gross receipts from activities that are not an unrelated trade or business under section 513				9,055	48,015	57,070
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5			78,892	153,141	142,265	374,298
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						374,298

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6			78,892	153,141	142,265	374,298
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			5	419	255	679
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b			5	419	255	679
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)				1,799	5,997	7,796
13 Total support. (Add lines 9, 10c, 11, and 12)			78,897	155,359	148,517	382,773
14 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. ☒						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

SCHEDULE A, PART III - OTHER INCOME

DESCRIPTION	2005	2006	2007	2008	2009	TOTAL
REIMBURSEMENTS				999		999
SCHOLARSHIP REFUNDS				800.		800.
MISCELLANEOUS					5,997.	5,997
TOTALS				<u>1,799</u>	<u>5,997.</u>	<u>7,796</u>

FORM 990EZ, PART I - SPECIAL EVENTS AND ACTIVITIES

<u>DESCRIPTION</u>	<u>GROSS REVENUE</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
RAFFLE INCOME	290.	224.	66.
GOLF TOURNAMENT	36,695.	13,259.	23,436.
CAMP TANAGER	11,030.	9,231.	1,799.
TOTALS	<u>48,015.</u>	<u>22,714.</u>	<u>25,301.</u>

FORM 990EZ, PART I - OTHER REVENUE

MISCELLANEOUS

5,997.

TOTALS

5,997.

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	1,600.
TRAVEL	1,968.
CONFERENCES, CONVENTIONS	58,003.
BANK SERVICE CHARGES	364.
MISCELLANEOUS	892.
WEB SITE EXPENSE	6,818.
MILEAGE EXPENSE	698.
OUTSIDE CONTRACT SERVICES	3,565.
MEMBER SUPPORT	1,861.
GIFTS	3,527.
MEMBERSHIP FEES	400.
SPONSORSHIP	1,000.
TOTAL	<u>80,696.</u>

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	84,485.	35,522.
INVESTMENTS - OTHER		50,000.
TOTALS	<u>84,485.</u>	<u>85,522.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

EDUCATION & FINANCIAL ASSISTANCE TO FAMILIES AFFECTED BY HEMOPHILIA

FORM 990EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID

SCHOLARSHIPS PAID

<u>NAME</u>	<u>ADDRESS</u>	<u>AMOUNT</u>
Nickolas Folkerts	1227 W 27th Street Cedar Falls, IA 50614	1,300
Alex Baker	4647 Stone Ave Sioux City, IA 51104	1,300
Matt Patrilla	1825 Logan Ave Waterloo, IA 50703	1,300
Ben Meyer	0210 Beardshear Hall Ames, IA 50011	1,800
Brad Jones	106 Admin Building Brookings, SD 57007	1,300
Ryan Hutchins	107 Calvin Hall Iowa City, IA 52242	1,800
Kelsey Ledger	2507 University Ave Des Moines, IA 50311	1,300
Dylan Humburg	105 Gilchrist Hall Cedar Falls, IA 50614	1,300
Enrico Roth	3700 S Center Street Marshalltown, IA 50158	1,300
Bryce Kubik	2 Gilchrist Hall Cedar Falls, IA 50614	1,300
Andy Meyer	17 Calvin Hall Iowa City, IA 52242	650
Keslie Humburg	17 Calvin Hall Iowa City, IA 52242	600
Alyssa Dyall	2 Gilchrist Hall Cedar Falls, IA 50614	600
Tyler Kubik	Central College Pella, IA 50219	600
Tom Recker	6301 Kirkwood Blvd SW Cedar Rapids, IA 52404	900
Heather Hauser	1501 E Orange Road Waterloo, IA 50704	600
Matthew Hauser	255 Gilchrist Hall Cedar Falls, IA 50614	600
Jacob Meyer	6301 Kirkwood Blvd SW Cedar Rapids, IA 52404	600
Kasey Van Wyk	601 Regency Drive Glendale Heights, IL 60139	600
Kendra Zantigh	18624 W Creek Dr Ste 1108 Tinley Park, IL 60477	300
Total		<u>20,050</u>