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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 $1,000,000 and total assets less than $2,500,000 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*

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 3/1/2008 , and ending 2/28/2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
IOWA HEALTH INFORMATION MGMT ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 640

City, town, or country State ZIP + 4
VINTON IA 52349

D Employer identification number
42-1431894

E Telephone number
(319) 472-3817

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 iahima org

J Organization type (check only one)— ☒ 501(c) (6) ◄ (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 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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ► $ 62,789

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	0
2	Program service revenue including government fees and contracts			2	46,628
3	Membership dues and assessments			3	13,808
4	Investment income			4	1,703
5a	Gross amount from sale of assets other than inventory	5a	0		
b	Less cost or other basis and sales expenses	5b	0		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)			5c	0
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming**, check here ► ☐				
a	Gross revenue (not including $ 0 of contributions reported on line 1)	6a	650		
b	Less. direct expenses other than fundraising expenses	6b	0		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)			6c	650
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	0
8	Other revenue (describe ►)			8	0
9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ►			9	62,789
10	Grants and similar amounts paid (attach schedule)			10	500
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	595
14	Occupancy, rent, utilities, and maintenance			14	
15	Printing, publications, postage, and shipping			15	437
16	Other expenses (describe ► See attached statement)			16	60,410
17	**Total expenses.** Add lines 10 through 16 ►			17	61,942
18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	847
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	77,662
20	Other changes in net assets or fund balances (attach explanation)			20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ►			21	78,509

Part II **Balance Sheets.** If Total assets on line 25, column (B) are $2,500,000 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	77,662	22	78,509
23 Land and buildings		23	
24 Other assets (describe ►)	0	24	0
25 **Total assets**	77,662	25	78,509
26 **Total liabilities** (describe ►)	0	26	0
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	77,662	27	78,509

21

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

What is the organization's primary exempt purpose? PROVIDE INFORMATION TO PROFESSION

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, or other relevant information for each program title

		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
28	THE ASSOCIATION SCHEDULES WORKSHOPS, SEMINARS, AND MEETINGS TO DISCUSS CURRENT EVENTS AND DEVELOPMENTS RELATING TO THE MEDICAL RECORDS FIELD. (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	28a	61,942
29	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	29a	0
30	(Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	30a	0
31	Other program services (attach schedule) (Grants $ 0) If this amount includes foreign grants, check here ▶ ☐	31a	0
32	**Total program service expenses.** (add lines 28a through 31a) ▶	32	61,942

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
Name KELLI ANDERSON Str 500 E MARKET ST City IOWA CITY ST IA ZIP 52245	Title PRESIDENT Hr/WK 2 00	0	0	0
Name PEGGY WOLFE Str 943 SPRING RIDGE City IOWA CITY ST IA ZIP 52246	Title PRES ELECT Hr/WK 1 50	0	0	0
Name LISA DALY Str 802 KENYON RD City FT DODGE ST IA ZIP 50501	Title SECRETARY Hr/WK 1 50	0	0	0
Name MARLYS GOEDKEN Str 2273 RIDGEVIEW DF City MUSCATINE ST IA ZIP 52761	Title TREASURER Hr/WK 1 50	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0
Name Str City ST ZIP	Title Hr/WK .00	0	0	0

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

			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.	33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	34		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 your reason for not reporting the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	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 unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0			
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			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____ , section 4912 ► _____ , section 4955 ► _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0			
d	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.	40e		X

41 List the states with which a copy of this return is filed. ► NONE

42 a The books are in care of ► Name MARLYS GOEDKEN Telephone no ► (319) 335-9463

Located at ► 2273 RIDGEVIEW DRIVE City MUSCATINE ST IA ZIP + 4 ► 52761

			Yes	No
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)?	42b		X
	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: ► _____	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44		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	45		X

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 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 operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization(s) a section 527 organization?	49b		

50 Complete this table for the 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
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over $100,000 ▶	0	0	0	0

51 Complete this table for the 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
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over $100,000 ▶	0	0

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

▶ Marlys Goedken — Signature of officer — Date: 1-11-2010

▶ MARLYS GOEDKEN — Type or print name and title — TREASURER

Paid Preparer's Use Only

Preparer's signature ▶ Richard H Kerdus — Date 1/8/2010 — Check if self-employed ▶ ☐ — Preparer's Identifying Number (See instructions) P00025041

Firm's name (or yours if self-employed), address, and ZIP +4 ▶ KERDUS AND BARRON PC, 205 W 4TH ST, VINTON, IA 52349 — EIN ▶ 42-1343982 — Phone no ▶ (319)472-3817

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization
IOWA HEALTH INFORMATION MGMT ASSOCIATION

Employer identification number
42-1431894

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total . . . . . ▶				0	0	0

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a List events with gross receipts greater than $5,000

		(a) Event #1 LEGAL HANDBOOKS (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	650	0	0	650
	2 Less: Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	650	0	0	650
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Other direct expenses	0	0	0	0
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				(0)
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				650

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	☐ Yes ____% ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(0)
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				0

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities.			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain.			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	36
2	Dividends and interest from securities	2	1,496
3	Gross rents	3	
4	Other investment income	4	171
5	Total	5	1,703

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	TUITION	ALICE KOOB		307 S OLIVE ST	MAQUOKETA	IA	52060	
2								
3								
4								
5								
6								
7								
8								
9								
10								

IOWA HEALTH INFORMATION MGMT ASSOCIATION

42-1431894

500 500 0

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
500	NONE			500				4/15/2008

Part I, Line 16 (990-EZ) - Other Expenses 60,410

1	Travel, Meals and Entertainment		
	a Travel	1a	
	b Total meals and entertainment	1b	
2	Fundraising	2	
3	From Form 4562 - Amortization	3	
4	Conferences, conventions, and meetings	4	
5	Depreciation, depletion, etc.	5	
6	Equipment rental and maintenance	6	
7	Interest	7	
8	Supplies	8	
9	Telephone	9	
10	Unrelated business income taxes	10	0
11	NATIONAL CONVENTION	11	7,401
12	LEADERSHIP TEAMS	12	4,037
13	BOARD EXPENSE	13	5,019
14	STATE CONVENTION & SEMINARS	14	36,637
15	DISTRICT MEETINGS	15	250
16	SPEAKERS	16	5,462
17	SUPPLIES	17	20
18	ENCODING	18	976
19	WEBSITE	19	155
20	TELEPHONE	20	432
21	BANK FEES	21	21
22		22	
23		23	
24		24	
25		25	
26		26	

Part II (Sch G (990/990EZ)) - Events

650 0 650 0 0 0 0

	Event Type	Line 1 Gross Receipts	Line 2 Less (Charitable contributions)	Line 3 Gross Revenue (line 1 minus line 2)	Line 4 Cash Prizes	Line 5 Non-cash Prizes	Line 6 Rent/Facility costs	Line 7 Other direct expenses
1	LEGAL HANDBOOKS	650		650				
2				0				
3				0				
4				0				
5				0				
6				0				
7				0				
8				0				
9				0				
10				0				
11				0				
12				0				
13				0				
14				0				
15				0				
16				0				
17				0				
18				0				
19				0				
20				0				