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2009

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning 07/01/09, and ending 06/30/10

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
OHIO HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.D Employer identification number
31-0918571Number and street (or P O box, if mail is not delivered to street address)
P O BOX 824

Room/suite

E Telephone number
614-847-0160City or town, state or country, and ZIP + 4
WORTHINGTON OH 43085-0824F 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) ►I Website: ► **WWW.OHIMA.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) (6) (insert no) 4947(a)(1) or 527K 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 returnL 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 ► \$ **304,885****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	72,297
2 Program service revenue including government fees and contracts	2	183,159
3 Membership dues and assessments	3	
4 Investment income	4	4,295
5a Gross amount from sale of assets other than inventory	5a	25,000
b Less: cost or other basis and sales expenses	5b	25,119
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	-119
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	SEE STMT 1	
a Gross revenue (not including \$ RECEIVED reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b	
c 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 ► SEE STATEMENT 2)	8	20,134
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	279,766
10 Grants and similar amounts paid (attach schedule)	10	5,508
11 Benefits paid to or for members	11	
12 Salaries, other compensation, and employee benefits	12	102,325
13 Professional fees and other payments to independent contractors	13	1,755
14 Occupancy, rent, utilities, and maintenance	14	323
15 Printing, publications, postage, and shipping	15	985
16 Other expenses (describe ► SEE STATEMENT 3)	16	175,506
17 Total expenses. Add lines 10 through 16	17	286,402
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-6,636
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	324,656
20 Other changes in net assets or fund balances (attach explanation)	20	5,722
21 Net assets or fund balances at end of year Combine lines 18 through 20	21	323,742

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	324,680	22 323,182
23 Land and buildings		23
24 Other assets (describe ► SEE STATEMENT 5)	716	24 1,279
25 Total assets	325,396	25 324,461
26 Total liabilities (describe ► SEE STATEMENT 6)	740	26 719
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	324,656	27 323,742

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

Form 990-EZ (2009)

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

What is the organization's primary exempt purpose?

SEE STATEMENT 7

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

28 COMMITTED TO EXCELLENCE IN THE MANAGEMENT OF HEALTH INFORMATION FOR THE BENEFIT OF PATIENTS AND PROVIDERS.

(Grants \$

) If this amount includes foreign grants, check here



28a

29

(Grants \$

) If this amount includes foreign grants, check here



29a

30

(Grants \$

) If this amount includes foreign grants, check here



30a

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

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
ANGELA HAMMOND PO BOX 824	WORTHINGTON OH 43085	PRESIDENT 5.00	0	0
VALERIE TABOR PO BOX 824	WORTHINGTON OH 43085	PRESIDENT-EL 5.00	0	0
CARLA NADEJA PO BOX 824	WORTHINGTON OH 43085	TREASURER 5.00	0	0
PAULA WARREN PO BOX 824	WORTHINGTON OH 43085	PAST-PRESIDE 5.00	0	0
ANNE CASTO PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 5.00	0	0
JULIE COWHER PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 5.00	0	0
LAUREE HANDLON PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 5.00	0	0
TERRI TEYNOR PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 5.00	0	0
AMY DOTTS PO BOX 824	WORTHINGTON OH 43085	EXECUTIVE DI 40.00	87,413	0
TOBI WOOD PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 12.00	14,913	0
GAIL WRIGHT PO BOX 824	WORTHINGTON OH 43085	DIRECTOR 5.00	0	0

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

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34

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? 35a

b If "Yes," has it filed a tax return on Form 990-T for this year? 35b

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 36

37a Enter amount of political expenditures, direct or indirect, as described in the instr ► 37a

b Did the organization file Form 1120-POL for this year? 37b

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? 38a

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 ► _____, section 4912 ► _____, section 4955 ► _____ 40b

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 40c

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 40d

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40e

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 40f

41 List the states with which a copy of this return is filed. ► **NONE**42a The organization's books are in care of ► **AMY DOTTES, EXECUTIVE DIR** Telephone no ► **614-847-0160****PO BOX 824**Located at ► **WORTHINGTON, OH**ZIP + 4 ► **43085-0824**

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 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 44 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

	Yes	No
33		<input checked="" type="checkbox"/>
34		<input checked="" type="checkbox"/>
35a	<input checked="" type="checkbox"/>	
35b	<input checked="" type="checkbox"/>	
36	<input checked="" type="checkbox"/>	
37a		
37b	<input checked="" type="checkbox"/>	
38a	<input checked="" type="checkbox"/>	
38b		
39a		
39b		
40b		
40c		
40d		
40e		<input checked="" type="checkbox"/>

	Yes	No
42b		<input checked="" type="checkbox"/>
42c		<input checked="" type="checkbox"/>

	Yes	No
44		<input checked="" type="checkbox"/>
45		<input checked="" type="checkbox"/>

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 operating 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

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	Preparer's Identifying Number (See instr)
	Carla Nadiya	12-9-10	P00280037
	Signature of officer	Date	
	Carla Nadiya, Treasurer / Finance Manager		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	William Keller, CPA	Date	Check if self-employed	Preparer's Identifying Number (See instr)
	Firm's name (or yours if self-employed), address, and ZIP + 4	PRITCHETT, DLUSKY, SAXE & KELLER, LTD. 1621 W 1ST AVE COLUMBUS, OH 43212-3349	11-18-10	<input type="checkbox"/>	P00280037
			EIN	<input type="checkbox"/>	31-1627911
		Phone no	<input type="checkbox"/>	614-481-8051	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Depreciation and Amortization
(Including Information on Listed Property)

2009

Name(s) shown on return

OHIO HEALTH INFORMATION MANAGEMENT
ASSOCIATION, INC.Identifying number
31-0918571

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	323

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM	S/L		
		27 5 yrs.	MM	S/L		
i Nonresidential real property		39 yrs	MM	S/L		
			MM	S/L		

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year		12 yrs.			S/L	
c 40-year		40 yrs	MM	S/L		

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	323
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

31-0918571

Federal Statements

Statement 1 - Form 990-EZ, Part I, Line 5c - Sale of Assets Other than Inventory -

Securities

<u>How Received</u>	<u>Description</u>	<u>Whom Sold</u>	<u>Date Acquired</u>	<u>Date Sold</u>	<u>Sale Price</u>	<u>Cost & Expense</u>	<u>Depreciation</u>	<u>Gain / Loss</u>
WESTERNBANK PR								
DONATION	VARIOUS		8/17/09		\$ 25,000	\$ 25,119	\$ 119	\$ -119
TOTAL					\$ 25,000	\$ 25,119	\$ 119	\$ -119

Federal Statements**Statement 2 - Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
OHIMA BULLETIN	\$ 19,190
MISCELLANEOUSE INCOME	944
TOTAL	\$ <u>20,134</u>

Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
OHIMA BULLETIN ADVERTISING	\$ 5,817
EXPENSES	
OFFICE	6,935
PUBLIC OFFICIALS TRAVEL/ENTERTAIN	9,503
CONFERENCES/MEETINGS	137,925
INSURANCE	1,860
INTERNET	540
TELEPHONE	1,612
PAYROLL TAXES	8,515
MISCELLANEOUS EXPENSE	2,277
DUES	445
LOGO APPAREL	77
TOTAL	\$ <u>175,506</u>

Statement 4 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
UNREALIZED GAIN ON SECURITIES HELD AT YEAR-END	\$ 5,722
TOTAL	\$ <u>5,722</u>

Statement 5 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
FURNITURE & EQUIPMENT	\$ 22,824	\$ 23,710
LESS ACCUMULATED DEPRECIATION	22,108	22,431
	<u>716</u>	<u>1,279</u>

Statement 6 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
WITHHOLDING TAXES	\$ 740	\$ 719
	<u>740</u>	<u>719</u>

Federal Statements**Statement 7 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose****Description**

TO KEEP MEMBERS INFORMED ABOUT DEVELOPMENTS IN THE HEALTH INFO. MGMT. FIELD.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**Part I: Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only



All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.



Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions.	Name of Exempt Organization OHIO HEALTH INFORMATION MANAGEMENT ASSOCIATION, INC.	Employer identification number 31-0918571
	Number, street, and room or suite no. If a P.O. box, see instructions. P O BOX 824	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WORTHINGTON OH 43085-0824	

Check type of return to be filed (file a separate application for each return):

- Form 990
- Form 990-BL
- Form 990-EZ
- Form 990-PF

- Form 990-T (corporation)
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 990-T (trust other than above)
- Form 1041-A

- Form 4720
- Form 5227
- Form 6069
- Form 8870

- The books are in the care of ► **AMY DOTTs, EXECUTIVE DIRECTOR**

Telephone No ► **614-847-0160**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box



• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **05/15/11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year or
► tax year beginning **07/01/09**, and ending **06/30/10**.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)