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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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 07-01-2009

, and ending 06-30-2010

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<br>Maryland Health Information Management Association Inc                  | D Employer identification number<br>52-1327868 |
| Number and street (or P O box, if mail is not delivered to street address)<br>7616 AYRSHIRE COURT | E Telephone number<br>(410) 601-7372           |
| City or town, state or country, and ZIP + 4<br>SEVERN, MD 21144                                   | F Group Exemption Number<br>►                  |

\* 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.MDHIMA.ORG

J Tax-Exempt status (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 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 ► \$ 119,112

## 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  |         |
| 2 Program service revenue including government fees and contracts   | 2  | 88,062  |
| 3 Membership dues and assessments   | 3  | 27,144  |
| 4 Investment income   | 4  | 700     |
| 5a Gross amount from sale of assets other than inventory  | 5a |         |
| b Less cost or other basis and sales expenses   | 5b |         |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | 5c |         |
| 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ►                                |    |         |
| a Gross revenue (not including \$ of contributions 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 ►)  | 8  | 3,206   |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8  | 9  | 119,112 |
| 10 Grants and similar amounts paid (attach schedule) ►  | 10 | 4,000   |
| 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 |         |
| 14 Occupancy, rent, utilities, and maintenance  | 14 |         |
| 15 Printing, publications, postage, and shipping  | 15 | 16      |
| 16 Other expenses (describe ►)  | 16 | 108,714 |
| 17 Total expenses. Add lines 10 through 16  | 17 | 112,730 |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9)  | 18 | 6,382   |
| 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 | 113,977 |
| 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 | 120,359 |

## 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 |
|-----------------------|-----------------|
| 113,977               | 22 120,359      |
|                       | 23              |
|                       | 24              |
| 113,977               | 25 120,359      |
| 0                     | 26 0            |
| 113,977               | 27 120,359      |

22 Cash, savings, and investments  
23 Land and buildings  
24 Other assets (describe ►)  
25 Total assets  
26 Total liabilities (describe ►)  
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

Cat No 10642I

Form 990-EZ (2009)



| <b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.) |   |                               | <b>Yes</b> | <b>No</b> |
|---|---|-------------------------------|------------|-----------|
| <b>33</b>   | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  |                               | <b>33</b>  | No        |
| <b>34</b>   | Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  |                               | <b>34</b>  | No        |
| <b>35</b>   | If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T  |                               |            |           |
| <b>a</b>  | Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements? <input checked="" type="checkbox"/>   |                               | <b>35a</b> | No        |
| <b>b</b>  | If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?   |                               | <b>35b</b> |           |
| <b>36</b>   | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N   |                               | <b>36</b>  | No        |
| <b>37a</b>  | Enter amount of political expenditures, direct or indirect, as described in the instructions ►  | <b>37a</b>                    | 0          |           |
| <b>b</b>  | Did the organization file <b>Form 1120-POL</b> for this year?   |                               | <b>37b</b> |           |
| <b>38a</b>  | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?   |                               | <b>38a</b> | No        |
| <b>b</b>  | If "Yes," complete Schedule L, Part II and enter the total amount involved  | <b>38b</b>                    |            |           |
| <b>39</b>   | <b>Section 501(c)(7) organizations.</b> Enter   | <b>39a</b>                    |            |           |
| <b>a</b>  | Initiation fees and capital contributions included on line 9  | <b>39b</b>                    |            |           |
| <b>b</b>  | Gross receipts, included on line 9, for public use of club facilities   |                               |            |           |
| <b>40a</b>  | <b>Section 501(c)(3) organizations.</b> Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____  |                               |            |           |
| <b>b</b>  | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I |                               | <b>40b</b> |           |
| <b>c</b>  | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____  |                               |            |           |
| <b>d</b>  | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Enter amount of tax on line 40c reimbursed by the organization ► _____  |                               |            |           |
| <b>e</b>  | <b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T   |                               | <b>40e</b> | No        |
| <b>41</b>   | List the states with which a copy of this return is filed ► MD  |                               |            |           |
| <b>42a</b>  | The organization's books are in care of ► LORI R BROWN  | Telephone no ► (410) 601-7372 |            |           |
|   | 7616 AYRSHIRE COURT<br>Located at ► SEVERN, MD  | ZIP + 4 ► 21144               |            |           |
| <b>b</b>  | At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  |                               | <b>42b</b> | No        |
|   | If "Yes," enter the name of the foreign country ► _____   |                               |            |           |
|   | See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>  |                               |            |           |
| <b>c</b>  | At any time during the calendar year, did the organization maintain an office outside of the U.S.?  |                               | <b>42c</b> | No        |
|   | If "Yes," enter the name of the foreign country ► _____   |                               |            |           |
| <b>43</b>   | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ►   | <b>43</b>                     |            |           |
| <b>44</b>   | Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>  |                               | <b>44</b>  | No        |
| <b>45</b>   | Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>   |                               | <b>45</b>  | No        |

**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.

|            |   | <b>Yes</b> | <b>No</b> |
|------------|---|------------|-----------|
| <b>46</b>  | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | <b>46</b>  |           |
| <b>47</b>  | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II  | <b>47</b>  |           |
| <b>48</b>  | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | <b>48</b>  |           |
| <b>49a</b> | Did the organization make any transfers to an exempt non-charitable related organization?   | <b>49a</b> |           |
|            | <b>b</b> If "Yes," was the related organization a section 527 organization?   | <b>49b</b> |           |
| <b>50</b>  | 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." |            |           |

| <b>(a)</b> Name and address of each employee paid more than \$100,000 | <b>(b)</b> Title and average hours per week devoted to position | <b>(c)</b> Compensation | <b>(d)</b> Contributions to employee benefit plans & deferred compensation | <b>(e)</b> Expense account and other allowances |
|---|---|-------------------------|--|---|
|   |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |
|   |   |                         |  |   |

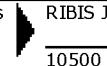
**50(f)** Total number of other employees paid over \$100,000 . . . . . ► \_\_\_\_\_

**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."

| <b>(a)</b> Name and address of each independent contractor paid more than \$100,000 | <b>(b)</b> Type of service | <b>(c)</b> Compensation |
|---|----------------------------|-------------------------|
|   |                            |                         |
|   |                            |                         |
|   |                            |                         |
|   |                            |                         |
|   |                            |                         |

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

|                         |  |                    |  |
|-------------------------|--|--------------------|--|
| <b>Please Sign Here</b> | 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 |                    |  |
|                         | *****<br>Signature of officer<br><u>LORI R BROWN TREASURER</u><br>Type or print name and title   | 2010-09-10<br>Date |  |

|                                 |  |      |   |  |
|---------------------------------|--|------|---|--|
| <b>Paid Preparer's Use Only</b> | Preparer's signature<br> Aaron Bloom  | 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<br> RIBIS JONES & MARESCA PA<br>10500 LITTLE PATUXENT PARKWAY SUITE<br>COLUMBIA, MD 21044 |      |   | EIN <input type="checkbox"/><br>Phone no <input type="checkbox"/> (410) 884-0220 |

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

2009

Open to Public  
Inspection**SCHEDULE C**  
(Form 990 or 990-EZ)**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under section 501(c) and section 527**► Complete if the organization is described below.  
► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

|   |  |
|---|--|
| Name of the organization<br>Maryland Health Information<br>Management Association Inc | Employer identification number<br>52-1327868 |
|---|--|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures ► \$ \_\_\_\_\_
- 3 Volunteer hours \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ► \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?  Yes  No
- 4a Was a correction made?  Yes  No
- b If "Yes," describe in Part IV

**Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ► \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ► \$ \_\_\_\_\_
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ► \$ \_\_\_\_\_
- 4 Did the filing organization file **Form 1120-POL** for this year?  Yes  No
- 5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0- |
|----------|-------------|---------|---|--|
|          |             |         |   |  |

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

|   |  |  |                                    |
|---|--|--|------------------------------------|
| A Check <input type="checkbox"/> if the filing organization belongs to an affiliated group  | B Check <input type="checkbox"/> if the filing organization checked box A and "limited control" provisions apply |  |                                    |
| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   |  | <b>(a) Filing Organization's Totals</b>  | <b>(b) Affiliated Group Totals</b> |
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying)  |  |  |                                    |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |  |  |                                    |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |  |  |                                    |
| <b>d</b> Other exempt purpose expenditures  |  |  |                                    |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |  |  |                                    |
| <b>f</b> Lobbying nontaxable amount Enter the amount from the following table in both columns   |  |  |                                    |
| <b>If the amount on line 1e, column (a) or (b) is:</b><br>Not over \$500,000<br>Over \$500,000 but not over \$1,000,000<br>Over \$1,000,000 but not over \$1,500,000<br>Over \$1,500,000 but not over \$17,000,000<br>Over \$17,000,000 |  | <b>The lobbying nontaxable amount is:</b><br>20% of the amount on line 1e<br>\$100,000 plus 15% of the excess over \$500,000<br>\$175,000 plus 10% of the excess over \$1,000,000<br>\$225,000 plus 5% of the excess over \$1,500,000<br>\$1,000,000 |                                    |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |  |  |                                    |
| <b>h</b> Subtract line 1g from line 1a If zero or less, enter -0-   |  |  |                                    |
| <b>i</b> Subtract line 1f from line 1c If zero or less, enter -0-   |  |  |                                    |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?  |  | <input type="checkbox"/> Yes   | <input type="checkbox"/> No        |

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)**

**Lobbying Expenditures During 4-Year Averaging Period**

| <b>Calendar year (or fiscal year beginning in)</b>                  | <b>(a) 2006</b> | <b>(b) 2007</b> | <b>(c) 2008</b> | <b>(d) 2009</b> | <b>(e) Total</b> |
|---|-----------------|-----------------|-----------------|-----------------|------------------|
| <b>2a</b> Lobbying non-taxable amount                               |                 |                 |                 |                 |                  |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |                 |                 |                 |                 |                  |
| <b>c</b> Total lobbying expenditures                                |                 |                 |                 |                 |                  |
| <b>d</b> Grassroots non-taxable amount                              |                 |                 |                 |                 |                  |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |                 |                 |                 |                 |                  |
| <b>f</b> Grassroots lobbying expenditures                           |                 |                 |                 |                 |                  |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

|   | (a) |    | (b)    |  |
|---|-----|----|--------|--|
|   | Yes | No | Amount |  |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of |     |    |        |  |
| <b>a</b> Volunteers?  |     |    |        |  |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?   |     |    |        |  |
| <b>c</b> Media advertisements?  |     |    |        |  |
| <b>d</b> Mailings to members, legislators, or the public?   |     |    |        |  |
| <b>e</b> Publications, or published or broadcast statements?  |     |    |        |  |
| <b>f</b> Grants to other organizations for lobbying purposes?   |     |    |        |  |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?  |     |    |        |  |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  |     |    |        |  |
| <b>i</b> Other activities? If "Yes," describe in Part IV  |     |    |        |  |
| <b>j</b> Total lines 1c through 1i  |     |    |        |  |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?   |     |    |        |  |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912  |     |    |        |  |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912   |     |    |        |  |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?   |     |    |        |  |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|   | Yes   | No |
|---|-------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members?                     | 1 Yes |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?                | 2 Yes |    |
| <b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3     | No |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

|   |    |  |
|---|----|--|
| <b>1</b> Dues, assessments and similar amounts from members   | 1  |  |
| <b>2</b> Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  | 2a |  |
| <b>a</b> Current year   | 2b |  |
| <b>b</b> Carryover from last year   | 2c |  |
| <b>c</b> Total  | 3  |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues  | 4  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 5  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures (see instructions)   |    |  |

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information.

| Identifier | Return Reference | Explanation |
|------------|------------------|-------------|
|            |                  |             |

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** Maryland Health Information  
Management Association Inc  
**EIN:** 52-1327868

|  |  |
|--|--|
| <b>Item No.</b>                        | 1  |
| <b>Class of Activity</b>               | MDHIMA SCHOLARSHIP                         |
| <b>Donee's Name</b>                    | COPPIN STATE UNIVERSITY                    |
| <b>Donee's Address</b>                 | 2500 W North Avenue<br>BALTIMORE, MD 21216 |
| <b>Amount (FMV)</b>                    | 1,000                                      |
| <b>Purpose of Payment to Affiliate</b> |  |
| <b>Relationship</b>                    | NONE                                       |
| <b>Description</b>                     |  |
| <b>Book Value</b>                      |  |
| <b>How BV Determined</b>               |  |
| <b>How FMV Determined</b>              |  |
| <b>Date of Gift</b>                    |  |

|  |   |
|--|---|
| <b>Item No.</b>                        | 2   |
| <b>Class of Activity</b>               | HIT PROGRAM                                   |
| <b>Donee's Name</b>                    | KAPLAN UNIVERSITY                             |
| <b>Donee's Address</b>                 | 18618 Crestwood Drive<br>HAGERSTOWN, MD 21742 |
| <b>Amount (FMV)</b>                    | 500   |
| <b>Purpose of Payment to Affiliate</b> |   |
| <b>Relationship</b>                    | NONE  |
| <b>Description</b>                     |   |
| <b>Book Value</b>                      |   |
| <b>How BV Determined</b>               |   |
| <b>How FMV Determined</b>              |   |
| <b>Date of Gift</b>                    |   |

|  |                                   |
|--|-----------------------------------|
| <b>Item No.</b>                        | 3                                 |
| <b>Class of Activity</b>               | HIT PROGRAM                       |
| <b>Donee's Name</b>                    | PRINCE GEORGES COMMUNITY COLLEGE  |
| <b>Donee's Address</b>                 | 301 Largo Road<br>LARGO, MD 20774 |
| <b>Amount (FMV)</b>                    | 500                               |
| <b>Purpose of Payment to Affiliate</b> |                                   |
| <b>Relationship</b>                    | NONE                              |
| <b>Description</b>                     |                                   |
| <b>Book Value</b>                      |                                   |
| <b>How BV Determined</b>               |                                   |
| <b>How FMV Determined</b>              |                                   |
| <b>Date of Gift</b>                    |                                   |

|  |  |
|--|--|
| <b>Item No.</b>                        | 4  |
| <b>Class of Activity</b>               | hIT PROGRAM  |
| <b>Donee's Name</b>                    | BALTIMORE CITY COMMUNITY COLLEGE                   |
| <b>Donee's Address</b>                 | 2901 Liberty Heights Avenue<br>BALtimore, MD 21215 |
| <b>Amount (FMV)</b>                    | 500  |
| <b>Purpose of Payment to Affiliate</b> |  |
| <b>Relationship</b>                    | NONE   |
| <b>Description</b>                     |  |
| <b>Book Value</b>                      |  |
| <b>How BV Determined</b>               |  |
| <b>How FMV Determined</b>              |  |
| <b>Date of Gift</b>                    |  |

|  |   |
|--|---|
| <b>Item No.</b>                        | 5   |
| <b>Class of Activity</b>               | HIT PROGRAM                                   |
| <b>Donee's Name</b>                    | COMMUNITY COLLEGE OF BALTIMORE COUNTY         |
| <b>Donee's Address</b>                 | 800 South Rolling Road<br>BALtimore, MD 21228 |
| <b>Amount (FMV)</b>                    | 500   |
| <b>Purpose of Payment to Affiliate</b> |   |
| <b>Relationship</b>                    | NONE  |
| <b>Description</b>                     |   |
| <b>Book Value</b>                      |   |
| <b>How BV Determined</b>               |   |
| <b>How FMV Determined</b>              |   |
| <b>Date of Gift</b>                    |   |

|  |  |
|--|--|
| <b>Item No.</b>                        | 6  |
| <b>Class of Activity</b>               | HIT PROGRAM                                    |
| <b>Donee's Name</b>                    | Montgomery Community College                   |
| <b>Donee's Address</b>                 | 7977 Georgia Avenue<br>Silver Spring, MD 20910 |
| <b>Amount (FMV)</b>                    | 500  |
| <b>Purpose of Payment to Affiliate</b> |  |
| <b>Relationship</b>                    | NONE   |
| <b>Description</b>                     |  |
| <b>Book Value</b>                      |  |
| <b>How BV Determined</b>               |  |
| <b>How FMV Determined</b>              |  |
| <b>Date of Gift</b>                    |  |

|  |  |
|--|--|
| <b>Item No.</b>                        | 7  |
| <b>Class of Activity</b>               | HIT PROGRAM                                |
| <b>Donee's Name</b>                    | COPPIN STATE UNIVERSITY                    |
| <b>Donee's Address</b>                 | 2500 W North Avenue<br>bALTIMORE, MD 21216 |
| <b>Amount (FMV)</b>                    | 500  |
| <b>Purpose of Payment to Affiliate</b> |  |
| <b>Relationship</b>                    | NONE                                       |
| <b>Description</b>                     |  |
| <b>Book Value</b>                      |  |
| <b>How BV Determined</b>               |  |
| <b>How FMV Determined</b>              |  |
| <b>Date of Gift</b>                    |  |

## TY 2009 Other Expenses Schedule

**Name:** Maryland Health Information  
Management Association Inc  
**EIN:** 52-1327868

| Description              | Amount |
|--------------------------|--------|
| CONFERENCES AND MEETINGS | 78,483 |
| DATA QUALITY EXPENSE     | 4,740  |
| DELEGATES EXPENSE        | 12,065 |
| EXECUTIVE BOARD          | 3,165  |
| QBM EXPENSES             | 5,784  |
| PUBLIC RELATIONS         | 373    |
| OFFICE SUPPLIES          | 1,071  |
| WEBSITE                  | 2,884  |
| MISCELLANEOUS            | 149    |

## TY 2009 Other Revenues Schedule

**Name:** Maryland Health Information  
Management Association Inc  
**EIN:** 52-1327868

| Description | Amount |
|-------------|--------|
| JOB BANK    | 3,206  |

## TY 2009 Transfers Personal Benefits Contracts Declaration

**Name:** Maryland Health Information  
Management Association Inc

**EIN:** 52-1327868

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1327868  
**Name:** Maryland Health Information Management Association Inc

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (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 |
|--|--|--|---|--|
| BRIAN BENNINGHOFF<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144 | PRESIDENT 1 00   | 0  | 0   | 0  |
| ALBERT KEY<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144        | PRESIDENT-ELECT/DELEGATE 1 00                            | 0  | 0   | 0  |
| DAUNA MAYS<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144        | PAST PRESIDENT 1 00                                      | 0  | 0   | 0  |
| MONNA NABORS<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144      | SECRETARY 1 00   | 0  | 0   | 0  |
| LORI R BROWN<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144      | TREASURER 1 00   | 0  | 0   | 0  |
| KRISTEN DENNEY<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144    | DELEGATE 1 00  | 0  | 0   | 0  |
| SALLIE TYNER<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144      | DELEGATE 1 00  | 0  | 0   | 0  |
| DINA SMOKER<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144       | DELEGATE 1 00  | 0  | 0   | 0  |
| DOLORES STEPHENS<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144  | DIRECTOR 1 00  | 0  | 0   | 0  |
| MONA CALHOUN<br>7616 AYRSHIRE COURT<br>SEVERN, MD 21144      | DIRECTOR 1 00  | 0  | 0   | 0  |