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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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: HEALTHITNOWORG. Number and street (or P O box, if mail is not delivered to street address) Room/suite: PO BOX 25704. City or town, state or country, and ZIP + 4: ALEXANDRIA, VA 22313

D Employer identification number: 26-0289115. E Telephone number: (866) 388-2008. F Group Exemption Number

G Accounting method: Accrual. I Website: HEALTHITNOWORG. J Tax-Exempt status: 501(c)(3)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$177,000

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Check if the organization used Schedule O to respond to any question in this Part I

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total 177,000). Rows 10-17: Expenses (Total 169,662). Rows 18-21: Net Assets (Total 164,339).

**Part II** **Balance Sheets**

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II )

	(A) Beginning of year		(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	66,501	<b>22</b>	839
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	90,500	<b>24</b>	176,000
<b>25 Total assets</b> . . . . .	157,001	<b>25</b>	176,839
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	0	<b>26</b>	12,500
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	157,001	<b>27</b>	164,339

**Part III** **Statement of Program Service Accomplishments**

Check if the organization used Schedule O to respond to any question in this 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?

THE CORPORATION IS ESTABLISHED PRIMARILY TO FURTHER THE COMMON GOOD AND GENERAL WELFARE OF THE CITIZENS OF THE UNITED STATES OF AMERICA BY EDUCATING THE PUBLIC AND POLICYMAKERS ON THE CHALLENGES OF OUR CURRENT HEALTH CARE SYSTEM AND THE TRANSFORMING LIFE-SAVING AND COST-SAVING BENEFITS OF HEALTH CARE INFORMATION TECHNOLOGY THE CORPORATION WILL UNITE PATIENTS, PRACTICIONERS, AND EMPLOYERS TO ADVOCATE ON THE IMPORTANCE OF HEALTH CARE INFORMATION TECHNOLOGY AS ESSENTIAL TO PROVIDING DEDICATED DOCTORS AND OTHER HEALTH CARE PROVIDERS WITH THE TOOLS THEY NEED IN ORDER TO ENSURE THAT PATIENTS' NEEDS ARE MET BY OUR NATION'S HEALTH CARE SYSTEM

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

<b>28</b> COALITION AIMS TO EDUCATE THE GENERAL PUBLIC, CONGRESSIONAL STAFF, AND MEMBERS OF CONGRESS ON THE IMPORTANCE OF IMPLEMENTING A NATIONWIDE INTEROPERABLE HEALTH INFORMATION TECHNOLOGY SYSTEM (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	136,740
<b>29</b> OUTREACH TO TRADITIONAL MEDIA AS WELL AS SOCIAL MEDIA TO CONTINUE TO BUILD SUPPORT FOR A NATIONWIDE INTEROPERABLE HEALTH INFORMATION TECHNOLOGY SYSTEM SENT PRESS RELEASES TO MEDIA ADVISORIES TO KEEP TRADE, HEALTH AND REPORTERS ENGAGED IN THE COALITION ACTIVITY (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	20,575
<b>30</b> CONTINUE TO MAINTAIN AND ADVANCE THE COALITION'S WEBSITE SCOPE (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	1,110
<b>31</b> Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	158,425

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

Check if the organization used Schedule O to respond to any question in this 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
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**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		No
<b>34</b>	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		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, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
<b>35a</b>	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
<b>35b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? (see instructions) . . . . .		
<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 . . . . .		No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/> <b>37a</b>		
<b>37b</b>	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		
<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 tax year covered by this return?		No
<b>38b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>39a</b>	Initiation fees and capital contributions included on line 9 . . . . .		
<b>39b</b>	Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
<b>40b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		No
<b>40c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . <input type="text" value="0"/>		
<b>40d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization . . . . . <input type="text" value="0"/>		
<b>40e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		No
<b>41</b>	List the states with which a copy of this return is filed <input type="text"/>		
<b>42a</b>	The organization's books are in care of <input type="text" value="DAVID WAINMAN"/> Telephone no <input type="text" value="(866) 388-2008"/> Located at <input type="text" value="PO BOX 25704 ALEXANDRIA, VA"/> ZIP + 4 <input type="text" value="22313"/>		
<b>42b</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 <input type="text"/> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>		No
<b>42c</b>	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 <input type="text"/>		No
<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 <input type="text" value="43"/>		
<b>44a</b>	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
<b>44b</b>	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
<b>44c</b>	Did the organization receive any payments for indoor tanning services during the year?		No
<b>44d</b>	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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.

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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

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

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here section containing signature of officer (RICHARD LOCICERO TREASURER) and date (2011-11-15).

Paid Preparer's Use Only section containing preparer's signature (MICHAEL GREER), date, firm's name (RSM MCGLADREY INC), address, EIN, and phone number.

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

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-0289115

**Name:** HEALTHITNOWORG

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
RICHARD LOCICERO PO BOX 25704 ALEXANDRIA, VA 22313	PRESIDENT 0 50	0	0	
DAVE WAINMAN PO BOX 25704 ALEXANDRIA, VA 22313	TREASURER 0 20	0	0	
DAN STAKE PO BOX 25704 ALEXANDRIA, VA 22313	SECRETARY 0 10	0	0	
JOEL WHITE PO BOX 25704 ALEXANDRIA, VA 22313	EXECUTIVE DIRECTOR 0 50	0	0	

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.**  
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization**  
HEALTHITNOWORG

**Employer identification number**

26-0289115

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION TRAVEL AMOUNT 2,452 DESCRIPTION WEBSITE DEVELOPMENT AMOUNT 1,110 DESCRIPTION DUES & SUBSCRIPTIONS AMOUNT 1,504 DESCRIPTION ADMINISTRATIVE SERVICES AMOUNT 20,000 DESCRIPTION BANK SERVICE CHARGES AMOUNT 69 DESCRIPTION INBOUND PHONE AMOUNT 574 TOTAL TO FORM 990-EZ, LINE 16 25,709

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 90,500 END OF YEAR AMOUNT 176,000

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 12,500

**TY 2010 Transfers Personal Benefits  
Contracts Declaration****Name:** HEALTHITNOWORG**EIN:** 26-0289115**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.