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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*

Department of the Treasury
Internal Revenue Service

OMB No 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 3/1/2010 , and ending 2/28/2011

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

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 or town state or country ZIP + 4
VINTON IA 52349

D Employer identification number
42-1431894

E Telephone number
(319) 472-3817

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I Website: ▶ www iahima org

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

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
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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 ▶ $ 81,734

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	48,060
	3	Membership dues and assessments		3	21,524
	4	Investment income		4	1,269
	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	0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ ____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	700	
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	700
	7a	Gross sales of inventory, less returns and allowances	7a	10,181	
	b	Less cost of goods sold	7b	3,200	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	6,981
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	78,534
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,500
	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	398
	16	Other expenses (describe in Schedule O)		16	72,598
	17	**Total expenses.** Add lines 10 through 16 ▶		17	76,091
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	2,443
	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	78,728
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	81,171

Part II Balance Sheets. (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	78,728	22	81,171
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	78,728	25	81,171
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	78,728	27	81,171

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
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? 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, and other relevant information for each program title

28 THE ASSOCIATION SCHEDULES WORKSHOPS, SEMINARS, AND MEETINGS TO DISCUSS CURRENT EVENTS AND DEVELOPMENTS RELATING TO THE MEDICAL RECORDS FIELD

(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 (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses.** (add lines 28a through 31a) ▶ 32 0

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
JEFF PLEMEL 300 PERSHING AVE SHENANDOAH IA 51601	Title PRESIDENT Hr/WK 2 00	0		
TINA SANDER 312 9TH ST SW WAVERLY IA 50677	Title PAST PRES Hr/WK 1 50	0		
LAURA KROGMAN 1227 EAST RUSHOLME ST DAVENPORT IA 52803	Title PRES ELECT Hr/WK 1 50	0		
LIZ MAYER 2910 WESTOWN PKWY, STE 200 WEST DES MOIN	Title SECRETARY Hr/WK 1 50	0		
CARRIE ARENS 701 E SECOND ST IDA GROVE IA 51445	Title TREASURER Hr/WK 1 50	0		
GAYLA SMITH 23019 HWY 149 SIGOURNEY IA 52591	Title DIRECTOR Hr/WK 1 00	0		
JEANINE WURZER 18446 275TH ST WAUCOMA IA 52171	Title DIRECTOR Hr/WK 1 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

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
33	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.	33		X
34	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)	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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to 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 (see instructions)?	35b		X
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		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE			
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 outstanding at the end of the tax year covered by this return?	38a		X
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			
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 501(c)(4) organizations. 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	40b		
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 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
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 organization's books are in care of ▶ CARRIE ARENS Telephone no ▶ (712) 364-7325			
	Located at ▶ 701 E SECOND ST City IDA GROVE ST IA ZIP + 4 ▶ 51445			
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 ?	42c		X
	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 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
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	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

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

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization 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 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
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

Carrie Arens — Signature of officer — Date 11-12-12

CARRIE ARENS — Type or print name and title — TREASURER

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
RICHARD H KERDUS	Richard H Kerdus	11/10/2012	☐	P00025041

Firm's name ▶ KERDUS AND BARRON PC — Firm's EIN ▶ 42-1343982

Firm's address ▶ 205 W 4TH ST, VINTON, IA 52349 — Phone no (319)472-3817

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

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 990-EZ 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	Employer identification number
IOWA HEALTH INFORMATION MGMT ASSOCIATION	42-1431894

Form 990-EZ, Part I, Line 10, Grants Paid Activity TUITION, Grantee TERRY L DUNCAN 333 S PARKER APT 3E WALCOTT IA 52773, Cash Grant 500, Relationship NONE

Form 990-EZ, Part I, Line 10, Grants Paid. Activity. TUITION, Grantee SHAYNA KERNAN 13025 82ND AVE BLUE GRASS IA 52726, Cash Grant 500, Relationship NONE

Form 990-EZ, Part I, Line 10, Grants Paid Activity: TUITION, Grantee DEBRA A TRILK 763 KENNEDY CT DUBUQUE IA 52001, Cash Grant: 500, Relationship NONE

Form 990-EZ, Part I, Line 10, Grants Paid: Activity. TUITION, Grantee: MARY C PRUSS 25411 MCCLELLAND LANE SPIRIT LAKE IA 51360, Cash Grant 500, Relationship. NONE

Form 990-EZ, Part I, Line 10, Grants Paid Activity TUITION, Grantee: BRENDA LAUER 203 EAST MAIN ST STANLEY IA 50671, Cash Grant: 500, Relationship NONE

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 24

Form 990-EZ, Part I, Line 16, Other Expenses Telephone 361

Form 990-EZ, Part I, Line 16, Other Expenses. NATIONAL CONVENTION 8,571

Form 990-EZ, Part I, Line 16, Other Expenses BOARD EXPENSE 8,509

Form 990-EZ, Part I, Line 16, Other Expenses LEADERSHIP TEAMS. 4,939

Form 990-EZ, Part I, Line 16, Other Expenses: STATE CONVENTION & SEMINARS 40,508

Form 990-EZ, Part I, Line 16, Other Expenses: SPEAKERS & MATERIALS: 5,575

Form 990-EZ, Part I, Line 16, Other Expenses WEBSITE. 2,412

Form 990-EZ, Part I, Line 16, Other Expenses: TRAINING. 799

Form 990-EZ, Part I, Line 16, Other Expenses: IHA DUES: 900