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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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 07-01-2011, and ending 06-30-2012

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

C Name of organization MARYLAND HEALTH INFORMATION MANAGEMENT ASSOCIATION INC	D Employer identification number 52-1327868
Number and street (or P O box, if mail is not delivered to street address) 6005 CAMILLO CT	E Telephone number (202) 877-1116
City or town, state or country, and ZIP + 4 RIVERDALE, MD 207373522	F Group Exemption Number ►

G Accounting method Cash Accrual Other (specify) ► _____H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)I Website: ► WWWMDHIMA.ORGJ Tax-Exempt status (check only one) 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 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 ► \$ 116,731

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	82,753
	3 Membership dues and assessments	3	27,662
	4 Investment income	4	432
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	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	
	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	
	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 in Schedule O)	8	5,884
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	116,731
	10 Grants and similar amounts paid (list in Schedule O)	10	8,000
Net Assets	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 Other expenses (describe in Schedule O)	16	109,260
	17 Total expenses. Add lines 10 through 16	17	117,260
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-529
	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	115,493
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	114,964

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

(See the instructions for Part II)

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

(A) Beginning of year	(B) End of year	
115,493	22	114,964
	23	
	24	
115,493	25	114,964
0	26	0
115,493	27	114,964

Part III Statement of Program Service AccomplishmentsCheck if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

TO PROMOTE THE ART AND SCIENCE OF MEDICAL RECORD ADMINISTRATION

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

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

28 THE ORGANIZATION'S PURPOSE IS TO PROMOTE THE ART AND SCIENCE OF MEDICAL RECORD ADMINISTRATION AND TO IMPROVE THE QUALITY OF COMPREHENSIVE HEALTH INFORMATION
 (Grants \$ 0) If this amount includes foreign grants, check here

28a 0

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

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
See Additional Data Table				

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

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

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)

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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?

b If "Yes" to line 35a, has the organization filed a **Form 990-T** for the year? If "No," provide an explanation in Schedule O

c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III

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

37a Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0

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

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 tax year covered by this return?

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

b Gross receipts, included on line 9, for public use of club facilities

40a *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

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

41 List the states with which a copy of this return is filed **41** MD

42a The organization's books are in care of **42a** LINDA WILLIAMS Telephone no **42a** (202) 877-1116

Located at **42b** 6005 CAMILLO CT
RIVERDALE, MD ZIP + 4 **42b** 207373522

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 **42c**

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

If "Yes," enter the name of the foreign country **42c**

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

44a Did the organization maintain any donor advised funds? If "Yes," *Form 990 must be completed instead of Form 990-EZ.*

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*

c Did the organization receive any payments for indoor tanning services during the year?

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

45b 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 (see instructions)*

	Yes	No
33		No
34		No
35a	Yes	
35b	Yes	
35c		No
36		No
37a	0	
37b		
38a		No
38b		
39a		
39b		
40a		
40b		
40c		No
41	MD	
42a	LINDA WILLIAMS	(202) 877-1116
42b	6005 CAMILLO CT RIVERDALE, MD	207373522
42c		
43		
44a		No
44b		No
44c		No
44d		
45a		No
45b		

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

	Yes	No
46		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 47-49b and 52.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	
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b If "Yes," was the related organization a section 527 organization?

49b	
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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

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	***** Signature of officer <u>LINDA WILLIAMS TREASURER</u> Type or print name and title	2013-05-09 Date	
	Preparer's signature <u>AARON BLOOM</u>	Date <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P01206085
Paid Preparer's Use Only	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>RIBIS JONES & MARESCA PA</u> <u>10500 LITTLE PATUXENT PARKWAY SUITE</u> <u>COLUMBIA, MD 21044</u>	EIN <input type="checkbox"/> 52-1853933	
	Phone no <input type="checkbox"/> (410) 884-0220		

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 to provide any additional information.
► Attach to Form 990 or 990-EZ.

2011**Open to Public
Inspection**

Name of the organization MARYLAND HEALTH INFORMATION MANAGEMENT ASSOCIATION INC	Employer identification number 52-1327868
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Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST 432
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION JOB BANK AMOUNT 5,884
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MDHIMA SCHOLARSHIP GRANTEE NAME COPPIN STATE UNIVERSITY GRANTEE ADDRESS 2500 W NORTH AVENUE BALTIMORE, MD 21216 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME KAPLAN UNIVERSITY GRANTEE ADDRESS 18618 CRESTWOOD DRIVE HAGERSTOWN, MD 21742 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME PRINCE GEORGES COMMUNITY COLLEGE GRANTEE ADDRESS 301 LARGO ROAD LARGO, MD 20774 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME BALTIMORE CITY COMMUNITY COLLEGE GRANTEE ADDRESS 2901 LIBERTY HEIGHTS AVENUE BALTIMORE, MD 21215 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME COMMUNITY COLLEGE OF BALTIMORE COUNTY GRANTEE ADDRESS 800 SOUTH ROLLING ROAD BALTIMORE, MD 21228 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION MDHIMA SCHOLARSHIP GRANTEE NAME MONTGOMERY COMMUNITY COLLEGE GRANTEE ADDRESS 7977 GEORGIA AVENUE SILVER SPRING, MD 20910 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME COPPIN STATE UNIVERSITY GRANTEE ADDRESS 2500 W NORTH AVENUE BALTIMORE, MD 21216 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME MONTGOMERY COMMUNITY COLLEGE GRANTEE ADDRESS 7977 GEORGIA AVENUE SILVER SPRING, MD 20910 GRANTEE RELATIONSHIP NONE AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,000
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 74,442 DESCRIPTION DATA QUALITY EXPENSE AMOUNT 3,812 DESCRIPTION DELEGATES EXPENSE AMOUNT 15,269 DESCRIPTION EXECUTIVE BOARD AMOUNT 4,971 DESCRIPTION QBM EXPENSES AMOUNT 8,343 DESCRIPTION PUBLIC RELATIONS AMOUNT 717 DESCRIPTION WEBSITE AMOUNT 748 DESCRIPTION MISCELLANEOUS AMOUNT 738 DESCRIPTION TAXES AMOUNT 220 TOTAL TO FORM 990-EZ, LINE 16 109,260

TY 2011 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
DINA SMOKER 6005 CAMILLO COURT RIVERDALE, MD 20737	PRESIDENT 1 00	0	0	0
KRISTEN DENNEY 6005 CAMILLO COURT RIVERDALE, MD 20737	PRESIDENT-ELECT/DELEGATE 1 00	0	0	0
ALBERT KEY 6005 CAMILLO COURT RIVERDALE, MD 20737	PAST PRESIDENT 1 00	0	0	0
TEMERA L ROYSTON 6005 CAMILLO COURT RIVERDALE, MD 20737	SECRETARY 1 00	0	0	0
LINDA WILLIAMS 6005 CAMILLO COURT RIVERDALE, MD 20737	TREASURER 1 00	0	0	0
MONNA NABERS 6005 CAMILLO COURT RIVERDALE, MD 20737	DELEGATE 1 00	0	0	0
CHRISTIE FERRI 6005 CAMILLO COURT RIVERDALE, MD 20737	DELEGATE 1 00	0	0	0
TASHA GREEN 6005 CAMILLO COURT RIVERDALE, MD 20737	DELEGATE 1 00	0	0	0
KATHY MULFORD 6005 CAMILLO COURT RIVERDALE, MD 20737	DIRECTOR 1 00	0	0	0
NORMA STOCKTON 6005 CAMILLO COURT RIVERDALE, MD 20737	DIRECTOR 1 00	0	0	0