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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

2011

Open to Public Inspection

i&Bi

Α	For the	e 2011 calendar year, or tax year beginning $07/01/11$, and ending $06/30/12$		
В	Check if a		D Empl	oyer identification number
	Address	change OKLAHOMA HEALTH INFORMATION		
	Name cha	ange MANAGEMENT ASSOCIATION	73	-1090531
	Initial retu	Number and street (or P O box, if mail is not delivered to street address) Room/suite	E Telep	phone number
	Terminate	4000 LINCOLN BOULEVARD	40	5-812-9274
	Amended		F Grou	p Exemption
	Application	on pending OKLAHOMA CITY OK 73105	Num	ber >
G		nting Method	X If th	ne organization is not
ı	Websit		attach	Schedule B
<u>J</u>	Tax-exe	empt status (check only one) — 501(c)(3) X 501(c)(6) ◀ (insert no) 4947(a)(1) or 527 (Form 990	, 990-E	Z, or 990-PF)
K	Check	If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its	gross r	eceipts are normally
	not mo	ire than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be requi	red (see	e instructions) But if
	the org	anization chooses to file a return, be sure to file a complete return		
L		s 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,		106 500
		column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		106,502
F	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct	ons fo	r Part I)
		Check if the organization used Schedule O to respont to any question in this Part I	т.	X
	1	Contributions, gifts, grants, and similar amounts received	1-	70 021
	2	Program service revenue including government fees and contracts	2_	79,931
	3	Membership dues and assessments See Statement	3	21,166 284
	4	Investment income	4	204
	5a	Gross amount from sale of assets other than inventory 5a Less cost or other basis and sales expenses 5b	-	
	b	Less cost or other basis and sales expenses 55	┥ • •	
	- 6	Gain or (loss) from sale of assets other than inventory (Subtract line 55 from line 5a) VED	5c	
a	•	Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than) \(\mathbb{0} \) \(\mathbb{0} \) \(\mathbb{1} \) \(\mathbb{2} \)		
Ž	a	\$15,000)		
Revenue	" b	Gross income from fundraising events (not including \$	┪	
œ	"	from fundraising events reported on line 1) (attach schedule of the N, UT)		
		sum of such gross income and contributions exceeds \$15,000) 6b		
	c	Less direct expenses from gaming and fundraising events 6c	7	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	┪	
		line 6c)	6d	1
	7a	Gross sales of inventory, less returns and allowances		
	b	Less cost of goods sold 7b		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schodule O)	7c	
	8	Other revenue (describe in Schedule O)	8	5,121
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,502
	10	Grants and similar amounts paid (list in Schedule O)	10	3,729
	11	Benefits paid to or for members	11	
S	12	Salaries, other compensation, and employee benefits	12	
Expenses	13	Professional fees and other payments to independent contractors	13	2,574
хbе	14	Occupancy, rent, utilities, and maintenance	14	
Ш	15	Printing, publications, postage, and shipping	15	4,525
	16	Other expenses (describe in Schedule O)	16	106,355
<u> </u>	17	Total expenses. Add lines 10 through 16	17	117,183
ģ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-10,681
set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		100
Net Assets	Ì	end-of-year figure reported on prior year's return)	19	123,357
Ne	20	Other changes in net assets or fund balances (explain in Schedule O)	20	110 676
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	112,676
For	Panerw	ork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2011)

Form 990-EZ.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

B Cheek of applications Charmed regularizations Charmed regularizations Charmed regularization Charmed regular	Α	For the	e 2011 calend	ndar year, or tax year beginning 07/01/11 , and er	nding (06/3	0/12					
Additional return Name change Initial return Name chan	_		1						D Empl	oyer identi	fication num	ıber
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Annesde return Annesde return Applications peeding Applications Ap	\sqcap	Name cha	ange	MANAGEMENT ASSOCIATION					73	-1090)531	
Application pending Cky or town, state or country, and ZIP*+4 Cke_The_Fet Cky Ck	П	Initial retu	um				Room	n/suite	E Telep	hone numb	per	
Repetiation pending OKT.AHOMA_CETTY OK 7310.5 C Number	П	Terminate	ed	4000 Lincoln Boulevard 100	Camp	$\mathcal{A}_{\ \ \ \ \ }$	r.\ve		40	5-812	-9274	
Repetiation pending OKT.AHOMA_CETTY OK 7310.5 C Number		Amended	i return	City or town, state or country, and ZIP + 4 weather first	1				F Grou	p Exempt	ion	
Website: www.okhima.org Sot(c)(3) X Sot(c)(5) 4 (neart no.) 4947(a)(1) or 527 (Form 990, 990-EZ, or 990-EY, or 9		Application	on pending		105	730	16_		Num	ber		
J Tax-exempt status (check only one)	G	Accour	nting Method	Cash X Accrual Other (specify) ▶			Н	Check >	X if th	e organiza	ation is not	
K Check	I	Websi	te: 🕨 <u>ww</u>					required	to attach	Schedule	В	
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 55, 6, and 7b, to line 91 objectmen gross recepts if gross recepts are \$200,000 or more, or if total assets (Part III, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Part 1 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 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 21, 4 Investment income 4 Investment income 5 Gross amount from sale of assets other than inventory 6 Less cost or other basis and sales expenses 6 Gam or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events (not including \$ of contributions from fundraising events (not including \$ of constributions from fundraising events (not including \$ of contributions from fundrais	<u>J</u>	Tax-exe	empt status (ch	:heck only one) — 501(c)(3) X 501(c)(6) ∢ (insert no)	4947(a	(1) or	527	(Form 99	0, 990-E2	z, or 990-l	2F)	
the organization chooses to file a return, be sure to file a complete return L Add lines 5b, 6c, and 7b, to line is to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II), line 25, column (6) below) are \$500,000 or more, file form 900 is one stead of form 900-EZ 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 guestion in this Part I 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments See Statement 4 Investment income 5a Gross amount from sale of assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from fundraising events (not including \$ a Gross income from fundraising events (not including \$ b Gross income from fundraising events (not including \$ a Gross sincome from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events d Net income or (loss) from gaming and fundraising events c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 22 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses. Add lines 10 through 16 17 Total expenses. Add lines 10 through 16 18 Exess or (deferific fire heyes (Subtract line 17 from line 9)	K	Check	▶ ☐ If the	e organization is not a section 509(a)(3) supporting organizati	ion or a se	ection 5	527 organız	ation and if	s gross re	eceipts are	a normally	
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d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9)		1		•	ŀ	$\overline{}$						
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Ta Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Excess or (deficit) for the year (Subtract line 17 from line 9)		d		or (loss) from gaming and fundraising events (add lines 6a ar	nd 6b and	subtra	ict					
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Expess or (deficit) for the year (Subtract line 17 from line 9) 18 Expess or (deficit) for the year (Subtract line 17 from line 9)		_	•		ŀ	_ 1			6d			
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8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses.		ı		•		7b			<u>-</u> ,			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 3, 11		ļ			3)				_		<u></u>	21
10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 10 3, 11				·				ı		<u> </u>		
11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Total expenses.	_	 									3,7	
12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses.												
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16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses. Add lines 10 through 16	ses				BF		IVED	Ì			2,5	74
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses. Add lines 10 through 16	ĕ	j					,'."	آريا آ		ļ		
16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses. Add lines 10 through 16	Ä			hirotions nostage and shipping	Ω! 	- n	m 201A	8			4,5	25
17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Total expenses. Add lines 10 through 16 19 Total expenses. Add lines 10 through 16 10 Total expenses. Add lines 10 through 16 10 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16 11 Total expenses. Add lines 10 through 16	_	ŧ		nses (describe in Schedule (1)	Si FE	R A	1 4014	12			106,3	
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 11(7) JEN. U 18 -10,			•		/ ⁻	_		، ا≃لي				183
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) 19 123,					1 111-	71 28	N. U	ÜÜ			-10,6	
end-of-year figure reported on prior year's return) 19 123,	ets		•	· · · · · · · · · · · · · · · · · · ·	1 7 2	7.	ia	TUT				
20 Other shapes in and another setting helmans (symbol in Cabadiala O)	\SS				,, (551	J	•		19		123,3	357
9 20 Other changes in her assets or fund palances (explain in Schedule O)	et /	20	-	ges 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	Z			•				1			112,6	576

Part II Balance Sheets. (see the	•	_					
Check if the organization of	used Schedule O to respond to	o any question in th	s Part II				X
·		-	(A) Beginning of year			(B) E	nd of year
22 Cash, savings, and investments		_	121,1	$\neg \neg$	22		120,175
23 Land and buildings		1_		9	23		
24 Other assets (describe in Schedule O)		<u> </u>	8,7	-	24		8,567
25 Total assets		<u> </u>	129,8		25		128,742
26 Total liabilities (describe in Schedule O)		<u> </u>	6,5		26		16,066
27 Net assets or fund balances (line 27 of			123,3	57	27		112,676
	Service Accomplishment	•	•	\neg $ $		-	enses
	used Schedule O to respond to	o any question in th	is Part III	니	, ,		or section
What is the organization's primary exempt pur	pose?			}	•		nd 501(c)(4)
EDUCATION TO MEMBERS					_		ns and section
Describe the organization's program service a	•			ļ			trusts, optional
as measured by expenses In a clear and cond	·	provided, the number	or	į	for ot	hers)	
persons benefited, and other relevant information							
28 THE ASSOCIATION PROVIDES SEVE)			
OPPORTUNITIES YEARLY TO ITS M	EMBERS IN THE FORM OF			ľ			
WORKSHOPS AND SEMINARS			_	ᇜ.			
	this amount includes foreign grants	s, check here		!_ -	28a		
29]	ł		
				{			
(Onesta ()	h	- alasala kana			20.		
	this amount includes foreign grants	s, cneck nere			29a		
30					1		
				ĺ	- 1		
(Canada 6)		abook boso		<u>ا ۲-</u>	200		
	this amount includes foreign grants	s, check here		┸╀	30a		
31 Other program services (describe in Sche	•	ahoek hasa		\vdash	31a		
	this amount includes foreign grants	s, check here			32		
32 Total program service expenses (add In Part IV List of Officers, Directors, 1	rustees, and Key Employees. L	ist each one even if no	t compensated (see	e the		ns for	Part (V) -
Check if the organization used	d Schedule O to respond to any qu	estion in this Part IV		,			
(a) Name and a	ddroes	(b) Title and average hours per week	i compensation	bonfnh	Heath bene utions to em	fits, plovee (e) Estimated amount of
(a) Name and a	uui 633	devoted to position	(Forms W-2/1099-MISC) (If not paid, enter -0-)	ber	nefit plans, a red compens	and	other compensation
Shelly Wilson	Cushing	President		100.00	<u> </u>	1	
1110 E. 9th Place	OK 74023	0.0				٥	0
Teri Stubbs	Mountain View	Director-Pa		<u> </u>			.
Rt 1, Box 549	OK 73062	0.0	ł	1		اه	0
Marion Prichard	Weatherford	Vice-Presid					
10283 N. 2431 Road	ок 73096	0.0				٥	0
Ruby Marshall	Tulsa	Director of		Ħ			
909 S. Boston Ave.	OK 74119	0.0)	ì		اه	0
Linda Whaley	Bethany	Director of		 		7	
7429 NW 28th	ок 73008	0.0	1			٥	0
Scarlett Young	Okmulgee	Secretary	 	Π		一十	
2301 E. Maple Ridge	OK 74447	0.0	ol o	1		٥	0
Christy Hileman	Oklahoma City	Dir. of Gov		T		7	
6500 S. MacArthur Boulevard	OK 73169	0.0		Į.		٥	0
Jennifer Jones	Edmond	Director of					
4308 Man O War Drive	OK 73025	0.0	1	}		o	0
Brandı Fowler	El Reno	Director of					<u>-</u>
803 Windsor Place	OK 73036	0.0		[٥	0
777 771400 774400			`	t		寸	
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Form	990-EZ (2011)	OKLAHOMA	HEALTH	INFORMATION	73-1	090531		Р	age 3
	rt V Oth	er Information				ent requirements in the			
	ınstr	uctions for Part V.) Check if the	organization used Sch	eaule O to respond to	any question in this Part V		Yes	No
33	Did the organiz	ration engage in any	significant activ	rity not previously reported	to the IRS? If "Yes " provi	ıde a	ſ	163	140
	-	ption of each activity	•	ity not providuoly reported	10 th 100, provi	uu u	33	, '	x
34		•		ing or governing document	s? If "Yes." attach a confo	ormed			
		-		nange to the organization's				}	
		edule O (see instruc		J T T T T T T T T T T T T T T T T T T T	, , , , , , , , , , , , , , , , , , , ,		34		X
35a				s income of \$1,000 or more	e during the year from bus	siness			
	activities (such	as those reported or	n lines 2, 6a, ar	nd 7a, among others)?			35a		X
b	If "Yes," to line	35a, has the organiz	ation filed a Fo	rm 990-T for the year? If "I	No," provide an explanatio	on in Schedule O	35b		
C	Was the organ	ization a section 501	(c)(4), 501(c)(5), or 501(c)(6) organization	subject to section 6033(e	e) notice,	1	[
	reporting, and p	proxy tax requiremen	its during the ye	ear? If "Yes," complete Sch	edule C, Part III		35c		X_
36	Did the organiz	ation undergo a liqui	ıdatıon, dissolut	tion, termination, or signific	ant disposition of net ass	ets			
	during the year	'? If "Yes," complete :	applicable parts	of Schedule N			36		X
37a	Enter amount of	of political expenditur	es, direct or inc	lirect, as described in the i	nstructions	37a	_}		
b	Did the organiz	ation file Form 1120	-POL for this y	ear?			37b		X
38a	Did the organiz	cation borrow from, o	r make any loai	ns to, any officer, director,	trustee, or key employee	or were	Ť:		
	any such loans	made in a prior year	r and still outsta	inding at the end of the tax	year covered by this retu	rn?	38a		X
b	If "Yes," comple	ete Schedule L, Part	II and enter the	total amount involved		38b	_		
39	Section 501(c)	(7) organizations En	ter				} ;		
а		and capital contribution				39a	╌		
þ		, included on line 9, f	-			39b	_ _		
40a		(3) organizations En		ax imposed on the organiz			ļ		
	section 4911 ▶ _		; section		, section 4955 >				
b				the organization engage ii			F	-	
				excess benefit transaction		t been			ļ
		•		If "Yes," complete Schedul			40b		
С				er amount of tax imposed			-		
	-		ed persons dur	ing the year under sections	s 4912,	_			Į
	4955, and 4958					-			
d		=	anizations Ent	er amount of tax on line 40	lC	N	ŧ		
	•	the organization	41 - 4			· · · · · · · · · · · · · · · · · · ·	ļ		
е		· · · · · · · · · · · · · · · · · · ·		vas the organization a part	y to a pronibited tax sneite	er	100	•	х
44		"Yes," complete Form		ed ▶ OK			40e	<u> </u>	
41		with which a copy of t on's books are in care				Telephone no ▶ 40	5-71	3-5	510
42a		4803 Man O War i		iller pones		relephone no P 40	J /1	J J	J10
	Located at >		DIIVe		c	ok ZIP+4 ▶ 73	025		
b			r did the organ	ization have an interest in				Yes	No
b		-	_	bank account, securities a	-		42b	163	X
		the name of the foreig		barri account, securites a	occurr, or other interioral	accounty.	720		
	•		•	rements for Form TD F 90	-22.1. Report of Foreign	Bank	Ì		
	and Financial						ŧ	-	
С	At any time dur	ring the calendar yea	r, did the organ	ization maintain an office of	outside of the U.S.?		42c		X
		the name of the foreig							
43			-	ng Form 990-EZ in lieu of f	orm 1041 — Check here				>
	and enter the a	amount of tax-exempt	t interest receiv	ed or accrued during the ta	ax year	▶ 43			
								Yes	No
44a	Did the organiz	zation maintain any d	onor advised fu	inds during the year? If "Ye	es," Form 990 must be				
	completed inst	ead of Form 990-EZ					44a		X
b	Did the organiz	zation operate one or	more hospital	facilities during the year? I	f "Yes," Form 990 must be	•		-	
	completed insti	ead of Form 990-EZ					44b		X
С	Did the organiz	zation receive any pa	yments for indo	or tanning services during	the year?		44c		X
d	_			m 720 to report these payr				-	
-	explanation in				, .		44d	ļ	
45a	Did the organiz	zation have a controll	ed entity within	the meaning of section 51	2(b)(13)?		45a		X
45b	_		· -	engage in any transaction v		hin the	-		
			-	and Schedule R may need			ŀ		
	-	see instructions)		•	·		45b	Ĺ ¹	X
DAA							Form 99	00-F7	

orm	1 990-EZ	(2011) OKLAHOMA HEALTH INFORMATION		3-1090231			F	age 4
46	adt brO	organization engage, directly or indirectly, in political campaign activities	on behalf of or in	opposition	1		Yes	No
••		idates for public office? If "Yes," complete Schedule C, Part I	on benan of or in	Горрозион		46	:	х
Pa	rt VI	Section 501(c)(3) organizations and section 4947(a)	(1) nonexem	ot charitable tr	usts only. All se	ction		
		501(c)(3) organizations and section 4947(a)(1) nonexempt of and 52, and complete the tables for lines 50 and 51.	naritable trusts i	must answer que	Stions 47-490			
		Check if the organization used Schedule O to respond to any	question in this	s Part VI				
47	Did the	organization engage in lobbying activities or have a section 501(h) elect	tion in effect durin	g the tax	1	,	Yes	No
		"Yes," complete Schedule C, Part II				47		
48	is the o	rganization a school as described in section 170(b)(1)(A)(ii)? If "Yes," co	mplete Schedule	E		48		
49a	Did the	organization make any transfers to an exempt non-charitable related organization	ganization?			49a		
b		was the related organization a section 527 organization?				49b		
50		te this table for the organization's five highest compensated employees						
	employ	ees) who each received more than \$100,000 of compensation from the	(b) Title and average	(c) Reportable	(d) Health benefits,			
		(a) Name and address of each employee paid more than \$100,000	hours per week	compensation	contributions to employee	T '		mount of
			devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation			
						1		
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				:	}	}		
					Ĺ <u></u>	<u> </u>		
						}		
_	T-4-1 -		<u> </u>	L	L	<u> </u>		
f 51		umber of other employees paid over \$100,000 rte this table for the organization's five highest compensated independer	t contractors who	each received mor	- e than			
		00 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) T	ype of service	(c) Co	mpensat	ion	
	<u> </u>							
					ļ			
			 					
			<u> </u>					
d		umber of other independent contractors each receiving over \$100,000	<u> </u>					
52		organization complete Schedule A? Note All section 501(c)(3) organization charteble trusts must offenbag a completed Schedule A	ations and 4947(a)(1)	▶ □	Yes	\Box	No
Inde		mpt charitable trusts must attach a completed Schedule A s of perjury, I declare that I have examined this return, including accompanying si	chedules and staten	nents and to the hest	of my knowledge and		itis	140
true,	correct, ar	nd complete Declaration of preparer (other than officer) is based on all information	on of which prepare	has any knowledge	or my knowledge and	ochor,		
		Dennila amar						
Sigr	ן י	Signature of officer	DIDE	Date	INANCE			
Here	e	Type or print name and title	DIRE	CTOR OF F	LNANCE			
		Print/Type preparer's name Preparer's signature	\wedge	Date.		PTIN		
Paid	. 1		H	1/1:	Check if	i		
	F	Firm's name Hamilton & Associates, Inc	<u> </u>		/ self-employed	-11	_	
•		Firm's address 3617 N. Meridian Ave.					<u>_ , </u>	<u></u>
		Oklahoma City, OK 73112			Phone no 405-	<u>94</u> 6	<u>-85</u>	00
May	the IRS	discuss this return with the preparer shown above? See instructions				X Ye		No
-	This	is a signed copy of the ori	ging 1 7	incly f	led F	om 99	0-E2	(2011)
		iv Cetum	J	ر	-			
	1 /	V LTIUMA						

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.

QUII
Open to Public inspection

OMB No 1545-0047

Name of the organization

OKLAHOMA HEALTH INFORMATION MANAGEMENT ASSOCIATION

Employer identification number 73-1090531

Form	990-EZ,	Part	I,	Line	8	-	Other	Revenue
------	---------	------	----	------	---	---	-------	---------

Description	i	Amount
Sale of Legal Manuals	\$	2,822
Rebates and website	\$	2,086
Miscellaneous	\$	213
	Total \$	5,121

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

Description	Amount
Expenses	
Website maintenance	\$ 2,160
Travel & stipends	\$ 22,250
Bond insurance	\$ 331
Workshops	\$ 70,284
Officer Expense	\$ 435
Flowers/Gifts	\$ 703
Legal Manuals, etc.	\$ 6,974
Bank % Credit Card Charge	\$ 748
Board exams and training	\$ 1,375
Board meetings/meals	\$ 960
Non-investment Depreciation	\$ 135
Total	\$ 106,355

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

Description

Beg. of Year End of Year

Schedule O (Form 990 or 990-EZ) (2011)						Page 2
Name of the organization OKLAHOMA HEALTH INFORMATION				r identification		
Accounts Receivable		\$	6,575	\$		2,483
Prepaid Expenses and Deferred Charges		\$	2,000	\$		6,084
OFFICE EQUIPMENT		\$	1,808	\$		1,808
Less Accumulated Depreciation		\$	1,673	\$		1,808
	Total	\$	8,710	\$		8,567
Form 990-EZ, Part II, Line 26 - Other L	iabiliti	es				
Description		Beg.	of Year	End	of	Year
Accounts Payable and Accrued Expenses		\$	3,686	\$		6,590
Deferred Revenue		\$	2,845	Ś		9,476

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

OKLAHOMA HEALTH INFORMATION MANAGEMENT ASSOCIATION

Identifying number 73-1090531

	ess or activity to which this form relates ndirect Depreciation	ion							
	int i Election To Exper		erty Under Se	ction 179					
_	Note: If you have a	iny listed property	, complete Par	t V before you c	omple	te Part	<u>1</u>		, -
1	Maximum amount (see instruction	s)						1	500,000
2	Total cost of section 179 property	placed in service (see	e instructions)					2	
3	Threshold cost of section 179 prop	perty before reduction	ın lımıtatıon (see ir	istructions)				3	2,000,000
4	Reduction in limitation. Subtract fir	ne 3 from line 2 If zer	o or less, enter -0-					4	
5_	Dollar limitation for tax year Subtract lin	ne 4 from line 1. If zero or	less, enter -0- If marr	ied filing separately, see	e instruç	tions		5	
6	(a) Description	n of property		(b) Cost (business use on	ily)	(c)	lected cost		
									ļ
	<u> </u>								ļ
7	Listed property Enter the amount	from line 29			7				
8	Total elected cost of section 179 p	property Add amounts	s in column (c), line	s 6 and 7				_8	
9	Tentative deduction Enter the sm	aller of line 5 or line	8					9	<u> </u>
10	Carryover of disallowed deduction	from line 13 of your 2	2010 Form 4562					10_	
11	Business income limitation Enter	the smaller of busine	ss income (not less	than zero) or line 5	(see in	structions)	11	
12	Section 179 expense deduction A	ldd lines 9 and 10, bu	it do not enter more	than line 11				12	,
13	Carryover of disallowed deduction			<u> </u>	13				<u> </u>
7 7 7 7 7	Do not use Part II or Part III below								
	art II Special Depreciat					<u>ude liste</u>	ed prope	rty.)	(See instructions)
14	Special depreciation allowance for	r qualified property (o	ther than listed prop	perty) placed in serv	ice				1
	during the tax year (see instruction	ns)						14_	ļ
15	Property subject to section 168(f)(1) election						15	
16	Other depreciation (including ACF							16	135
Pa	irt III MACRS Depreciat	tion (Do not ınclı			ctions	5.)			
			Section	on A					
17	MACRS deductions for assets pla	ced in service in tax v	ears beginning bef	ore 2011				17	1 0
		-	• •		_				·
18_	If you are electing to group any assets place	d in service during the tax y	ear into one or more gene	ral asset accounts, check					
18_		d in service during the tax you Assets Placed in Se	ear into one or more gene rvice During 2011	ral asset accounts, check Tax Year Using the		eral Depre	eciation S		
18_		d in service during the tax y	ear into one or more gene	Tax Year Using the	e Gene	eral Depre	eciation S	ystem	
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DKLAHOMA HEALTH INFORMATION MANAGEMENT ASSOCIATION 4000 LINCOLN BOULEVARD OKLAHOM CITY OK 73105

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DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Signature of officer or trustee

< +1/M/M/

*)*Title