



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



2015

Open to Public Inspection

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 private foundations)

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning 07-01-2015 , and ending 06-30-2016****B Check if applicable**

- Address change
- Name change
- Initial return
- Final 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) 10-J RAMBLING OAKS WAY	E Telephone number (410) 601-7372
City or town, state or province, country, and ZIP or foreign postal code CATONSVILLE, MD 21228	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:** ► [WWW.MDHIMA.ORG](http://WWW.MDHIMA.ORG)**J Tax-exempt status** (check only one) -  501(c)(3)  501(c)( 6 )  (insert no )  4947(a)(1) or  527**K Form of organization**  Corporation  Trust  Association  Other**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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 73,008****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 . . . . . 

<table border="0"> <tr><td>1</td><td>Contributions, gifts, grants, and similar amounts received</td><td>1</td></tr> <tr><td>2</td><td>Program service revenue including government fees and contracts</td><td>2</td></tr> <tr><td>3</td><td>Membership dues and assessments</td><td>3</td></tr> <tr><td>4</td><td>Investment income</td><td>4</td></tr> <tr><td>5a</td><td>Gross amount from sale of assets other than inventory</td><td>5a</td></tr> <tr><td>5b</td><td>Less cost or other basis and sales expenses</td><td>5b</td></tr> <tr><td>c</td><td>Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td><td>5c</td></tr> <tr><td>6</td><td>Gaming and fundraising events</td><td></td></tr> <tr><td>a</td><td>Gross income from gaming (attach Schedule G if greater than \$15,000)</td><td>6a</td></tr> <tr><td>b</td><td>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)</td><td>6b</td></tr> <tr><td>c</td><td>Less direct expenses from gaming and fundraising events</td><td>6c</td></tr> <tr><td>d</td><td>Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td><td>6d</td></tr> <tr><td>7a</td><td>Gross sales of inventory, less returns and allowances</td><td>7a</td></tr> <tr><td>b</td><td>Less cost of goods sold</td><td>7b</td></tr> <tr><td>c</td><td>Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td><td>7c</td></tr> <tr><td>8</td><td>Other revenue (describe in Schedule O)</td><td>8</td></tr> <tr><td><b>9</b></td><td><b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td><td>► 9</td></tr> <tr><td><b>10</b></td><td>Grants and similar amounts paid (list in Schedule O)</td><td>10</td></tr> <tr><td>11</td><td>Benefits paid to or for members</td><td>11</td></tr> <tr><td>12</td><td>Salaries, other compensation, and employee benefits</td><td>12</td></tr> <tr><td>13</td><td>Professional fees and other payments to independent contractors</td><td>13</td></tr> <tr><td>14</td><td>Occupancy, rent, utilities, and maintenance</td><td>14</td></tr> <tr><td>15</td><td>Printing, publications, postage, and shipping</td><td>15</td></tr> <tr><td>16</td><td>Other expenses (describe in Schedule O)</td><td>16</td></tr> <tr><td><b>17</b></td><td><b>Total expenses.</b> Add lines 10 through 16</td><td>► 17</td></tr> <tr><td><b>18</b></td><td>Excess or (deficit) for the year (Subtract line 17 from line 9)</td><td>18</td></tr> <tr><td>19</td><td>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)</td><td>19</td></tr> <tr><td>20</td><td>Other changes in net assets or fund balances (explain in Schedule O)</td><td>20</td></tr> <tr><td><b>21</b></td><td><b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20</td><td>► 21</td></tr> </table>	1	Contributions, gifts, grants, and similar amounts received	1	2	Program service revenue including government fees and contracts	2	3	Membership dues and assessments	3	4	Investment income	4	5a	Gross amount from sale of assets other than inventory	5a	5b	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	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	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	10	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	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	► 17	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	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	20	Other changes in net assets or fund balances (explain in Schedule O)	20	<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	► 21	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td style="width: 90%;"></td></tr> <tr><td>2</td><td>42,079</td></tr> <tr><td>3</td><td>28,873</td></tr> <tr><td>4</td><td>41</td></tr> <tr><td>5c</td><td></td></tr> <tr><td>6a</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>7a</td><td></td></tr> <tr><td>7b</td><td></td></tr> <tr><td>7c</td><td></td></tr> <tr><td>8</td><td>2,015</td></tr> <tr><td>9</td><td>73,008</td></tr> <tr><td>10</td><td>8,000</td></tr> <tr><td>11</td><td></td></tr> <tr><td>12</td><td></td></tr> <tr><td>13</td><td>1,000</td></tr> <tr><td>14</td><td>560</td></tr> <tr><td>15</td><td></td></tr> <tr><td>16</td><td>41,854</td></tr> <tr><td>17</td><td>51,414</td></tr> <tr><td>18</td><td>21,594</td></tr> <tr><td>19</td><td>115,944</td></tr> <tr><td>20</td><td>0</td></tr> <tr><td>21</td><td>137,538</td></tr> </table>	1		2	42,079	3	28,873	4	41	5c		6a		6b		6c		6d		7a		7b		7c		8	2,015	9	73,008	10	8,000	11		12		13	1,000	14	560	15		16	41,854	17	51,414	18	21,594	19	115,944	20	0	21	137,538
1	Contributions, gifts, grants, and similar amounts received	1																																																																																																																																										
2	Program service revenue including government fees and contracts	2																																																																																																																																										
3	Membership dues and assessments	3																																																																																																																																										
4	Investment income	4																																																																																																																																										
5a	Gross amount from sale of assets other than inventory	5a																																																																																																																																										
5b	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																																																																																																																																										
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																																																																																																																																										
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	► 9																																																																																																																																										
<b>10</b>	Grants and similar amounts paid (list in Schedule O)	10																																																																																																																																										
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																																																																																																																																										
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	► 17																																																																																																																																										
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	18																																																																																																																																										
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																																																																																																																																										
20	Other changes in net assets or fund balances (explain in Schedule O)	20																																																																																																																																										
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	► 21																																																																																																																																										
1																																																																																																																																												
2	42,079																																																																																																																																											
3	28,873																																																																																																																																											
4	41																																																																																																																																											
5c																																																																																																																																												
6a																																																																																																																																												
6b																																																																																																																																												
6c																																																																																																																																												
6d																																																																																																																																												
7a																																																																																																																																												
7b																																																																																																																																												
7c																																																																																																																																												
8	2,015																																																																																																																																											
9	73,008																																																																																																																																											
10	8,000																																																																																																																																											
11																																																																																																																																												
12																																																																																																																																												
13	1,000																																																																																																																																											
14	560																																																																																																																																											
15																																																																																																																																												
16	41,854																																																																																																																																											
17	51,414																																																																																																																																											
18	21,594																																																																																																																																											
19	115,944																																																																																																																																											
20	0																																																																																																																																											
21	137,538																																																																																																																																											

**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	115,944	22 137,538
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	115,944	25 137,538
26 Total liabilities (describe in Schedule O)	0	26 0
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21)	115,944	27 137,538

**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 

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

28

See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
--------------	---	-----

29

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
--------------	---	-----

30

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
--------------	---	-----

31 Other program services (describe in Schedule O)

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
--------------	---	-----

32 Total program service expenses (add lines 28a through 31a)

32	<input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
TASHA GREEN PRESIDENT	1 00	0	0	0
MOSES ASIEDU PRESIDENT-ELECT/DELEGATE	1 00	0	0	0
SARAH ALLINSON PAST PRESIDENT	1 00	0	0	0
CATHERINE DENOBLE SECRETARY	1 00	0	0	0
PAMELA CARTER TREASURER	1 00	0	0	0
LINDA METRO DELEGATE	1 00	0	0	0
TIFFANY EDWARDS DELEGATE	1 00	0	0	0
VICKI REYNOLDS DELEGATE	1 00	0	0	0
KATIE KROPFELDER DIRECTOR	1 00	0	0	0
ANDREA CARROLL-ALLEYNE DIRECTOR	1 00	0	0	0

**Part V Other Information** (Note the Schedule A and personal benefit contract 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	33	No
34	34	No
35a	35a	Yes
b	35b	Yes
c	35c	No
36	36	No
37a	37a	0
b	37b	
38a	38a	No
b	38b	
39	39a	
a	39b	
40a	40b	
b	40c	
c	40d	
d	40e	No
41	MD	
42a	The organization's books are in care of ► PAMELA CARTER	Telephone no ► (410) 744-1132
	Located at ► 10-J RAMBLING OAKS WAY CATONSVILLE, MD	ZIP + 4 ► 21228
b	42b	No
If "Yes," enter the name of the foreign country ►	42c	No
See the instructions for exceptions and filing requirements for <b>FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</b>		
c	42c	No
43	43	►
44a	44a	No
b	44b	No
c	44c	No
d	44d	
45a	45a	No
45b	45b	

			Yes	No
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		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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		
49a	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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(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 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 PAMELA CARTER TREASURER Type or print name and title	2017-05-11 Date
--	--------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name AARON BLOOM	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01206085
	Firm's name ► JONES MARESCA & MCQUADE PA			Firm's EIN ► 52-1853933	
	Firm's address ► 10500 LITTLE PATUXENT PARKWAY SUITE 770 COLUMBIA, MD 21044			Phone no (410) 884-0220	

May the IRS discuss this return with the preparer shown above? See instructions

Yes  No

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 52-1327868  
**Name:** MARYLAND HEALTH INFORMATION  
MANAGEMENT ASSOCIATION INC

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)
<p><b>28</b> 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 . . . ► <input type="checkbox"/></p>	<p>28a      0</p>

## TY 2015 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.

**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.
- ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

**2015****Open to Public  
Inspection**Name of the organization  
MARYLAND HEALTH INFORMATION  
MANAGEMENT ASSOCIATION INC**Employer identification number**  
52-1327868**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 41
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION JOB BANK AMOUNT 2,015

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MDHIMA SCHOLARSHIP GRANTEE NAME COPPIN STATE UNIVERSITY GRANTEE ADDRESS 2500 W NORTH AVENUE BALTIMORE, MD 21216 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/26/16 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME UNIVERSITY OF MARYLAND UNIVERSITY GRA NTEE ADDRESS 1616 MCCORMICK DRIVE LARGO, MD 20774 GRANTEE RELATIONSHIP NONE DATE OF GI FT 06/30/16 AMOUNT GIVEN 1,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME PRINCE GEORGES COMMUNITY COLLEGE GRANTEE ADDRESS 301 LARGO ROAD LARGO, MD 20774 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/26/16 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME ANNE ARUNDEL COMMUNITY COLLEGE GRANTEE E ADDRESS 100 COLLEGE PARKWAY ARNOLD, MD 21012 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/26/16 AMOUNT GIVEN 1,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME COMMUNITY COLLEGE OF BALTIMORE COUNTY GRANTEE ADDRESS 800 SOUTH ROLLING ROAD BALTIMORE, MD 21228 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/30/16 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION MDHIMA SCHOLARSHIP GRANTEE NAME MONTGOMERY COMMUNITY COLLEGE G GRANTEE ADDRESS 7977 GEORGIA AVENUE SILVER SPRING, MD 20910 GRANTEE RELATIONSHIP NONE D DATE OF GIFT 06/30/16 AMOUNT GIVEN 1,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME COPPIN STATE UNIVERSITY GRANTEE ADDRESS 2500 W NORTH AVENUE BALTIMORE, MD 21216 GRANTEE RELATIONSHIP NONE DATE OF GIFT 05/27/16 AMOUNT GIVEN 1,000
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION HIT PROGRAM GRANTEE NAME COMMUNITY COLLEGE OF BALTIMORE COUNTY GRANTEE ADDRESS 800 SOUTH ROLLING ROAD BALTIMORE, MD 21228 GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/30/16 AMOUNT GIVEN 1,000 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 8,000

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION CONFERENCES AND MEETINGS AMOUNT 19,086 DESCRIPTION TRAVEL AMOUNT 435 DESCRIPTION DELEGATES EXPENSE AMOUNT 13,290 DESCRIPTION EXECUTIVE BOARD AMOUNT 1,916 DESCRIPTION QBM EXPENSES AMOUNT 1,961 DESCRIPTION PUBLIC RELATIONS AMOUNT 224 DESCRIPTION WEBSITE AMOUNT 1,594 DESCRIPTION MISCELLANEOUS AMOUNT 383 DESCRIPTION EDUCATION AMOUNT 2,965 TOTAL TO FORM 990-EZ, LINE 16 41,854