

Form 990EZ

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.

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Missouri Health Information Mgt Assn

Number and street (or P O box, if mail is not delivered to street address) Room/suite
113 N Bradley Drive

City or town, state or province, country, and ZIP or foreign postal code
Salina, KS 67401

D Employer identification number
43-1103757

E Telephone number
(785) 221-3146

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.MOHIMA.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. \$ 127,210

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	0	
	2	Program service revenue including government fees and contracts		2	72,453	
	3	Membership dues and assessments		3	53,602	
	4	Investment income		4	36	
	5a	Gross amount from sale of assets other than inventory	5a		5c	0
	b	Less cost or other basis and sales expenses	5b	0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				
	6	Gaming and fundraising events		6d	0	
	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			0
	c	Less direct expenses from gaming and fundraising events	6c			0
	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	7a		7c	0
b	Less cost of goods sold	7b	0			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					
8	Other revenue (describe in Schedule O)		8	1,119		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	127,210		
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	10,441	
	11	Benefits paid to or for members		11	78,875	
	12	Salaries, other compensation, and employee benefits		12		
	13	Professional fees and other payments to independent contractors		13	13,750	
	14	Occupancy, rent, utilities, and maintenance		14		
	15	Printing, publications, postage, and shipping		15	2,036	
	16	Other expenses (describe in Schedule O)		16	14,483	
	17	Total expenses. Add lines 10 through 16		17	119,585	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	7,625	
	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	217,727	
	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	225,352	

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	215,727	22	225,352
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	2,000	24	
25 Total assets	217,727	25	225,352
26 Total liabilities (describe in Schedule O).		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	217,727	27	225,352

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?
 Education in Health Information Management
 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, optional for others)
28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here ☐	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here ☐		
30	30a	
(Grants \$) If this amount includes foreign grants, check here ☐		
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	78,875

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
Brenda Fuller President	5 00	0	0	0
Teresa Treon Past President	3 00	0	0	0
Deanna Peterson President Elect	3 00	0	0	0
Jamie Addler 1st Year Education Director	3 00	0	0	0
Ann Nowlin Central Office Coordinator	10 00	13,224	0	0
Clark Chaffin 2nd Yr Education Director	3 00	0	0	0
Lian Collins Dir of Prof Development	3 00	0	0	0
Steven Wilson Director of Public Relations	3 00	0	0	0
Carni Compton 1st Year Delegate	3 00	0	0	0
Jane DeSpiegelaere-Wegner 2nd Year Delegate	3 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 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	33	No
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	No
35a 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)?	35a	No
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	35b	
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	35c	No
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	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	No
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?	38a	No
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	0
b Gross receipts, included on line 9, for public use of club facilities	39b	0
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	No
41 List the states with which a copy of this return is filed ▶		
42a The organization's books are in care of ▶ <u>Ann Nowlin</u> Telephone no ▶ <u>(785) 221-3146</u> Located at ▶ <u>113 N Bradley Drive Salina, KS</u> ZIP + 4 ▶ <u>67401</u>		
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 ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b	No
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country ▶	42c	No
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		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
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	No
c Did the organization receive any payments for indoor tanning services during the year?	44c	No
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	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

		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	

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	
49b	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	2019-10-16 Date
	Deanna Peterson, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Laura Faust	Preparer's signature	Date 2019-10-16	Check ☒ if self-employed	PTIN P00435873
	Firm's name ► AVAIL ACCOUNTING & TAX INC			Firm's EIN ►	
	Firm's address ► 700 NIEHOFF DRIVE SUITE C EUREKA, MO 63025			Phone no. (636) 938-9444	

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

Additional Data

Software ID:
Software Version:
EIN: 43-1103757
Name: Missouri Health Information Mgt Assn

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

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; optional for others.)
28 The association holds educational conferences and publishes educational information to keep members up to date in the health information management field (Grants \$) If this amount includes foreign grants, check here . . . ☐	28a	78,875

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization Missouri Health Information Mgt Assn	Employer identification number 43-1103757
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000
Over \$17,000,000	\$1,000,000

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

☐ Yes ☐ No**4-Year Averaging Period Under section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		No
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	Yes	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?		No

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Missouri Health Information Mgt Assn

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

**Open to Public
Inspection**

Employer identification number

43-1103757

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 8	Advertising 1119

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Donation, Donation, AHIMA Foundation 233 N Michigan Ave 21st Fl , Chicago, IL, 60601, Parent Foundation, 341

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Memorial Donation, Donation, Boy Scouts of Greater St Louis 4568 W Pine Blvd , St Louis, MO, 63108, None, 100

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, MO Western State University 4525 Downs Drive, St Joseph, MO, 64507, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Ozark Community College 1001 E Chestnut Expressway, Springfield, MO, 65802, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Penn Valley Community College 3444 Broadway, Kansas City, MO, 64111, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, St Charles Community College 1 Academy Place, Dardenne Prairie, MO, 63368, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, St Louis University 3437 Caroline Street, Rm 308, St Louis, MO, 63104, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Stephens College 1200 E Broadway, Columbia, MO, 65215, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, St Louis Community College 5600 Oakland Ave , St Louis, MO, 63110, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, East Central College 1964 Prairie Dell Road, Union, MO, 63084, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Jefferson College 1687 Missouri State Road, Arnold, MO, 63010, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, State Fair Community College 3201 W 16th St , Sedalia, MO, 65301, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Kansas City Chapter 4401 Wornall Road, Kansas City, MO, 64111, MO Chapter, 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Ozark Area Chapter 1110 Country Club Drive, Butler, MO, 64730, MO Chapter, 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Mid-Missouri Health Information Managemen Assoc 25 Conley Rd , Columbia, MO, 65201, MO Chapter, 300

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Education Donation, Donation, Eastern MO Health Info Management Assoc 113 N Bradley Dr, Salina, KS , 67401, MO Chapter, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Lesya Shishko 335 Hope Lane, Sparta, MO, 65753, None, 230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Angelique Jefferson 7575 West 106th St Apt 193, Overland Park, KS, 66212, None, 500

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Kelsey Ehlers 2404 Margaret Ave , Sedalia, MO, 65301, None, 650

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Brittney Higgins 518 Main, Carrollton, MO, 64633, None, 650

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Christina Dalton 122 North Windwood, Carl Junction, MO, 64834, None, 230

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Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Latrice Adams 6808 Robbins Ave, St Louis, MO, 63133, None, 230

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Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Jacqueline Barney 15581 Fox Plains Drive, Florissant , MO, 63034, None, 230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Melanie Youtsey 202 South Ardinger, Hamilton, MO, 64644, None, 230

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990EZ, Part I, Line 10	Scholarship, Scholarship, Patricia Cunningham 4911 W University St , Springfield, MO, 65802, None, 650

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Return Reference	Explanation
Form 990EZ, Part I, Line 16	Insurance 1619

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Return Reference	Explanation
Form 990EZ, Part I, Line 16	Telephone 540

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Return Reference	Explanation
Form 990EZ, Part I, Line 16	Website 8279

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Return Reference	Explanation
Form 990EZ, Part I, Line 16	Awards 795

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Form 990EZ, Part I, Line 16	Bank Fees 65

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Form 990EZ, Part I, Line 16	Miscellaneous Expense 3185

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Return Reference	Explanation
Form 990EZ, Part I, Line 16	Depreciation 0